

Terms and Conditions

UNIVERSAL LIFE (VERSION 2018)

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This English T&C is not a legal binding version

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SUMMARY INSURANCE BENEFIT

Name of benefits	Payable Amount
A. Investment benefit	
Loyalty benefit	10% of total actual declared crediting amount in the previous consecutive 36 months before the review period, starting from the end of Policy year 03 rd and every 03 Policy year thereafter until the end of Policy year 21 th
Regular Cash benefit	Minimum value of 0.2% Sum Assured and VND 3 million, starting from the end of Policy year 03 rd and every 03 Policy year thereafter until the end of Policy year 21 th
Maturity benefit	100% Policy Account Value
B. Death benefit	
Death	Minimum value of 100% Sum Assured and Target Premium Account, plus Excess Premium Account
Accidental death	Additional 100% Sum Assured (only applied before the Monthiversary date right after Life Assured attains age 75)
Multiple-pay Critical Illness benefits (covered until the Monthiversary date right after Life Assured attains age 75)	
Juvenile Critical Illness	25% Critical Illness Sum Assured, but shall not exceed VND 500 million per Life Assured
Diabetic Complications	25% Critical Illness Sum Assured, but shall not exceed VND 500 million per Life Assured
Early Stage Critical Illness (maximum 02 Early Stage Critical Illness)	25% Critical Illness Sum Assured, but shall not exceed VND 500 million per Life Assured per Early Stage Critical Illness
Late Stage Critical Illness	100% Critical Illness Sum Assured per Life Assured per Late Stage Critical Illness
Continuous Cancer support benefit	2.5% Critical Illness Sum Assured every year, starting from 01 year right after Life Assured is diagnosed as Late Stage Critical Illness in Cancer Critical Illness Group, maximum 04 payments or until Life Assured attains 75 years old, whichever event happens earlier

CHAPTER 1: INSURANCE BENEFITS

Article 1 Insurance benefits

While the Policy is in force, Generali shall pay the following benefits:

1.1 Investment benefit

1.1.1 Accumulate interest

Policy account shall be credited on monthly basis at the Crediting rate. This Crediting rate is not lower than the minimum guaranteed one in the table below:

Policy year	01	From 02 to 10	From 11 to 15	From 16 to 20	From 21 onwards
Minimum Guaranteed Crediting Rate (%/year)	4%	3%	2%	1,5%	0,5%

1.1.2 Loyalty benefit and Special Cash benefit

a. Loyalty benefit

Starting from the end of Policy year 03rd and every 03 Policy year thereafter until the end of Policy year 21th, the Loyalty benefit as 10% of the total actually-declared crediting amounts in the 36 previously consecutive months before the review period shall be credited to Target Premium Account if Policy fulfills the requirements as specified at Article 1.1.2.c.

b. Special Cash benefit

Starting the end of Policy year 03rd and every 03 Policy year thereafter until the end of Policy year 21th, the Special cash benefit as the lower of 0.2% Sum Assured at the review period and VND 3 million shall be credited to Excess Premium Account if Policy fulfills the requirements as specified at Article 1.1.2.c.

c. Requirements to be received benefits

During the review period, to receive these above-mentioned benefits, Policy must fulfill these requirements:

- Premium is fully paid up to end of the period review; and
- Policy has not lapsed yet; and
- There is no partial withdrawal from Target Premium Account; and
- There is no auto premium deduction from Target Premium Account; and
- There is no reduction of Sum Assured and/or Critical Illness Sum Assured of basic product.

d. Review Period

The first review period is the first 03 Policy years, starting from Policy Effective Date. The following review period is every 03 Policy Years thereafter right before the latest review period.

1.1.3 Maturity benefit

Policyholder shall be received all Policy Account Value after deducting any Debts (if any) at the Maturity date.

1.2 Death benefit

1.2.1 Death benefit

In the event of the death of Life Assured, Generali shall pay the benefit as follows:

- Maximum value of 100% Sum Assured and Target Premium Account at the time of death event, plus
- Excess Premium Account (if any), at the time of death event; plus
- All paid Premium (without interest), paid after death event date (if any);

Minus:

- Partial withdrawal amount from Policy Account Value (including Withdrawal charge) after death event date (if any); and
- All Debts (if any); and
- All benefits (including rider's benefits) paid for any Insured event which incurred after the time of death event.

1.2.2 Accidental Death

Along with benefit paid at Article 1.2.1, Generali shall pay additional 100% Sum Assured at the time of death event of Life Assured, if Life Assured dies due to Accident before Monthiversary Date right after Life Assured attains age 75.

1.2.3 Juvenile lien

Sum Assured which is used to determined benefit payment at Article 1.2.1 and Article 1.2.2 shall be adjusted corresponding to attained Age of Life Assured at the time of Insured event as follows:

Age of Life Assured at the insured event date	Adjustment rate (% Sum Assured)
Under 01 year old	20%
From 01 to under 02 years old	40%
From 02 to under 03 years old	60%
From 03 to under 04 years old	80%
Above 04 years old	100%

1.3 Multiple-pay Critical Illness benefit

1.3.1 Juvenile Critical Illness benefit

If the Life Assured is diagnosed with Juvenile Critical Illness as regulated at Appendix III of this Terms and Conditions before the Monthiversary Date right after Life Assured attains age 18, Generali shall pay in lump sum 25% Critical Illness Sum Assured, but not exceed VND 500 million.

This benefit shall be paid once during the Policy term.

In case that Life Assured has more than one multiple-pay Critical Illness policy/rider, the total amount paid for Juvenile Critical Illness benefit of these policies/riders shall not exceed VND 500 million.

1.3.2 Diabetic Complication benefit

If the Life Assured is diagnosed with a Diabetic Complication as regulated at Appendix IV of this Terms and Conditions from the Monthiversary date right after Life Assured attains age 18 to the Monthiversary Date right after Life Assured attains age 75, Generali shall pay in lump sum 25% Critical Illness Sum Assured, but not exceed VND 500 million.

This benefit shall be paid once during the Policy term.

In case that Life Assured has more than one multiple-pay Critical Illness policy/rider, the total amount paid for Diabetic Complication benefit of these policies/riders shall not exceed VND 500 million.

1.3.3 Early Stage Critical Illness

If the Life Assured is diagnosed with Early Stage Critical Illness as regulated at Appendix V of this Terms and Conditions before the Monthiversary Date right after Life Assured attains age 75, Generali shall pay in lump sum 25% Critical Illness Sum Assured but does not exceed VND 500 million per Early Stage Critical Illness.

This benefit is paid for maximum 02 Early Stage Critical Illness.

Generali shall pay Early Stage Critical Illness benefit only if these requirements are met:

- Early Stage Critical Illness of Life Assured is under 01 of 05 Critical Illness Group as regulated at Appendix II and must not be under the same Critical Illness Group of Early Stage Critical Illness which has been claimed before; and
- Early Stage Critical Illness must not relate directly to or caused by the same reason with Early Stage Critical Illness and/or Late Stage Critical Illness which has been claimed before.

In case that Life Assured has more than one multiple-pay Critical Illness policy/rider, the total amount paid for each Critical Illness of Early Stage Critical Illness benefit of these policies/riders shall not exceed VND 500 million.

1.3.4 Late Stage Critical Illness benefit

If the Life Assured is diagnosed with Late Stage Critical Illness as regulated at Appendix VI of this Terms and Conditions before the Monthiversary Date right after Life Assured attains age 75, Generali shall pay in lump sum 100% Critical Illness Sum Assured.

Generali shall pay Late Stage Critical Illness benefit only if these requirements are met:

- Late Stage Critical Illness of Life Assured is under one of 05 Critical Illness Group as regulated at Appendix II and must not be under the same Late Stage Critical Illness Group which has been claimed before.
- The waiting period between two Diagnosis of Late Stage Critical Illness is 12 months.

1.3.5 Continuous Cancer support benefit

If Late Stage Critical Illness in Cancer Critical Illness Group is payable, Generali shall pay additional 2.5% Critical Illness Sum Assured if Life Assured is still alive at the time of benefit payment as follows:

- First payment: 01 year starting from the diagnosis date of Late Stage Critical Illness in Cancer Critical Illness Group.
- Following payment: 01 year thereafter, starting from the first payment.

The total payment for this benefit is 04 times or until the Monthiversary Date right after Life Assured attains age 75, whichever event happens earlier.

1.3.6 Rules for multiple-pay Critical Illness benefit payment

- a. Generali shall not pay Multiple-pay Critical Illness benefit as specified at Article 1.3, if:
 - The Life Assured's death occurs within 14 days from the Diagnosis of Critical Illness; or
 - Critical Illness has symptoms or signs or be diagnosed:
 - before Policy Issue Date, or the latest Policy Reinstatement Date, whichever is later; or
 - within 90 days from the Policy Issue Date, or the latest Policy Reinstatement Date, whichever is later; except for accidental case and Life Assured is diagnosed with Critical Illness as result of Accident during 90 days from the date of Accident.
- b. Generali shall only pay one of the Multiple-pay Critical Illness as specified at Article 1.3.1, Article 1.3.2, Article 1.3.3, and Article 1.3.4, which is the highest amount if there is more than one Critical Illness diagnosed in the same Diagnosis of Critical Illness or accident or surgery, although they may exist in different stages or forms.

1.4 Non-lapsed guarantee during first 04 Policy years

During first 04 Policy year, if Policyholder fully and punctually pay Installment premiums (including the case of paying premium during grace period as specified at Article 12.2) and there is no partial withdrawal from Target Premium Account, Policy shall guarantee to be kept in force even though Policy Account Value is not sufficient for Monthly deduction.

The debted Monthly deduction (if any) shall be considered as Debts and is automatically deducted on the following Policy year or before any claim payment.

Article 2. Rider

Policyholder can request Generali to provide Rider(s) for Life Assured according to Terms and Conditions of each rider and this Terms and Conditions.

Rider(s) for each Life Assured are specified on Policy schedule or appendices, amendments and other agreements (if any).

Article 3. Exclusions

3.1 Death

Generali does not pay benefit as specified at Article 1.2.1, instead Generali shall reimburse Policy Account Value calculated at the death event date if the death of Life Assured is caused of any of the followings:

- a. Act of suicide, attempted act to commit suicide or self-inflicted injury whether mentally sane or insane, within 02 years from Policy Effective Date, or the latest Policy Reinstatement Date, whichever is later; or

- b. Life Assured and/or Beneficiary and/or Policyholder committing or attempts to commit a Criminal act;
- c. Pre-existing medical condition, except for pre-existing medical condition disclosed in Application form and approved by Generali.

3.2 Accidental Death

Generali shall not pay benefit as specified at Article 1.2.2 if the Accidental death of Life Assured is caused of any of the followings:

- a. Life Assured and/or Beneficiary and/or Policyholder committing or attempts to commit a Criminal act;
- b. Using medicine not following prescription of doctor, using any additive substances, drugs, alcohol, toxic, other stimulants. The term “alcohol” means case of testing with alcohol level in his/her blood being above that permitted by the laws;
- c. Intentionally act of law violation by Life Assured;

3.3 Critical Illness

Generali shall not pay Multiple-pay Critical Illness benefit as regulated at Article 1.3.1, Article 1.3.2, Article 1.3.3, and Article 1.3.4 if Life Assured is diagnosed with Critical Illness which is caused by any of the followings:

- a. Act of suicide, attempted act to commit suicide or self-inflicted injury whether mentally sane or insane, within 02 years from Policy Effective Date or the lastest Policy Reinstatement Date, whichever is later;
- b. Life Assured and/or Beneficiary and/or Policyholder committing or attempts to commit a Criminal act;
- c. Illness incurring from A. pre-existing medical condition; except the pre-existing which be declared on proposal and approved by Generali;
- d. Illness incurring from any birth defect;
- e. Using medicine not following prescription of Medical Practitioner, using any additive substances, drugs, alcohol, toxic, other stimulants. The term “alcohol” shall means anyblood testing or other testing methods with alcohol level in his/her blood being above that permitted by the laws;
- f. Intentionally act of law violation by Life Assured.

When the Life Assured is diagnosed with Critical Illness in the exclusions as mentioned at Article 3.3, if Policyholder continues to pay Premium to retain the Policy and the Life Assured continues to be insured for the benefits other than excluded ones above, the Policy is still in force.

3.4 Rider

The exclusions shall be applied according to the Terms and Conditions of each Rider.

Article 4. Temporary Insurance

4.1 Payable benefit

If the Accidental death of main Life Assured incurs after Policyholder submitted application documents and paid full Provisional premium, Generali shall pay temporary insurance benefit as follows:

- a. The lower amount between VND 200 million and (total of) Sum Assured of basic product requested in all application documents for main Life Assured who is being underwritten by Generali; or
- b. Reimburse (total of) Provisional premium of all application documents for main Life Assured who is underwritten by Generali, if (total of) Provisional premiums are equal to or more than VND 200 million.

Temporary insurance is not be applied for all Riders (if any) attachable to this Policy.

4.2 Exclusions

Generali shall reimburse all paid Provisional premiums after deducting medical examination expenses (if any) if the death of main Life Assured is caused by any of the followings:

- a. Committing a criminal act by the Life Assured and/or Beneficiary and/or Policyholder;
- b. Using medicine not following prescription of doctor, using any additive substances, drugs, alcohol, toxic, other stimulants. The term "alcohol" means case of testing with alcohol level in his/her blood being above that permitted by the laws;
- c. The intentionally illegal act of Life Assured.

4.3 Terminating Temporary insurance

Temporary insurance shall be terminated at one of the following time, whichever is earlier:

- a. Generali issues Policy schedule;
- b. Generali rejects Application form;
- c. Generali issues an additional insurance condition letter;
- d. Policyholder cancels insurance request.

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CHAPTER 2: CLAIM SETTLEMENT

Article 5. Person who has the right to receive insurance benefit

5.1 In the death event of Life Assured

- a. Person who has the right to receive insurance benefit is beneficiary(ies) according to Policyholder's appointment.
- b. Person who has the right to receive insurance benefit is Policyholder in these cases:
 - There is no beneficiary or can not find out beneficiary; or
 - Cannot find out the replacing beneficiary when beneficiary who is individual dies or who is organization is dissolved, bankrupted or ceased its operation at the same time of or before the death event of Life Assured; or
 - If there is more than one Beneficiary, and Beneficiary who is individual dies or who is organization is dissolved, bankrupted or ceased its operation at the same time of or before the death of Life Assured, the corresponding benefit of this Beneficiary shall be paid to Policyholder.

In above-mentioned cases, if Policyholder died, Generali shall pay insurance benefit to the legal heir(s) of Policyholder.

5.2 Other benefits

Person who has the right to receive insurance benefit is Policyholder. If Policyholder died, Generali shall pay insurance benefit to the legal heir(s) of Policyholder.

Article 6. Claim procedure

6.1 Limited duration for submission of claim

Person who has the right to receive insurance benefit must inform about the Insured event and submit the related documents as specified at Article 6.2 to Generali within 12 months from the date when Insured event happens or insurance benefit incurs. The period of extraordinary occurrences beyond control or objective obstacles as the laws shall not be calculated to the limited duration for submission of claims.

6.2 Claim documents

Policyholder or Person who has the right to receive insurance benefit needs to submit the following documents to Generali in Vietnamese:

- a. A form requesting the payment of the insurance benefit which must be completed on a full and accurate basis;
- b. Personal papers of beneficiary: Identity card/Citizenship/Passport;
- c. Evidence for the right to receive insurance benefits: proof of relationship with Policyholder/Life Assured, agreement on division of inheritance, will, documents on the appointment of representatives to receive benefits...;
- d. Evidence of Insured event:
 - Death: Death certificate/copy of death certificate;
 - Critical Illness: certificate of Critical Illness's diagnosis of Life Assured as defined in this Terms and Conditions.
- e. The evidence of cause(s) of Insured event:

- The field inspection report, the investigation conclusion of competent authorities, the accident record and the accident report, if the Insured event was caused by Accident;
- Hospital discharge paper and Case history summary (in case of hospitalization); surgery certificate (in case of surgery); record of examination, testing, diagnosing, treating results from any doctor and/or medical facility where Life Assured examined and treated;
- The autopsy report (if any).

Generali reserves the right to require Policyholder or person who has the right to receive insurance benefit to make notarization and legalization of above-mentioned documents, evidences (in English or Vietnamese) above. Costs for providing these documents shall be paid by Policyholder or person who has the right to receive insurance benefit.

In the event of any dispute, Generali reserves the right to require the Life Assured to undergo medical examination by a medical agency/medical practitioner assigned or approved by Generali. Costs for medical examination as mentioned above shall be paid by Generali. The result of this medical examination shall become the basis of claim settlement by Generali.

6.3 Rider

Applied as provisions in Terms and Conditions of each Riders.

6.4 Limited duration for resolving claims

Generali has the obligation to settle claims within 30 days right after receiving all requested documents. If failing to make the payment within the above-mentioned period, Generali shall pay an additional interest on unpaid benefit corresponding to the overdue period and at the interest rate Generali is applying for advance amounts from Policy, which shall be published on Generali's portal from time to time.

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**CHAPTER 3: APPLICATION, POLICY EFFECTIVENESS AND CHANGES
RELATING TO POLICY**

Article 7. Application

7.1 Application

- a. Policyholder and Life Assured presents their request for insurance coverage by fully and accurately filling and signing in the Application form, providing information and documents for underwriting as requested by Generali under Article 7.2 and paying full Provisional premium.
- b. To be insured, Policyholder and Life Assured has to have the insurable right as specified at Appendix I, item 2 of this Terms and Conditions and adapts the underwriting requirement set forth by Generali.
- c. Life Assured expresses his/her agreement to be insured upon his/her life by signing in the application documents. If Life Assured is under 18 years old, Policyholder must obtain the consent of the Life Assured's parents or legal guardians.

7.2 Information provision

- a. Policyholder and Life Assured has the obligation to provide, disclose full and accurate information in Application form, request for reinstating Policy, request for adjusting Policy, for underwriting and considering insurance. Health check (if any) does not replace the fully and accurately declaring obligation of Policyholder and Life Assured.
- b. In case Policyholder and/or Life Assured violate the declaring obligation as specified at Article 7.2.a, and if this information is fully and accurately known:
 - Generali rejected insurance application, request for adjusting policy's information or request for reinstating policy, whereby:
 - Insurance benefit shall not be paid, and
 - Policy is terminated. Generali shall reimburse Policyholder all paid Premiums (without interest), after deducting medical examination expense, testing expenses, all previously-paid benefits and Debts (if any).
 - Generali only rejected request for Rider application, request for adjusting Rider's information, then benefit shall not be paid, and these Rider shall be terminated. Whereby, Generali shall reimburse Policyholder these amounts:
 - Deducted Allocation charge and COI of these Rider; minus
 - All insurance benefit is payable for these Rider; minus
 - All Debts (if any).
 - Generali agreed to provide insurance coverage with the additional conditions, then Generali is in the same agreement with Policyholder about paying more loading premium or applying exclusions or reducing Sum Assured corresponding to the risk rate. If Policyholder does not agree to these conditions, Generali shall reimburse Policyholder paid Premium (without interest), after deducting medical examination expense, testing expenses, all previously-paid benefits and Debts (if any) and then Policy shall be terminated.

- Generali didn't change the insurance approval decision, request for adjusting policy's information or request for reinstating policy, Generali shall pay the benefits as specified in the Policy.
- c. Generali has the obligation to provide the full information relating to the Policy, explain all conditions, terms of the Policy for Policyholder/Life Assured. In case Generali intentionally provides the fake information in order to contract the Policy, Policyholder can unilaterally stop the Policy and Generali shall compensate the damages for Policyholder incurring from the misleading information provided by Generali.

7.3 Free look

Policyholder can reject to anticipate insurance by sending the written documents to Generali within 21 days from the date he/she receives the Policy. At that time, Policy shall be canceled, Generali reimburse all paid Premium (without interest) after deducting medical examination expense, testing expenses, all previously-paid benefits and Debts (if any).

7.4 Incontestable clause

While Policy is in force, any information which is declared incorrectly or omitted in application documents and other related documents shall be exempted after 24 months from Policy Effective Date or the latest Policy Reinstatement Date, whichever is later.

This provision shall not apply for the cases where Policyholder and/or Life Assured intentionally violate(s) information provision obligation as mentioned at Article 7.2, which impacts on Generali's decision about insurance approval, request for adjusting policy's information or request for terminating policy.

7.5 Responsibility for protection customer information

Generali must not transfer the personal information which Policyholder/Life Assured provided in the Policy for any third parties, excluding these following cases:

- a. Collecting, using, transferring as requested by the competent authority(ies), according to the provisions of law or for the purpose of underwriting, actuary, issuing/operating the Policy, reinsurance, deduction for setting up professional reserves, resolving claim request, research and designing the insurance product, prevention of fraud, money laundering, research and assessment of financial status, crediting - worthiness, capital adequacy, capital requirements, database proceedings and management.
- b. Other cases must be agreed on written notice by Policyholder.
 - Policyholder/Life Assured have to be announced about the aim of transferring information and have the right of choice between agreeing or disagreeing with this transfer; and
 - In case Policyholder/Life Assured refuses to transfer the information to the third parties out of Article 7.5.a, this refusal cannot be used as a reason for the purpose on cancelling the Policy.

Article 8. Policy effectiveness

8.1 Policy effectiveness

If the insurance request is approved by Generali, Policy shall take effect from the date when Policyholder fullfils Application form and pays fully Provisional premium, with

the condition that Policyholder and Life Assured are still alive on the date Generali issues Policy schedule

8.2 Early termination of Policy

Policyholder has the right to request for early terminate the Policy by sending the written announcement to Generali during the Policy Term. The early termination date is the date when Generali receive this written announcement from Policyholder. At that time, Generali shall reimburse Policyholder the Surrender value at the time the Policy is terminated (if any) after deducting any Debts (if any).

8.3 Termination of Policy

Policy shall terminate if any of the following cases happen:

- a. On the Maturity Date; or
- b. Policy has been lapsed for over 24 consecutive months; or
- c. Life Assured dies; or
- d. Policy terminates under the Article 7.2.b, Article 7.3, Article 8.2, Article 9.1.c, Article 9.4, Article 10.4.b of this Terms and Conditions; or
- e. Other cases in accordance with the laws, or this Terms and Conditions.

8.4 Policy Reinstatement

Within 24 months from the lapsed date of Policy but no later than the Maturity date, Policyholder can request to reinstate the Policy if meeting the following requirements:

- a. All required amounts for reinstating the Policy have to be fully paid; and
- b. Policyholder and Life Assured have to adopt the application requirements and provide the information set forth by Generali.

The required amounts for reinstating Policy are regulated as follow:

- In case Policy lapsed according to Article 12.2.d when Policyholder does not pay due premium in first 4 Policy year according to Article 12.2.a: Policyholder needs to pay all unpaid Premium and at least one Installment Premium for annual/half-year payment mode or at least two Installments Premium for quarterly payment mode (if Policy Reinstatement Date is within 15 days before next Premium Due Date)
- In case policy lapsed according to Article 12.2.d when the Policy Account Value is not enough for Monthly deduction according to Article 12.2.a or 12.2.b: Policyholder needs to pay all unpaid Premium and at least one Installment Premium for annual/half-year payment mode or at least two installments premium for quarterly payment mode or at least 03 installment premium for monthly payment mode.

Policy reinstatement shall take effect right after Generali approves the reinstatement request on written notice and when Policyholder and the Life Assured are still alive at that time.

Article 9. Changes relating to Policy

While the Policy is in force, if there is any below-mentioned request for adjusting the Policy, Policyholder needs to inform these changes in written notice within 30 days. These changes shall take effect right after Generali approves in written notice and this written notice shall be an integral part of Policy.

9.1 Changes of resident address, personal papers, occupational class, beneficiary

- a. Policyholder and/or Life Assured change their resident address and/or contact information (address, phone number, electronic mail (email));
- b. Policyholder and/or Life Assured and/or beneficiary change the information of personal papers which has been registered with Generali: identity card/ Citizenship/Passport,...;
- c. Life Assured leaves Vietnam territory for more than consecutive 03 months or change his/her occupation. In this cases, Policy can be:
 - i. continued to be in force with unchanged Cost of Insurance; or
 - ii. increased Cost of Insurance; or
 - iii. applied exclusions (does not pay any benefit in the scope of exclusions); or
 - iv. terminated Riders. In this cases, Generali shall reimburse:
 - Allocation charge and Cost of Insurance which has been deducted since Life Assured was out of Vietnam territory or changed occupation; minus
 - All benefits paid for the insured event occurring after Life Assured was out of Vietnam territory or changed occupation; minus
 - All Debtsof these Riders; or
 - v. terminated Policy and Generali shall reimbursed Policyholder
 - Policy Account Value (if any) determined at the date Life Assured was out of Vietnam territory or changed occupation; plus
 - All paid Premium (without interest) are paid after the date Life Assured was out of Vietnam territory or changed occupation;Minus these amounts:
All partial withdrawal amount from Policy account (including withdrawal charge) is taken after the date Life Assured was out of Vietnam territory or changed occupation; and
All Debts (if any); and
All claimed benefits (including benefits of Riders) are payable for the Insured event which happens after the date Life Assured was out of Vietnam territory or changed occupation (if any).
Above-mentioned decisions shall be effective from Life Assured leave Vietnam or change his/her occupation;
- d. Policyholder changes beneficiary and this change does not ask for the agreement of any appointed beneficiaries.

9.2 Transferring Policy

Policyholder can request in written notice for transferring Policy. The assignee needs to satisfy all conditions to become new Policyholder as regulated in this Terms and Conditions and the Life Assured unchanges at the same time.

The transfer of Policy is only effective when Generali approved in written notice. Generali shall not be responsible for the legality of the transfer between Policyholder

and the assignee. When the transfer takes effect, the assignee shall have all rights and obligations with respect to the Policy.

9.3 Change in case Policyholder who is individual dies

If Policyholder who is individual dies, his/her heirs shall receive all right and obligation of this Policy.

9.4 Change in case Policyholder who is organization is dissolved, bankrupted or ceased its operation

If Policyholder who is organization is ceased its operation (being dissolved, bankrupted or other case as regulated by the laws) and Policy has not been transferred yet, Policy shall be terminated and then Generali reimburses Surrender value (if any) to the person who has the right to receive benefit as regulated by the current laws.

Article 10. Change related to insurance benefit

While the Policy is in force, Policyholder can inform Generali in written notice for the following requests:

10.1 Change of Sum Assured and/or Critical Illness Sum Assured

Policyholder can request in written notice to increase or reduce Sum Assured and/or Critical Illness Sum Assured.

- a. Change of Sum Assured and/or Critical Illness Sum Assured shall be effective from the next Monthiversary date right after Generali accepts in written notice, provided that Policyholder and Life Assured is still alive at the time of issuing the accepted document.
- b. Sum Assured and/or Critical Illness Sum Assured after changing must meet the requirements of minimum and maximum Sum Assured, under the regulations of Generali from time to time. Premium, Cost of Insurance and other conditions which are correspondingly relevant to Sum Assured and/or Critical Illness Sum Assured shall be adjusted. However, in case Policyholder requests for reducing Sum Assured and/or Critical Illness Sum Assured, Target Premium of basic product shall be unchanged.
- c. In case Policyholder requests for increasing Sum Assured and/or Critical Illness Sum Assured, Life Assured must be under 65 years old at the requesting time and meet the underwriting requirements of Generali and has not yet accepted any claims of Late Stage Critical Illness as specified at Article 1.3.4.
- d. In case Policyholder requests for increasing Sum Assured and/or Critical Illness Sum Assured, Generali shall not pay the increasing part of Sum Assured if the death of Life Assured results from act of suicide, attempted act to commit suicide or self-inflicted injury whether mentally sane or insane within 02 years from the date request for increasing Sum Assured and/or Critical Illness Sum Assured is accepted in written notice by Generali.
- e. In case Policyholder requests for increasing Critical Illness Sum Assured, Generali shall not pay the increasing part of Critical Illness Sum Assured if Critical Illness has symptoms, signs or is diagnosed within 90 days from the date request for increasing Critical Illness Sum Assured is accepted in written notice by Generali.

10.2 Partial withdrawal from Policy account

Policyholder can request to withdraw from Policy account and pay Partial withdrawal charge as mentioned at Article 13.4 of this Terms and Conditions. Withdrawal conditions:

- a. Withdrawal amount per transaction must adapt the rules of minimum and maximum withdrawal amount limitation and Surrender value balance after withdrawing is not lower than the minimum limitation as regulated by Generali from time to time; and
- b. After withdrawal, Sum Assured shall be correspondingly decreased but is not lower than minimum Sum Assured as regulated by Generali.
- c. Partial withdrawal shall be prior deducted from Excess Premium Account first (if any), then Target Premium Account.

10.3 Addition or termination of Rider

- a. Policyholder can add Riders for Life Assured if:
 - Generali provides these Riders;
 - Policyholder and Life Assured are eligible to be insured and adopt to underwriting requirement of Generali;
 - Rider premiums are fully paid.
- b. Rider benefit shall take effect from the next Monthiversary date right after the date the addition of Rider(s) is approved by Generali. Policyholder can request in written notice to terminate Rider(s). Rider(s) shall terminate on the Monthiversary Date right after the termination is approved by Generali.

10.4 Misstatement of Age and gender

- a. In case there is an misstatement of age or gender of the Life Assured but the correct Age is still covered under the insured age group, Generali shall adjust Cost of Insurance, Target premium, Rider premium and/or other charges according to the correct Age in accordance with the provisions of Generali from time to time. Target Premium Account shall be adjusted by Generali correspondingly
- b. In case there is a misstatement of main Life Assured, but the correct Age is not covered under the insured age group, Policy shall be terminated. At that time, Generali shall reimburse Policyholder the total paid Premium (without interest) after deducting these amounts:
 - Partial withdrawal from Policy account (if any);
 - Claimed benefits;
 - Debts (if any);
 - Medical examination expenses;
 - Reasonable expenses arising from insurance risk assessment for Life Assured.
- c. Apart from the case mentioned at Article 10.4.a and Article 10.4.b, in case there is a misstatement of Age and the correct Age of main Life Assured and/or additional Life Assured is not covered under the insured age group of correspondingly attached Riders of this Life Assured, these Riders shall be terminated. At that time, Policy is still in force and Generali shall reimburse Policyholder these amounts:

- Allocation charge and Cost of Insurance are deducted from these Riders; minus
- All benefits of these Riders were claimed before; minus
- Any Debts (if any).

Article 11. Other provision

11.1 Dispute settlement

If any dispute arising from the Policy cannot be dissolved through negotiation, it shall be settled the court where Generali's head office or Policyholder's permanent address is located. The statute of limitation shall be 03 years from the date of dispute.

11.2 Independence of provisions

If any provision of the Policy is declared to be illegal, invalid or inenforceable for any reasons, such an illegality, invalidity or unenforceability shall not affect any of the remaining provisions of the Policy. These remaining provisions shall continue to be valid and enforceable under the current laws.

11.3 Deducting Debts before paying insurance benefits

Generali shall deduct any Debts (if any) before paying any insurance benefits. Generali has the privileged right rather than any creditors, policyholders, or any related- interested parties to resolve any above-mentioned deductions. In case that there is any disparity between this article and the remaining article of the Terms and Conditions, Article 10.3 shall be prior applied.

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CHAPTER 4: PREMIUM, POLICY'S CHARGE AND POLICY ACCOUNT VALUE

Article 12. Premium

12.1 Premium and Premium frequency

- a. Premium is calculated on basis of Sum Assured, Critical Illness Sum Assured, Age, gender of Life Assured and the underwriting decision of Generali upon the Life Assured.
- b. Premium frequency can be annually, semi-annually or monthly, subject to the internal regulators about implementing product issued by Generali from time to time.
- c. Premium and Premium frequency is inscribed in Policy schedule or appendices, confirmations of amendment or other agreements (if any). Policyholder can request on written notice to Generali for changing Premium Frequency. This changing request shall be effective only when Generali issues the approval letter.
- d. Regulations about bucket premium:
 - i. Premium shall be allocated as the following priority:
 - i.1 Unpaid Installment premium of the previous Policy year (if any);
 - i.2 Installment premium of the current Policy year;
 - i.3 Installment premium of the next premium frequency until the end of current Policy Year;
 - i.4 The remaining Premium after paying full Premium of current Policy Year and previous Policy year shall be automatically allocated to Top-up premium;
 - ii. If premium is insufficient to cover one premium frequency, this premium shall be allocated as the ratio of Target premium, Rider premium of the Policy.

12.2 Premium payment and grace period

- a. Within first 04 Policy year:
 - Installment Premium must be fully and punctually paid to maintain Policy be in force.
 - Grace period is 60 days from
 - Premium Due Date in case Installment Premium are not fully and punctually paid on Premium Due Date; or
 - Monthiversary Date on which Policy Account Value is insufficient to cover Monthly deduction, except for the case of Article 1.4, whichever events happen earlier.
 - After grace period, if Installment Premium is not paid and Policy Account Value is enough to cover this premium, Generali shall automatically use Policy Account Value for paying this premium.
- b. From Policy year 5th onward:
 - Installment premium shall be paid according to selected premium frequency or at any time

- Grace period is 60 days from the Monthiversary date on which Policy Account Value is insufficient to cover Monthly deduction.
- c. During the grace period, Policy is still in force and Monthly deduction shall be deducted from Policy Account Value. If Policy Account Value is not enough to cover, the Monthly deduction rising in grace period shall be considered as Debt and is deducted whenever Premium is allocated to Policy Account or is deducted before paying any insurance benefits (if any).
- d. If Policyholder does not pay Premium as mentioned at item (a), Policy shall be lapsed from Premium Due Date. If Policyholder does not pay premium as mentioned at item (b), Policy shall be lapsed from the Monthiversary date on which Policy Account Value is not enough to cover Monthly deduction.

12.3 Paying Top-up premium

At any time, Policyholder can pay top-up premium after paying full premium of current and previous Policy year. Minimum and maximum limitation of Top-up premium shall be regulated by Generali from time to time, but maximum Top-up premium in each Policy Year shall not exceed 05 times of first year premium. First Policy year premium are included Target premium and Rider premium (if any) at issue. Generali can change the rules of Top-up premium limitation and refuses to receive Top-up premium at any times during the Policy term.

Article 13. Policy's charge and Policy Account Value

13.1 Allocation charge

- a. Allocation charge is calculated as percentage of Target premium and Top-up premium in following table:

Premium of Policy Year	1 st	2 nd	3 rd	4 th	5 th	6 th +
% Target premium	70%	40%	35%	25%	10%	0%
% Top-up premium	2%					

- b. Allocation charge applying for Rider premium shall be mentioned in Terms and Conditions of each Rider.

13.2 Cost of Insurance (COI)

- a. While Policy is in force, COI shall be deducted from Policy Account Value on each Monthiversary Date.
- b. COI rate which is used to calculate COI shall be adjusted according to attained Age, gender and health status and occupation class of Life Assured, and can be changed upon the approval of Ministry of Finance. This change of COI rate shall be informed to Policyholder on written notice at least 03 months before applied.

13.3 Admin charge

- a. While Policy is in force, Admin charge shall be deducted from Policy Account Value on each Monthiversary Date.
- b. In 2019, Admin charge is VND 33.000 per month and automatically increases VND 2.000 per calender year afterwards. In all cases, Admin charge does not excess VND 60.000 per month.

- c. Admin charge can be adjusted after being approval by the Ministry of Finance. This change of Admin charge shall be informed to Policyholder on written notice at least 03 months before applied.

13.4 Partial withdrawal charge from Policy Account

Partial Withdraw Charge from Target Premium Account is 2% of withdrawal amount and applied until the Policy term.

Generali does not apply Partial withdrawal charge from Excess Premium Account requested by Policyholder.

13.5 Surrender charge

- a. For Target Premium Account

Policy year	% Premium of the first Policy year at the proposal
1	100%
2	100%
3	90%
4	80%
5	70%
6	50%
7	40%
8	30%
9	20%
10	10%
11 - 15	5%
16+	0%

If Target Premium Account is less than Surrender charge, the Surrender charge shall equal to Target Premium Account at the time of early termination.

- b. For Excess Premium Account: no applied.

13.6 Fund management charge

Fund management charge shall be deducted before Generali declares Crediting rate. Fund management charge is 2% Policy Account Value per annum and can be changed but not exceed 2.5% per annum.

13.7 Policy Account

Consisting of Target Premium Account and Excess Premium Account (if any).

Target Premium Account and Excess Premium Account (if any) is changeable in the following cases:

- Increasing when Installment premium and/or Top-up premium are allocated;
- Increasing due to plus crediting interest;
- Increasing due to incurring Loyalty benefit and Regular Cash benefit;

- Decreasing due to be deducted Monthly deduction;
- Decreasing due to automatically pay Installment premium;
- Decreasing due to partial withdraw from Policy Account.

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APPENDIX I. DEFINITIONS

1. Doctor/Physician/Specialist

Means a legally licensed and duly registered medical practitioner in Western medicine under the relevant laws and regulations of the country in which he/she is practising within the scope of his/her licensing and training, but excluding a Doctor who is:

- a. Policyholder, Life Assured or Beneficiary; or
- b. Legal spouse, children, siblings, parents, grand-parents, grand-son, stepfather, stepmother of Policyholder, Life Assured, Beneficiary.

2. Policyholder

Means any individual or organization who declares and signs in the Application form and pay Premium under the Policy.

- a. Policyholder who is an individual must be residing in Vietnam, at least 18 years old and has full civil act capacity under the provisions of the laws at the time of declaring and signing in the Application form; or
- b. Policyholder who is an organization must be established and is legally operating in Vietnam at the time of declaring and signing in the Application form.

Policyholder can participate the Policy for the Life Assured who is:

- a. Himself/herself;
- b. Spouse, children, parents of Policyholder;
- c. Siblings of Policyholder;
- d. Those who have the fostering/guardian relationships with Policyholder;
- e. Others with whom Policyholder has the insurable relations under the provisions of the current law.

3. Critical Illness

Includes Juvenile Critical Illness, Diabetic Complications, Early Stage Critical Illness, and Late Stage Critical Illness classified in Critical Illness Group as specified at Appendix II of the Terms and Conditions of this Policy.

4. Hospital

Means a Medical facility which has "Hospital" letter in its official seal.

When applied for Hospital out of Vietnam territory, the status of Hospital has to be presented by the language of the country/territory where it is located and understood as "Hospital" (Benh Vien) in Vietnamese.

For the purposes of this product, Hospital does not include these following organizations:

- a. Mental asylum, psychiatric hospital;
- b. Leprosy hospital;
- c. Nursing homes;
- d. Maternity hospital, or other facilities are primarily for the treatment of the elderly, alcoholics, drug addicts;
- e. Traditional medicine department/center/hospital;
- f. Rehabilitation hospital.

5. Medical facility

Means an organization which is legally established and operates under the laws of the country in which it is located, has an operation license and meets all following requirements:

- a. being established and continuously operating during 24 hours per day to provide consultation, diagnosis and treatment service for the person who is sick/ill or injured;
- b. having enough capacity and facilities to carry out surgical operations;
- c. having the convenient conditions for in-patient treatment and provide health watch services for patients;
- d. Medical records and reports of patients are kept according to the standards set forth by authorities;

6. Diagnosis of Critical Illness

Means the final diagnosis of one or many Critical Illness(es) is performed by Doctor or group of specialist medical practitioner of Hospital.

The result of Critical Illness's diagnosis is accepted if it meets the conditions specified in the definition of Critical Illness under Appendix III, Appendix IV, Appendix V, and Appendix VI, which is based on the medical evidence of the Life Assured which is provided by the person who has the right to receive insurance benefit. Generali can request Life Assured for taking other examinations if needed.

In case of the disputes over the result of diagnosis, Generali can require the Life Assured to undergo medical examination by an independent medical agency as the agreement between Generali and the person who has the right to receive insurance benefit. Generali and the person who has the right to receive insurance benefit must comply this final examination result. In case of disputes, all costs of medical examination required by Generali will be paid by Generali.

7. Activities of daily living

Include 06 following activities:

- 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.
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.
- Mobility: the ability to move indoors from room to room on level surfaces.
- Continence: the ability to control bowel and bladder function so as to maintain a satisfactory level of personal hygiene.
- Feeding: the ability to feed oneself once food has been prepared and made available.

8. Generali

Means Generali Vietnam Life Insurance Limited Liability Company, operating under the License No. 61GP/KDBH issued by the Ministry of Finance on 20th April 2011.

9. Application form

Means the insurance proposal of Policyholder and is an integral part of the Policy.

10. Policy schedule

Means the document indicated Generali's approval of the insurance coverage upon the request of Policyholder. Policy schedule is issued by Generali to Policyholder and is an integral part of the Policy

11. Surrender value

Means the amount which Policyholder shall be received when requesting for early terminating the Policy. Surrender value is equal to:

- Target Premium Account deducting Surrender charge; plus
- Excess Premium Account; minus
- All Debts (if any).

12. Policy

Means the written agreement between Generali and Policyholder. Thereby, Policyholder and Generali commit to follow all provisions of this Terms and Conditions.

Policy consists of:

- a. Application form;
- b. Policy schedule;
- c. Terms and Conditions of this product;
- d. Terms and Conditions of the attached Riders (if any);
- e. Appendices, amendments and other agreements during the process of entering and implementing Policy, including all of any declarations, answer sheets or other evidences which are the basis for opening and performing Policy.

13. Monthly deduction

Includes Cost of insurance (COI) and Admin charge. Monthly deduction shall be prior deducted from Target Premium Account. If Target Premium Account is not efficient to cover, Monthly deduction or the remaining of Monthly deduction shall be automatically deducted from Excess Premium Account (if any).

14. Debts

Includes all unpaid Premium due date, all unpaid Monthly deduction, all compulsory taxes under the laws and other amounts (if any).

15. Crediting rate

Means the interest rate used to calculate the cumulative crediting rate amount accumulated to Policy Account Value. Crediting rate is the higher rate between the declaring rate and minimum guaranteed crediting rate under Article 1.1.1. Crediting rate shall be declared from time to time based on the actual investment return rate from Universal Life fund after deducting Fund management charge.

16. Critical Illness Group

Means the critical illness group including 01 or many Critical Illness as mentioned at Appendix II attached to Terms and Conditions of the Policy.

17. Policy year

Means the period of 12 months which is calculated from Policy Effective Date or Policy Anniversary Date.

18. Policy Effective Date

Means the date on which Policy takes effect and is inscribed in Policy schedule.

19. Policy Issue Date

Means the date on which Generali issues Policy schedule and is inscribed in Policy schedule.

20. Premium Due Date

Means the date on which Policyholder has to pay Installment Premium, determined according to Premium Frequency as mentioned at Article 12 and in accordance with Policy Effective Date.

21. Policy Anniversary Date

Means the annually-repeated date of Policy Effective Date during Policy term. In case that there is no relevant date, the day before shall be applied.

22. Policy Monthiversary Date

Means the monthly-repeated date of Policy Effective Date during Policy term. In case that there is no relevant date, the day before shall be applied.

23. Policy Reinstatement Date

Means the date on which Generali approves on written notice to reinstate the Policy according to Policyholder's request in case of the lapsation of the Policy. Policy Reinstatement Date is specified in Article 8.4.

24. Maturity Date

Means the final date of Policy term, which is inscribed in Policy schedule with the condition that Policy is still in force at that time.

25. Life Assured

Main Life Assured: means any individual who is residing in Vietnam, from 30 days to 60 years old on Policy Effective Date and accepted by Generali for insurance coverage in accordance with Terms and Conditions of the Policy. Expiry age of main Life Assured on the Maturity date is 99 years old.

Additional Life Assured: means an individual who is not main Life Assured under the provisions of this Terms and Conditions, anticipates Riders in accordance with Terms and Conditions of Riders.

26. Premium

Means the amount which Policyholder must pay for Generali to be insured under the Policy. Premium includes Target premium and Rider premium (if any).

27. Target premium

Means premium of insurance benefit as specified at Article 1 of this Terms and Conditions. Target premium is calculated for a given Sum Assured, Critical Illness Sum Assured of Critical Illness benefit, Age and gender of Life Assured on the date of signing the Application form. Target premium shall be allocated to Target Premium Account after deducting Allocation charge.

28. Rider premium

Means premium of rider(s) (if any). Rider premium shall be allocated to Target Premium Account after deducting Allocation charge.

29. Provisional premium

Means the Premium Policyholder pays at the time of submitting Application form.

30. Installment premium

Means Premium determined as the appointed premium frequency.

31. Top-up premium

Means the additional premium after fully be paid the total Installment premium of current Policy Year and of all previous Policy Year. Top-up premium shall be allocated to Excess Premium Account after deducting Allocation charge.

Top-up premium must comply with the minimum and maximum limitation as regulated by Generali from time to time. Generali can change Top-up premium limitation and refuse to receive Top-up premium at any time during the Policy term.

32. Allocation charge

Means the expense which is deducted from Target premium, Rider premium and Top-up premium before these premiums are allocated to Policy account.

33. Cost of Insurance (COI)

Means the expense for performance of risk insurance benefits as guaranteed in the Policy, deducted on monthly basis from Policy account on each Monthiversary Date. Cost of Insurance consists of Cost of Insurance of insurance benefits under this Terms and Conditions and Cost of Insurance of Riders (if any).

34. Admin charge

Means the expense which is paid for related cost to maintain the Policy and provide information related to Policy for Policyholder, deducted on monthly basis from Policy Account Value on each Monthiversary Date

35. Fund management charge

Means the expense which is paid for investing and managing activities of Universal Life Fund.

36. Rider

Means insurance benefit(s) in accordance with the Terms and Conditions of each rider, as specified in Article 2 and provided by Generali as requested of Policyholder and in accordance with other regulations of Generali.

37. Terms and Conditions

Means the document detailly specifies the rights and obligations of Policyholder and Generali. This Terms and Conditions is an integral part of the Policy.

38. Universal Life Fund

- a. Means the fund contributed from Target premium, Rider premium and Top up premium of the Policy and belonging to Policyholder.
- b. Generali shall manage and invest Universal Life Fund in the permitted investment fields. However, Generali can entrust this management and investment to third party.
- c. Generali shall carefully invest by focusing primarily on fixed income properties such as Government bonds, corporate bonds and bank deposits.

39. Sum Assured

Means the amount Policyholder requires to be insured and approved to provide insurance coverage by Generali according to this Terms and Conditions. Sum Assured is inscribed in Policy schedule or appendices, amendments and other agreements (if any).

40. Critical Illness Sum Assured

Means the amount Policyholder requires for Multiple-pay Critical Illness benefit and approved to provide insurance coverage by Generali according to this Terms and Conditions. Critical Illness Sum Assured inscribed in Policy schedule or appendices. Amendments and other agreements (if any).

41. Insured event

Means any events leading to insurance payment obligation of Generali under this Terms and Conditions and Terms and Conditions of Riders (if any).

42. Accident

Means an event or an uninterrupted sequence of events caused by the sudden impact of an external force or object to the body of the Life Assured beyond the intention and desire of the Life Assured, occurred while the Policy is in force. The event or the uninterrupted sequence of events above must be the sole and direct reason and not related to any other reasons that caused the visual disability and/or death to the Life Assured within 180 days when the event or the uninterrupted sequence of events occurs.

43. Target Premium Account

- a. Means the account which is accumulated from Target Premium, Rider Premium (if any) after deducting Allocation charge and Monthly deduction; and
- b. Corresponding interest and Loyalty benefit shall be accumulated to Target Premium Account as regulated in this Terms and Conditions.

44. Excess Premium Account

- a. Means the account which is accumulated from Top-up premium after deducting Allocation charge and Monthly deduction; and
- b. Corresponding interest and Regular cash benefit shall be accumulated to Excess Premium Account as regulated in this Terms and Conditions.

45. Policy Account Value

Means the account which is accumulated from the total value of Target Premium Account and Excess Premium Account (if any).

46. Policy term

Means the duration which is determined from Policy Effective Date to Maturity Date and is inscribed in Policy schedule or appendices. Amendments and other agreements (if any).

At proposal of the Policy, Policyholder can flexibly select Policy term. Minimum Policy term is 20 years. Maximum Policy term is equal to 99 minus Entry age of main Life Assured.

47. Pre-existing medical condition

Means:

- a. The status of illness, injury of Life Assured which has been examined, or tested, or received medical advice, or diagnosed, or treated, or

- b. The symptoms, abnormal signs about health status of Life Assured and if Generali knows about these symptoms, abnormal signs, Generali does not accept to provide the insurance coverage or accept to provide the insurance coverage with loading rate, or apply exclusion, or does not approve request for reinstating the Policy or adjusting Policy's information

incur prior to the Policy Effective Date, or the latest Policy Reinstatement Date, whichever is later.

Medical history kept at medical facility, medical file, or declaration of Life Assured/ Policyholder shall be considered as a full and legal evidence for Pre-existing medical condition

48. Age

Means age which is calculated as the latest birthday of Life Assured. Age of Life Assured is used for calculating Premium, COI and insurance benefits.

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APPENDIX II. THE COVERED CRITICAL ILLNESS LIST

Diabetic Complications	Juvenile Critical Illness	
<ol style="list-style-type: none"> 1. Diabetic Retinopathy 2. A definite diagnosis of diabetic nephropathy 3. The actual undergoing of amputation of a leg/foot/arm/hand of diabetic 	<ol style="list-style-type: none"> 1. Wilson’s Disease 2. Hand, Foot and Mouth Diseases with Severe (life threatening) Complications 3. Insulin-Dependent Diabetes Mellitus (Type I diabetes mellitus) 4. Kawasaki’s Disease with Heart Complications 5. Osteogenesis Imperfecta 6. Rheumatic Fever with Valvular Impairment 	<ol style="list-style-type: none"> 7. Severe Hemophilia 8. Dengue Haemorrhagic Fever 9. Systemic Juvenile Chronic Arthritis (Still’s Disease) 10. Severe Autism (TBC) 11. Severe Relapsing Nephrotic Syndrome 12. Respiratory Diphtheria
Grouping of Early Stage and Late Stage Critical Illness		
Critical Illness Group	35 Early Stage Critical Illness	61 Late Stage Critical Illness
<ol style="list-style-type: none"> 1. Cancer 	<ol style="list-style-type: none"> 1. Carcinoma-in-situ (CIS) 2. Early Cancer of Specific Organs 	<ol style="list-style-type: none"> 1. Major Cancer
<ol style="list-style-type: none"> 2. Major Organs 	<ol style="list-style-type: none"> 3. Surgical removal of one kidney 4. Small bowel transplant 5. Surgical Removal of One Lung 6. Liver Surgery 7. Biliary Tract Reconstruction Surgery 8. Corneal Transplant 9. Severe Asthma 10. Liver Cirrhosis 11. Reversible Aplastic Anaemia 	<ol style="list-style-type: none"> 2. Kidney Failure 3. Major Organ/Bone Marrow Transplant 4. End Stage Lung Disease 5. Medullary Cystic Disease 6. Fulminant Hepatitis 7. End Stage Liver Failure 8. Aplastic Anaemia 9. Chronic Relapsing Pancreatitis 10. Chronic Autoimmune Hepatitis
<ol style="list-style-type: none"> 3. Heart and Blood vessel 	<ol style="list-style-type: none"> 12. Cardiac Pacemaker Insertion 13. Cardiac Defibrillator Insertion 14. Minimally Invasive Direct Coronary Artery Bypass Grafting (MIDCAB) 15. Minimally Invasive Surgery to Aorta 	<ol style="list-style-type: none"> 11. Heart Attack /Myocardial Infarction 12. Coronary Artery By-pass Surgery 13. Heart Valve Replacement 14. Surgery to Aorta 15. Primary Pulmonary Hypertension

	<p>16. Percutaneous Valvuloplasty or Valvotomy 17. Pericardectomy 18. Insertion of a Veno-cava filter 19. Early Pulmonary Hypertension 20. Large Asymptomatic Aortic Aneurysm</p>	<p>16. Cardiomyopathy 17. Eisenmenger's Syndrome 18. Infective Endocarditis</p>
<p>4. Neuro-Musculoskeletal Related</p>	<p>21. Cerebral Shunt Insertion 22. Surgical Removal of Pituitary Tumour 23. Osteoporosis with Fractures (coverage up to aged 70) 24. Spinal Cord Disease or Injury resulting in Bowel and Bladder Dysfunction 25. Cavernous sinus thrombosis surgery 26. Tuberculous Myelitis 27. Severe Epilepsy 28. Moderately Severe Parkinson's Disease</p>	<p>19. Coma 20. Stroke 21. Alzheimer's Disease/Irreversible Organic Degenerative Brain Disorders (Dementia) (coverage up to aged 70) 22. Parkinson's Disease 23. Multiple Sclerosis 24. Encephalitis 25. Major Head Trauma 26. Brain Surgery 27. Spinal Muscular Atrophy (SMA) 28. Amyotrophic Lateral Sclerosis 29. Bacterial Meningitis 30. Benign Brain Tumour 31. Poliomyelitis 32. Loss of Limbs 33. Paralysis/Paraplegia 34. Muscular Dystrophy 35. Myasthenia Gravis 36. Severe Osteoporosis (coverage up to aged 70) 37. Multiple Root of Avulsion of Brachial Plexus 38. Creutzfeldt-Jakob Disease 39. Meningeal Tuberculosis 40. Accidental Fracture of Spinal Column 41. Cerebral Aneurysm</p>

		Requiring Surgery 42. Apallic Syndrome 43. Progressive Supranuclear Palsy 44. Progressive Bulbar Palsy
5. Other	29. Loss of Sight in One Eye 30. Less Severe Burn 31. Loss of One Limb 32. Cochlear Implant Surgery 33. Loss of Use of One Limb and Loss of Sight in One Eye 34. Retinitis Pigmentosa 35. Moderately Severe Rheumatoid Arthritis	45. Major Burns 46. Systemic Lupus Erythematosus with Lupus Nephritis 47. Blindness 48. Loss of Speech 49. Loss of Hearing 50. Severe Rheumatoid Arthritis 51. Pheochromocytoma 52. Progressive Scleroderma 53. HIV Due to Blood Transfusion 54. Occupationally Acquired HIV 55. Chronic Adrenal Insufficiency 56. Necrotizing Fasciitis 57. Ulcerative Colitis with total colectomy 58. Crohn's Disease with fistula 59. Surgery for Idiopathic Scoliosis 60. Ebola Hemorrhagic Fever 61. Elephantiasis

Detailed definitions for critical illness of Juvenile Critical Illness, Diabetic Complications, Early Stage Critical Illness and Late Stage Critical Illness are specified in Appendix III, Appendix IV, Appendix V and Appendix VI respectively.

APPENDIX III. DEFINITION OF JUVENILE CRITICAL ILLNESS

1. Wilson's Disease

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

2. Hand, Foot and Mouth Diseases with Severe (Life Threatening) Complications)

A viral syndrome associated with exanthem-enanthem caused by Coxsackie A16 and Entenovirus 71. For the purpose of this contract, only severe Hand, foot and mouth disease associated with either encephalitis and/or myocarditis will be covered. Positive isolation of the causative virus to support the diagnosis has to be provided together with documented evidence of the presence of encephalitis and/or myocarditis. A claim for this benefit will only be made with evidence of neurological deficit at least 30 days after the event.

3. Insulin-Dependent Diabetes Mellitus (Type I diabetes mellitus)

This is characterized by polydipsia, polyuria, increased appetite, weight loss, low plasma insulin levels, episodic ketoacidosis, and immune mediated destruction of pancreatic beta cells. Insulin therapy and dietary regulation are necessary. Dependence on insulin therapy must persist for not less than six months. Type II Diabetes Mellitus is specifically excluded. Diagnosis must be confirmed by a Registered Specialist Pediatrician/a Registered Specialist Endocrinologist.

4. Kawasaki's Disease with Heart Complications

The unequivocal diagnosis of Kawasaki disease by a paediatrician and a paediatric cardiologist to the satisfaction of Generali, with the presence of febrile illness for more than four days, and with at least four of the following physical findings:

- Bilateral conjunctival injection;
- Oral changes (erythema of lips or oropharynx, strawberry tongue, or fissuring of the lips);
- Peripheral extremity changes (edema, erythema, or generalized or periungual desquamation);
- Rash;
- Cervical lymphadenopathy.

In addition, the Life Assured must have received salicylates and intravenous gammaglobulins as the mainstays of treatment.

The diagnosis of Kawasaki disease must be backed by adequate laboratory and other tests.

There must be echocardiographic evidence of cardiac involvement manifested by dilation or aneurysm formation in the coronary arteries present for at least six months after the initial acute episode.

5. Osteogenesis Imperfecta

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

- The result of physical examination of the Life Assured by a Registered Specialist that the Life Assured suffers from growth retardation and hearing impairment; and
- The result of x-ray studies reveals multiple fracture of bones and progressive kyphoscoliosis; and
- Positive result of skin biopsy.

Diagnosis of Osteogenesis Imperfecta must be confirmed by a Registered Specialist acceptable to Generali.

6. Rheumatic Fever with Valvular Impairment

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

7. Severe Hemophilia

The Life Assured must be suffering from severe hemophilia associated with spontaneous haemorrhage and with a clotting factor VIII or factor IX of less than one percent. Diagnosis must be confirmed by a Registered Specialist in the relevant field.

8. Dengue Haemorrhagic Fever

This benefit covers Dengue Haemorrhagic Fever Stage 3 or Stage 4, based on the World Health Organization case definition, with unequivocal evidence of the Dengue Shock Syndrome and confirmation of dengue infection, with confirmatory serological testing of dengue. The diagnosis must be supported by all of the following findings:

- History of continuous high fever for two or more days; and
- Minor or major haemorrhagic manifestations (a positive tourniquet test, petechiae, ecchymosis, or purpura, bleeding from the mucosa, gastrointestinal tract, injection sites or other locations or haematemesis or melena); and
- Thrombocytopenia ($\leq 100,000$ per mm^3); and
- Evidence of plasma leakage (i.e. pleural effusion, ascites or hypoproteinaemia, etc.); and
- Evidence of circulatory manifested as:
 - Hypotension (systolic pressure of < 80 mmHg) or narrow pulse pressure (< 20 mmHg), and
 - Evidence of tissue hypoperfusion such as cold, clammy skin, oliguria, or a metabolic acidosis.

9. Systemic Juvenile Chronic Arthritis (Still's Disease)

A form of juvenile chronic arthritis characterized by high fever and signs of systemic illness that can exist for months before the onset of arthritis. The condition must be characterized by cardinal manifestations which include high spiking, daily (quotidian) fevers, evanescent rash, arthritis, splenomegaly, lymphadenopathy, serositis, weight loss, neurotrophilic leucocytosis, increased acute phase proteins and seronegative tests for Antinuclear Antibodies (ANA) and Rheumatoid (RF). A Claim for this benefit will be admitted only if the diagnosis is confirmed by a pediatric rheumatologist and the condition has to be documented for at least 6 months.

10. Severe Autism (TBC)

An unequivocal diagnosis by a Registered Medical Practitioner who is a pediatric Specialist of a severe form of Autism Spectrum Disorder which is in a child who is age 5 and above and must have continued without interruption for a period of at least six months after Diagnosis where all of the following conditions are met:

- a. The Life Assured is undergoing behavioral therapy, occupational therapy, speech therapy, psychological interventions or special education at a recognized institute for autistic children; and
- b. All of the following diagnostic criteria (based on Diagnostic and Statistical Manual of Mental Disorders (DSM-5) are fulfilled, as certified by the Life Assured's treating pediatric Specialist:
 - Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following: Severe deficits in verbal and nonverbal social communication skills causing severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others.
 - Restricted, repetitive patterns of behavior, interests, or activities, as manifested by the following:
 - Inflexibility of behavior, extreme difficulty coping with change, or other restricted/ repetitive behaviors that markedly interfere with functioning in all spheres.
 - Great distress/ difficulty changing focus or action.
 - Symptoms are present in the early development period.
 - Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

Exclude autism diagnosed with an underlying medical, genetic, or environmental condition/s including genetic syndromes, metabolic disorders, fetal alcohol syndrome, etc).

11. Severe Relapsing Nephrotic Syndrome

Confirmatory diagnosis of Nephrotic Syndrome where all of the following criteria must be fulfilled:

- a. Oedema caused by renal protein loss, and
- b. Hypoalbuminaemia of < 25g/l, and
- c. Proteinuria > 150 mg/m²/hour (> 3.6g/m²/day), and
- d. Four (4) or more relapses of the above defined severe nephrotic syndrome (as defined under a to c) within 12 months after the initial severe nephrotic syndrome episode where at least one of such relapses must have happened nine (9) months after the initial severe nephrotic syndrome episode.

12. Respiratory Diphtheria

Diphtheria is defined as an acute toxin-mediated disease caused by *Corynebacterium diphtheriae*. This diagnosis must be certified by a consultant paediatrician. Only cases with all of the following criteria will qualify for this benefit:

- a. Upper respiratory tract illness presenting with high fever, pseudomembrane formation (involving pharyngeal walls, tonsils and larynx) and cervical lymphadenopathy;
- b. Mechanical ventilation is instituted;
- c. Bacteriologic cultures of throat swab/pseudo membrane specimen isolate *Corynebacterium diphtheriae*;
- d. Antitoxin is administered;
- e. Laboratory confirmation of diphtheria toxin production; and
- f. Evidence of inflammation of heart muscle.

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APPENDIX IV. DEFINITION OF DIABETIC COMPLICATIONS DEFINITION

1. Diabetic Retinopathy

Diabetic Retinopathy with the need to undergo laser treatment certified to be absolutely necessary by a Specialist in the relevant field with support of Fluorescent Fundus Angiography report.

2. Diabetic Nephropathy

A definite diagnosis of Diabetic Nephropathy by a specialist in the relevant field and is evident by eGFR less than 30ml/min/1.73 m² with an ongoing proteinuria greater than 300mg/24 hours.

3. The actual undergoing of amputation of a leg/foot/arm/hand of diabetic

The actual undergoing of amputation of a leg/ foot/ arm to treat gangrene that has occurred because of a complication of diabetes.

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APPENDIX V. DEFINITIONS OF EARLY STAGE CRITICAL ILLNESS

Group 1: Cancer

1. Carcinoma-in-situ (CIS) of Specified Organs

Carcinoma in situ of the following sites: Breast, uterus, ovary, fallopian tube, vulva, vagina, cervix uteri, colon, rectum, penis, testis, lung, liver, stomach or nasopharynx or bladder.

Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. "Invasion" means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.

Clinical diagnosis of Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II, CIN III (severe dysplasia without Carcinoma in situ) does not meet the required definition and are specifically excluded. Carcinoma in situ of the biliary system is also specifically excluded.

2. Early Cancer of Specific Organs

- **Early Prostate Cancer:** Prostate Cancer that is histologically described using the TNM Classification as T1a or T1b or Prostate cancers described using another equivalent classification.
- **Early Thyroid Cancer :** Thyroid Cancer that is histologically describe using the TNM Classification as T1N0M0 Papillary microcarcinoma of thyroid where the tumor is less than 1cm in diameter.
- **Early Bladder Cancer:** Papillary microcarcinoma of Bladder histologically described as TaN0M0 according to TNM Classification system.
- **Early Chronic Lymphocytic Leukaemia:** Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded.
- **Early Melanoma:** Invasive melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3.

Non-invasive melanoma histologically described as "in-situ" is excluded.

Group 2: Major Organs

3. Surgical removal of One Kidney

The complete surgical removal of one kidney necessitated by any illness or accident. The need for the surgical removal of the kidney must be certified to be absolutely necessary by a nephrologist.

Kidney donation is excluded.

4. Small Bowel Transplant

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

5. Surgical Removal of One Lung

Surgical Removal of the entire right or left lung shall mean complete surgical removal of a lung as a result of an illness or Accident of the Insured. Partial removal of a lung is not included in this benefit.

6. Liver Surgery

Partial hepatectomy of at least one (1) entire left or entire right lobe of the liver, that has been found necessary as a result of illness or accident as suffered by the Insured.

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

7. Biliary Tract Reconstruction Surgery

Biliary tract reconstruction surgery involving choledochoenterostomy (choledochojejunostomy or choledochoduodenostomy) for the treatment of biliary tract disease, including biliary atresia, that is not amenable to other surgical or endoscopic measures.

The procedure must be considered the most appropriate treatment by a specialist in hepatobiliary disease.

This benefit is not payable for the consequences of gall stone disease or cholangitis.

8. Corneal Transplant

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

9. Severe Asthma

Evidence of an acute attack of Severe Asthma with persistent status asthmaticus that requires hospitalization and assisted ventilation with a mechanical ventilator for a continuous period of at least 4 hours on the advice of a respiratory physician.

10. Liver Cirrhosis

Cirrhosis of Liver with a HAI-Knodell Score of 6 and above as evident by liver biopsy. The diagnosis liver cirrhosis must be unequivocally confirmed by a hepatologist and based on the histological findings of the liver biopsy. Liver disease secondary to alcohol and drug abuse are excluded.

11. Reversible Aplastic Anaemia

Acute reversible bone marrow failure resulting in anaemia, neutropenia and thrombocytopenia. The diagnosis must be based on a bone marrow biopsy. Two out of the following three values should be present:

- Absolute neutrophil count of 500 per cubic millimeter or less;
- Absolute reticulocyte count of 20 000 per cubic millimeter or less;

- Platelet count of 20 000 per cubic millimeter or less.

Group 3: Heart and Blood Vessel

12. Cardiac Pacemaker Insertion

Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be medically necessary by a Registered Specialist in the relevant field. This benefit includes pacemakers deployed for cardiac re-synchronization therapy.

13. Cardiac Defibrillator Insertion

Insertion of a permanent cardiac defibrillator that is required as a result of serious cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be medically necessary by a Registered Specialist in the relevant field.

14. Minimally Invasive Direct Coronary Artery Bypass Grafting (MIDCAB)

Coronary Artery Bypass Grafting Coronary or coronary arterectomy performed by port access procedures or MIDCAB procedures (where median sternotomy is not required) to correct blockages in the coronary arteries. All intravascular procedures are excluded. All percutaneous intravascular techniques are excluded.

15. Minimally Invasive Surgery to Aorta

The actual undergoing of surgery via minimally invasive or intra-arterial techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by a cardiac echocardiogram or any other appropriate diagnostic test that is available and confirmed by a consultant cardiologist.

For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

16. Percutaneous Valvuloplasty or Valvotomy

The actual undergoing of simple percutaneous balloon valvuloplasty or valvotomy necessitated by damage of the heart valve as confirmed by a cardiologist and established by a cardiac echocardiogram.

Any procedure on heart valves that involves opening or entering the chest by any thoracotomy incision is excluded.

17. Pericardectomy

The undergoing of a pericardectomy or undergoing of any surgical procedure requiring keyhole cardiac surgery as a result of pericardial disease. Both these surgical procedures must be certified to be absolutely necessary by a consultant cardiologist.

18. Insertion of a Veno-cava filter

The surgical insertion of a veno-cava filter after there has been documented proof of recurrent pulmonary emboli. The need for the insertion of a venocaval filter must be certified to be absolutely necessary by a specialist in the relevant field.

19. Early Pulmonary Hypertension

Primary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The diagnosis must be established by cardiac catheterization by a consultant cardiologist.

The NYHA Classification of Cardiac Impairment:

- Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or angina 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.

20. Large asymptomatic aortic aneurysm

Large asymptomatic abdominal or thoracic aortic aneurysm or aortic dissection as evidenced by appropriate imaging technique. The aorta must be enlarged greater than 55mm in diameter and the diagnosis must be confirmed by a consultant cardiologist.

Group 4: Neuro – Musculoskeletal Related

21. Cerebral Shunt Insertion

The actual undergoing of surgical implantation of a permanent shunt (such as a ventriculo atrial or ventriculo abdominal shunt) from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a consultant neurologist.

22. Surgical Removal of Pituitary Tumour

The actual undergoing of surgical removal of a pituitary tumour by transphenoidal/transnasal hypophysectomy necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour or where surgical removal is considered necessary upon the advice of a consultant endocrinologist. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI.

23. Osteoporosis with Fractures

The occurrence of Osteoporosis with minimal trauma fractures where all of the following conditions are met:

- Either fracture of the neck of femur or fracture of at least two (2) vertebral body following minimal trauma; and
- Bone mineral density measured in at least two (2) sites by dual-energy x-ray densitometry (DEXA) or quantitative CT scanning is consistent with severe osteoporosis (T-score of less than -2.5).

Actual undergoing of internal fixation or replacement of the fractured femur bone; or actual surgical treatment for vertebral body is required.

Coverage for Osteoporosis with Fractures will automatically cease after the Life Assured attains seventy (70) years of age.

24. Spinal Cord Disease or Injury resulting in Bowel and Bladder Dysfunction

Spinal cord disease or chorda equine injury resulting in permanent bowel dysfunction and bladder dysfunction requiring permanent regular self catheterization or a permanent urinary conduit. The diagnosis must be supported by a consultant neurologist and the permanency assessed at 6 months.

25. Cavernous sinus thrombosis surgery

The actual undergoing of a surgical drainage for Cavernous Sinus Thrombosis. The presence of Cavernous Sinus Thrombosis as well as the requirement for surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field.

26. Tuberculous Myelitis

Myelitis caused by tubercle bacilli, resulting in permanent neurological deficit for at least a continuous period of 3 months. The diagnosis must be confirmed by a neurologist and supported by analysis of cerebrospinal fluid of lumbar puncture.

27. Severe Epilepsy

Severe epilepsy confirmed by all of the following:

- a. Diagnosis made by a consultant neurologist by the use of electroencephalography (EEG), magnetic resonance imaging (MRI), positron emission tomography (PET) or any other appropriate diagnostic test that is available; and
- b. There must be documentation of recurrent unprovoked tonic-clonic or grand mal seizures of more than 5 attacks per week, and be known to be resistant to optimal therapy as confirmed by drug serum-level testing; and
- c. The Life Assured must have been taking at least 2 prescribed antiepileptic (anti-convulsant) medications for at least 6 months on the recommendation of a consultant neurologist.

28. Moderately Severe Parkinson's Disease

Degenerative disease of the central nervous systems as a result of loss of pigment containing neurones of the brain. There must be an unequivocal diagnosis by a consultant neurologist where the condition:

- a. Cannot be controlled with medication; and

- b. Shows signs of progressive impairment; and
- c. There is the permanent inability to perform without assistance 1 of the 6 Activities of Daily Living for a continuous period of at least 180 days.

Only idiopathic Parkinson's Disease is covered, drug induced, or toxic causes of Parkinsonism are excluded, Secondary or Hereditary Parkinson is excluded.

Group 5: Other Critical Illnesses

29. Loss of Sight in One Eye

Total permanent and irreversible loss of sight in one eye:

- a. As a result of illness or accident, and
- b. Must be certified by an ophthalmologist and the corrected visual acuity must be less than 6/60 or 20/200 using e.g. Snellen test. Or visual field restriction to 20 or less in the affected eye, and
- c. Not due to alcohol or drug misuse.

Permanency must be diagnosed no sooner than 6 months after the first diagnosis.

30. Less Severe Burns

Less Severe Burns to Body due to Accident shall mean third degree (i.e. full thickness skin destruction) burns covering at least 10 percent (10%) of the total body surface area (as measured by The Rule of Nines of the Lund and Browder Body Surface Chart) directly resulting from an Accident. Skin grafting to the defined burn area must have been undertaken.

31. Loss of One Limb

The irreversible severance of one entire limb where severance is above the elbow or the knee. This condition must be confirmed by a specialist in the relevant field.

Self inflicted injuries are excluded.

32. Cochlear Implant Surgery

The actual undergoing of a surgical cochlear implant as a result of permanent damage to the cochlea or auditory nerve. The surgical procedure as well as the insertion of the implant must be certified to be absolutely necessary by an Ear, Nose, Throat (ENT) specialist.

33. Loss of Use of One Limb and Loss of Sight of One Eye

Total and irreversible loss of use of one entire limb and total loss of all sight in one eye due to illness or accident. This condition must be confirmed by specialist in the relevant fields.

Self-inflicted injuries are excluded.

34. Retinitis Pigmentosa

This benefit is payable for retinitis pigmentosa where the field of vision is restricted to ten (10) degrees or less in the better eye. The condition must be certified by a specialist ophthalmologist and not be amenable to any form of treatment or correction.

35. Mild Rheumatoid Arthritis

Moderately Severe Rheumatoid Arthritis where the following criteria are met:

- The diagnostic criteria of the American College of Rheumatology;
- Permanent inability to perform at least two (2) ADLS;
- Widespread joint destruction and major clinical deformity of two (2) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet;
- The condition has been present for at least three (3) months.

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APPENDIX VI. DEFINITIONS OF LATE STAGE CRITICAL ILLNESS

Group 1: Cancer

1. Major Cancers

Cancer is defined as the uncontrollable growth & spread of malignant cells and the invasion & destruction of normal tissue for which major interventionist treatment or surgery (excluding endoscopic procedures alone) is considered necessary.

The cancer must be confirmed by histological evidence of malignancy by a qualified oncologist or pathologist.

The following conditions are excluded:

- Tumors showing the malignant changes of carcinoma-in-situ and tumors which are histologically described as pre-malignant or non-invasive, including, but not limited to:
 - carcinoma-in-situ of the breasts;
 - cervical dysplasia CIN-1, CIN-2 and CIN-3.
- All of the following types of skin cancer, unless there is evidence of metastases:
 - hyperkeratosis;
 - basal cell and squamous skin cancers;
 - melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3 (three).
- Prostate cancers which are histologically described as TNM classification T1a or T1b or prostate cancers of another equivalent or lesser classification;
- T1N0M0 papillary micro-carcinoma of the thyroid less than 1 cm in diameter;
- Papillary micro-carcinoma of the bladder;
- Chronic lymphocytic leukemia less than RAI Stage 3 (three); and
- All tumors in the presence of HIV infection.

Group 2: Major

2. Kidney Failure

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

3. Major Organ Transplantation

The actual undergoing, as a recipient of, a transplant of bone marrow using hematopoietic stem cells preceded by total bone marrow ablation, or transplant of a heart, lung, liver, pancreas, or kidney. The transplant must have been clinically necessary to treat irreversible end stage failure of the relevant organ.

Other stem cell transplants, islet cell transplants and transplants of part of an organ are excluded.

4. End Stage Lung Disease

End stage lung disease, causing chronic respiratory failure, as evidenced by all of the following:

- FEV1 test results consistently less than 1 liter measured on 3 occasions 3 (three) months apart; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analyses with partial oxygen pressures of 55mmHG or less ($PaO_2 < 55$ mmHg); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

5. Medullary Cystic Disease

A progressive hereditary disease of the kidneys characterized by the presence of cysts in the medulla in both kidneys, tubular atrophy and interstitial fibrosis with the clinical manifestation of anaemia, polyuria and renal loss of sodium. The condition must be present as the chronic irreversible failure of both kidneys to function, requiring regular renal dialysis.

Diagnosis must be supported by renal biopsy.

6. Fulminant Viral Hepatitis

A sub massive to massive necrosis of the liver caused by any virus leading precipitously to liver failure.

The diagnostic criteria to be met are:

- A rapidly decreasing liver size; and
- Necrosis involving entire lobules, leaving only a collapsed reticular framework; and
- Rapidly degenerating liver functions tests; and
- Deepening jaundice.

Hepatitis B infection or carrier status alone does not meet the diagnostic criteria.

The following are excluded:

- if such diagnosis is directly or indirectly caused by attempted suicide;
- poisoning, drug overdose and excessive alcohol ingestion;

7. End Stage Liver Failure

End stage liver failure evidenced by all of the following:

- Permanent jaundice; and
- Ascites; and
- Encephalopathy; and
- Portal hypertension.

Wernicke's encephalopathy & liver failure secondary to alcohol or drug misuse is excluded.

8. Aplastic Anaemia

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

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents;
- Bone marrow transplantation.

The diagnosis must be confirmed by a hematologist and a bone-marrow biopsy.

9. Chronic Relapsing Pancreatitis

More than 3 (three) attacks of pancreatitis resulting in pancreatic dysfunction, calcification and cysts causing malabsorption needing enzyme replacement therapy which is expected to last for the whole life of the insured.

The diagnosis must be confirmed by Endoscopic Retrograde Cholangio Pancreatography (ERCP) by a registered medical practitioner who is a gastroenterologist.

10. Chronic Autoimmune 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:

- hypergammaglobulinaemia; and
- the presence of at least of the following auto-antibodies:
 - Anti-nuclear Antibody;
 - Anti-smooth muscle antibodies;
 - Anti-actin antibodies;
 - Anti-LKM-1 antibodies;
 - Anti-LC1 antibodies;
 - Anti-SLA/LP antibodies; and
- Liver Biopsy confirmation of the diagnosis of auto-immune hepatitis; and

This only covers if the Life Assured 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.

Group 3: Heart and Blood Vessel

11. Heart Attack (Myocardial Infarction)

Means:

- Diagnostic elevation of cardiac enzymes or Troponins recorded at the following levels or higher;
- Troponin T > 1.0 ng/ml;
- Accu Tnl > 0.5 ng/ml, or equivalent thresholds with other Troponin I methods; the death of A portion of the heart muscle arising from the inadequate blood supply to the relevant area. The diagnosis shall be supported if three of the following four criteria are present:
 - History of typical chest pain;
 - Confirmatory new electrocardiogram (ECG) changes diagnostic for myocardial necrosis;
 - Left ventricular ejection fraction less than 50% measured 3 (three) months or more after the event.

The evidence must show a definite acute myocardial infarction and the diagnosis must be confirmed by a consultant cardiologist.

The following are excluded:

- Angina
- Other acute coronary syndromes.

12. Coronary Artery Bypass Surgery

The actual undergoing of open heart surgery to correct the narrowing or blockage of one or more coronary arteries with by-pass grafts.

The surgery must be determined to be medically necessary by a Consultant Cardiologist or a Cardiac Surgeon and supported by coronary angiogram findings.

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

13. Heart Valve Replacement

The actual undergoing of open chest surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities that cannot be repaired by intra-arterial catheter position alone and that have occurred after the date of issue or date of reinstatement of this contract.

Evidence of the heart valve abnormality from cardiac catheterization or echocardiogram must be provided and the procedure must be considered medically necessary by Consultant Cardiologist.

Repair, via valvotomy, intra-arterial procedure, Balloon valvotomy, key-hole surgery or similar techniques are specifically excluded.

14. Surgery to Aorta

The actual undergoing of laparotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. Surgery performed using only minimally invasive or intra-arterial techniques are excluded. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

Traumatic injury of the aorta is excluded.

15. Primary Pulmonary Arterial Hypertension

Means primary pulmonary hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent physical impairment to the degree of at least Class 4 of the New York Heart Association of cardiac impairment.

Secondary causes of pulmonary hypertension including, but not limited to, chronic lung disease, pulmonary emboli, valve disease and Left sided heart disease are excluded.

16. Cardiomyopathy

The unequivocal diagnosis by a consultant cardiologist of cardiomyopathy causing impaired ventricular function, suspected by ECG abnormalities and confirmed by cardiac echo of variable etiology and resulting in permanent physical impairment to the degree of at least Class III of the New York.

Association Classification of cardiac impairment.

- Class III – Marked limitation – Such patients are comfortable at rest but performing less than ordinary activity will lead to symptoms of Congestive Cardiac Failure.
- Class IV – Inability to carry out any activity without discomfort. Symptoms of Congestive Cardiac Failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

Cardiomyopathy directly related to alcohol misuse is excluded

17. Eisenmenger's Syndrome

Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a Specialist with echocardiography and cardiac catheterization.

18. 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); and
- 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.

Group 4: Neuro – Musculoskeletal Related

19. Coma

A state of unconsciousness 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 or internal needs; and
- Life support measures are necessary to sustain life for at least 96 hours; and
- Brain damage resulting in permanent neurological deficit which leads to the permanent inability to perform 3 out of 6 “activities of daily living” without the assistance of another person at least 30 days after the onset of the coma.

Coma resulting directly from the use of alcohol or drug abuse is excluded. Medically induced coma also does not fulfill this definition.

20. Stroke

An abrupt onset of focal neurological deficit due to cerebrovascular incident including infarction of brain tissue haemorrhage from an intracranial vessel or embolization from an extracranial source resulting in all of the following:

- Symptoms lasting more than 24 (twenty-four) hours; and
- Permanent loss of motor or sensory function, or loss of speech; and
- Permanent Neurological Deficit.

A neurologist must confirm evidence of Permanent Neurological Deficit at the earliest of 180 (one hundred and eighty) days from the Date of Occurrence and no claims can be admitted earlier. Claims must be confirmed by imaging studies such as CT or MRI evidence.

The following situations are excluded:

- Transient ischemic attacks;
- Incidents resulting in changes in memory or personality;
- Cerebral symptoms due to migraine;
- Cerebral injury resulting from trauma or hypoxia;
- Ischemic vascular disease affecting the eye, optic nerve or vestibular system

21. Alzheimer’s Disease/ Irreversible Organic Degenerative Brain Disorders (Dementia)

Deterioration or loss of intellectual capacity or abnormal behavior due to irreversible global failure of brain functioning, as evidenced by the clinical state and accepted standardized questionnaires or tests, arising from Alzheimer’s Disease or irreversible organic disorders of the brain, excluding neurosis, psychiatric illness, HIV/AIDS and any drug or alcohol related organic disorder, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Insured. The diagnosis must be clinically confirmed by an appropriate consultant and at least one of the following diagnostic criteria must be met:

- Entire atrophy of the cerebral cortex confirmed by Computerized Tomography (CT) or Magnetic Resonance Imaging (MRI);

- Permanent inability of the Life Insured to perform without assistance at least three of the “Activities of Daily Living”, certified and still existing at least 180 days from the Date of Occurrence.

Notwithstanding any other provisions of this Policy, the coverage of this disease will cease upon the Life Assured attaining the age of 70 (seventy) or upon termination of this Policy, whichever is earlier.

22. Parkinson’s Disease

There must be an equivocal diagnosis by a consultant neurologist where the condition:

- a. Cannot be controlled with medication;
- b. Shows signs of progressive impairment;
- c. There is a permanent inability to perform without assistance 3 of the 6 Activities of Daily Living for a continuous period of at least 180 days as follows.

Only idiopathic Parkinson’s disease is covered, drug induced or toxic causes of Parkinsonism, Secondary and Hereditary Parkinson is excluded.

Notwithstanding any other provisions of this Policy, the coverage for this disease will cease upon the Life Insure attaining the age of 70 (seventy) or upon termination of this Policy, whichever is earlier.

Degenerative disease of the central nervous systems as result of loss of pigment containing neurones.

23. Multiple Sclerosis

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

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

Computerized Tomography, or other reliable imaging techniques must unequivocally confirm the diagnosis. Other causes of neurological damage such as SLE and HIV are excluded.

24. Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum), usually associated with viral or bacterial infection, resulting in significant Permanent

Neurological Deficit, certified by a consultant Neurologist and still existing after at least 180 (one hundred and eighty) days from Date of Occurrence.

Parasitic infection such as malaria are specifically excluded. Encephalitis caused by HIV infection is excluded.

25. Major Head Trauma

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

26. Brain Surgery

The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed. The procedure must be considered necessary by a qualified Specialist Medical Practitioner.

Bur Hole, minimally invasive procedures and brain surgery as a result of an accident is excluded.

Degenerative diseases of the anterior horn cells in the spinal cord and motor nuclei of the brainstem, characterized by a profound proximal muscular weakness and wasting, primarily in the legs, followed by distal muscle involvement.

27. Spinal Muscular Atrophy (SMA)

The disease must result in permanent inability to perform independently three or more Activities of Daily Living – bathing, dressing/ undressing, getting to and using the toilet, transferring from bed to chair or from chair to bed, continence, eating/ drinking and taking medication, or must result in a permanent bedridden situation and inability to get up without outside assistance.

These conditions have to be medically documented for at least 3 (three) months. The diagnosis must be made by a consultant Neurologist and confirmed by appropriate neuromuscular testing such as electromyogram (EMG).

28. Amyotrophic Lateral Sclerosis

Neurological deficit with persistent signs of involvement of the spinal nerves and the motor centers in the brain leading to generalized spastic weakness and atrophy of the muscles of the extremities, trunk, head, larynx, respiratory tract. The disease has to be unequivocally diagnosed by a Specialist Medical Practitioner and evidenced by typical findings in electromyography and electroneurography. Furthermore, Amyotrophic Lateral Sclerosis must result in a permanent bedridden situation and inability to get up without assistance. These conditions have to be medically documented for at least 3 (three) months.

29. Benign Brain Tumor

Bacterial meningitis causing inflammation of the membranes covering the brain or spinal cord resulting significant, irreversible and permanent functional neurological deficit. Evidence of Permanent Neurological Deficit must be confirmed by a consultant neurologist and this condition has to be medically documented for at least 90 (ninety) days. Diagnosis of bacterial infection in cerebrospinal fluid by lumbar puncture is required.

Bacterial Meningitis in the presence of HIV infection is excluded

30. Benign Brain Tumor

A life-threatening, non-cancerous tumor in the brain giving rise to characteristic signs of increased intra-cranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment persisting for at least 6 consecutive months. The presence of the underlying tumor must be confirmed by Consultant Neurologist and supported with imaging studies such as CT Scan or MRI.

The following are excluded:

- Cysts;
- Granulomas;
- Malformations in or of the arteries or veins of the brain;
- Hematomas;
- Tumor in the pituitary gland, or spine;
- Tumor of the acoustic nerve.

31. Poliomyelitis

Unequivocal diagnosis by a consultant neurologist of acute infection by the polio virus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness that must persist for at least three months. The polio virus must be identified as the cause.

Cases not involving paralysis or other causes of paralysis (such as Guillain-Barre syndrome) are specifically excluded.

32. Loss of limbs

Total and irreversible severance of two limbs at or above the wrist or ankle.

33. Paralysis/ Paraplegia

The complete and permanent loss of use of both arms or both legs, or one arm and one leg, through paralysis caused by illness or injury persisting for at least 6 (six) months from the date of trauma or illness. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

34. Muscular Dystrophy

The diagnosis of muscular dystrophy with permanent inability to perform, without assistance, at least 3 (three) of the 6 (six) Activities of Daily Living (*) and shall require a confirmation by a consultant neurologist of the combination of 3 out of 4 of the following conditions:

- Family history of other affected individuals;
- Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid or mild tendon reflect reduction;
- Characteristic Electromyogram (EMG);
- Clinical suspicion confirmed by muscle biopsy.

Children are excluded from the definition.

35. Myasthenia Gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:

- a. Presence of permanent muscle weakness categorized as Class III, IV or V according to Myasthenia Gravis Foundation of American Clinical Classification below; and
- b. The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Registered Medical Practitioner who is a neurologist.

Myasthenia Gravis Foundation of American 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.

36. Severe osteoporosis (coverage up to age 70)

Osteoporosis is a degenerative bone disease that results in loss of bone. The diagnosis must be supported by a bone density reading which satisfies the World Health Organization (WHO) definition of osteoporosis with a bone-density reading T-score of less than -2.5. There must also be a history of 3 (three) or more osteoporotic fractures involving either femur, wrist or vertebrae. These fractures must directly cause the Insured's permanent inability to perform at least 3 (three) out of the 6 (six) activities of daily living for a continuous period of at least 6 months.

Coverage for Severe Osteoporosis will automatically cease after the Insured attains seventy (70) years of age.

37. Multiple Root of Avulsion 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 psychiatrist or neurologist.

38. Creutzfeldt-Jakob Disease

Creutzfeldt- Jakob is a rare, usually fatal spongiform encephalopathy accompanied by signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasm, tremor and athetosis.

Diagnosis must be made a consultant neurologist and based on conclusive EEG and CSF findings as well as CT scan and MRI.

39. Meningeal Tuberculosis

Meningitis caused by tubercle bacilli, resulting in permanent neurological deficit for at least a continuous period of 6 months. The diagnosis must be confirmed by a neurologist and supported by analysis of cerebrospinal fluid by lumbar puncture.

40. Accidental Fracture of Spinal Column

A new spinal fracture caused by an Accident, and requiring hospitalization for open surgical repair, or which results in permanent neurological deficit in motor function or bladder function. The spinal column is defined as one bone as a whole, and the diagnosis of the fracture of the spinal column must be based on an examination of an X-ray or any other similar imaging technology acceptable to the Company by a specialist orthopaedic surgeon or a radiologist acceptable to us. The diagnosis of any neurological deficits must be made by a consultant neurologist or attending an orthopaedic surgeon acceptable to the Company.

41. Cerebral Aneurysm Requiring Surgery

The actual undergoing of brain surgery to correct an abnormal widening of the cerebral artery involving all three layers of the cerebral arterial wall. The diagnosis must be made by a licensed neurosurgeon, using standard cerebral angiography which indicates the need for open surgery.

Exclusions:

- infection and mycotic aneurysm.
- limited craniectomy and burr hole procedures.

42. Apallic Syndrome

Total brain cortex damages while the brain stem is still normal. This diagnosis shall be confirmed by neurologist and condition of this syndrome shall constantly occur minimal for 1 (one) month.

43. Progressive Supranuclear Palsy

Progressive supranuclear palsy resulting independently of all other causes and directly resulting lack of control of gait and balance, and permanent inability to perform (with or without aided) at least 3 of the 6 “Activities of Daily Living”.

The diagnosis must be made by a neurologist as progressive and resulting in neurological deficit for at least a continuous period of 6 months.

Only Insured Aged above 5 on first diagnosis is eligible to receive a benefit under this illness.

44. Progressive Bulbar Palsy

Neurological disorder with paralysis in the head region, difficulties in chewing and swallowing, problems in speaking, persistent signs of involvement of the spinal nerves and the motor centers in the brain and spastic weakness and atrophy of the muscles of the extremities. The disease must be unequivocally diagnosed by a consultant neurologist. The condition must result in the permanent inability to perform 3 of the 6 Activities of Daily Living. These conditions have to be medically documented for at least 3 months.

Group 5: Other Critical Illnesses

45. Major Burns

Third degree burns covering at least twenty percent (20%) of the Life Assured’s body surface area as measured by “The Rule of 9” of the Lund and Browder Body Surface Chart.

46. Systemic Lupus Erythematosus with Lupus Nephritis

Refers to a multisystem, multifactorial, autoimmune disorder which affects mostly females in their childbearing years & is directed against various self-antigens.

In respect of this contract, SLE will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Type III to Type IV Lupus Nephritis, established by renal biopsy).

Other forms, discoid lupus, and those forms with only hematological and joint involvement will be specially excluded.

WHO Lupus Classification:

- Class I (minimal change) – Negative, normal urine
- Class II (Mesangial) – Moderate proteinuria, active sediment
- Class III (Focal Segmental) - Proteinuria, active sediment
- Class IV (Diffuse) – Acute nephritis with active sediment and/or nephritic syndrome
- Class V (Membranous) – Nephritic Syndrome or severe proteinuria.

47. Blindness

Total and irreversible loss of sight in both eyes as a result of illness or accident. The blindness must be confirmed by an ophthalmologist appointed by the Company.

No benefit will be payable if any aid, device, or implant results in the partial or total restoration of sight.

48. Loss of speech

Total permanent and irreversible loss of the ability to speak as a result of an accident or disease, which must be established for a continuous period of 12 (twelve) months.

Medical evidence is to be supplied by an appropriate Ear, Nose and Throat Specialist Medical Practitioner and to confirm injury or disease to the vocal cords. All psychiatric related causes are specifically excluded. The condition must not be able to be corrected by medical procedure.

49. Loss of Hearing

Total, bilateral and irreversible loss of hearing for all sounds of at least 80 decibels (aided and unaided) as a result of acute sickness or accident. Medical evidence to be supplied by an appropriate specialist and to include audiometric and sound – threshold test.

50. Severe Rheumatoid Arthritis

Severe Rheumatoid Arthritis where the following criteria are met:

- the diagnostic criteria of the American College of Rheumatology;
- permanent inability to perform at least two (2) DLS;
- widespread joint destruction and major clinical deformity of two (2) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet;
- the condition has been present for at least six (6) months.

51. Pheochromocytoma

Presence of a neuroendocrine tumor of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumor.

The Diagnosis of Pheochromocytoma must be confirmed by an endocrinologist.

52. Progressive Scleroderma

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

The following are excluded:

- Localized scleroderma (linear scleroderma or morphea)
- Eosinophilic fasciitis
- CREST syndrome.

53. HIV Infection Due to Blood Transfusion

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 Vietnam after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later;
- 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; and
- The Life Assured does not suffer from Thalassemia Major or Haemophilia).

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

54. Occupationally Acquired HIV

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 Supplementary Contract, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Vietnam, provided that all of the following are proven to the Company’s satisfaction:

- Proof of the accident giving rise to the infection must be reported to the Company within 30 days of the accident taking place;
- 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 insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or a paramedical worker, working in Medical Center or Clinic (in Vietnam)

This benefit will not apply when a cure has become available prior to the infection. “Cure” means any treatment that renders the HIV inactive or non-infectious.

55. Chronic Adrenal Insufficiency

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life-long glucocorticoid and mineral corticoid replacement therapy.

The Diagnosis of Chronic Adrenal Insufficiency must be:

- a. Confirmed by a Registered Medical Practitioner who is an endocrinologist and an independent medical expert appointed by us, and
- b. Supported by ACTH stimulation tests.

Only chronic adrenal insufficiency caused by an autoimmune disorder is included. All other causes of adrenal insufficiency are excluded.

56. Necrotizing Fasciitis

The occurrence of necrotizing fasciitis where the following conditions are met:

- a. The usual clinical criteria of necrotizing fasciitis are met; and
- b. The bacteria identified is a known cause of necrotizing fasciitis; and
- c. There is widespread destruction of muscle and other soft tissue that results in a total and permanent loss of function of the affected body part.

The Diagnosis must be made by a Medical Specialist.

57. Ulcerative Colitis with total colectomy

For the purposes of this policy, Ulcerative Colitis shall mean pan colitis with inflammation involving the entire colon with bloody diarrhoea and systemic signs and symptoms for which the treatment is total colectomy and ileostomy.

Diagnosis must be based on histopathological features and surgery in the form of colectomy and ileostomy must have been undertaken either to control poorly responsive disease or to treat or prevent the development of malignancy.

58. Crohn's Disease with fistula

Crohn's Disease is a chronic granulomatous inflammatory bowel disease. For the purpose of this policy, Crohn's disease must have resulted in fistula formation, or intestinal obstruction or intestinal perforation that has required surgery and continuous immunosuppressive treatment or continuous treatment with immunomodulating drugs.

Crohn's disease must be proven on biopsy and there must be continuous treatment under the care of a gastroenterologist.

59. Surgery for Idiopathic Scoliosis

Surgery for idiopathic scoliosis means 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.

60. Ebola Hemorrhagic Fever

The infection with the Ebola virus causing fever and internal or external bleeding.

All of the following criteria must be met:

- a. Presence of the Ebola virus has been confirmed by laboratory testing;
- b. Mucosal or gastrointestinal bleeding has occurred;
- c. The diagnosis of Ebola Hemorrhagic Fever must be confirmed by a Specialist Medical Practitioner.

61. Elephantiasis

Chronic filariasis characterized by:

- severe and permanent edema of arm and leg or other part of body from lymphatic obstruction; and
- the presence of microfilariae infection from laboratory study.

Lymphatic obstruction caused by sexual transmitted disease, cancer, wound, surgery scar, radiation, heart failure or congenital anomaly is excluded.

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