INSURANCE POLICY

"AIA ကာကွယ်ရေး PREMIUM" RIDER

Form No. WA001

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INSURANCE POLICY

"AIA ការពារ PREMIUM" RIDER

Form No. WA001

This **AIA ការពារ PREMIUM** (the "**Rider**") is attached to the Insurance Policy as shown in the Certificate of Insurance. This Rider shall form and be read as part of the Insurance Policy. If any conflict between this Rider and the Basic Policy, the terms of this Rider shall prevail unless expressly stated otherwise.

I. DEFINITIONS

The words and phrases listed below shall have the meanings attributed to them wherever they appear in this **Rider** unless the context otherwise requires. The terms used in this Rider but not otherwise defined shall have the same meaning as provided in the terms and conditions of the Basic Policy.

1. **Activities of Daily Living** means the activities include:
   (i) Transfer: Getting in and out of a chair without requiring physical assistance.
   (ii) Mobility: The ability to move from room to room without requiring any physical assistance.
   (iii) Continence: The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.
   (iv) Dressing: Putting on and taking off all necessary items of clothing without requiring assistance of another person.
   (v) Bathing/Washing: The ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means.
   (vi) Eating: All tasks of getting food into the body once it has been prepared.

2. **Assessment Period** means the period during which the Company shall assess a condition before deciding whether or not the condition qualifies as being Permanent. The assessment period shall be for the minimum period time frame stated in the relevant definition and shall not be longer than 12 (twelve) months (provided all required evidence has been submitted).

3. **Basic Policy** means the terms and conditions relating to the Basic Product that this Rider attached to and forming part of the Insurance Policy.

4. **Coverage Term** means the period for which the Insured is covered under this Rider, commencing from the Effective Date to the Expiry Date or termination date of this Rider.

5. **Critical Illness** means the condition that defined in the Critical Illness Table in the Appendix I – Critical Illness Table.

6. **Critical Illness Event** means when the Insured is diagnosed to be suffering from a Critical Illness or actually undergoes a covered surgery for a Critical Illness as set out in the Appendix I – Critical Illness Table.

7. **Diagnosis or Diagnosed** means the definitive diagnosis made by a Physician, as defined below, based upon such specific evidence, as referred in the definition of the particular Critical Illness concerned or, in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to the Company. Such diagnosis must be supported by the Company's medical director who may base his opinion on the medical evidence submitted by the Insured and/or any additional evidence which the former may require.

8. **Due Date** means the date for payment of Premium as stated in the Company's billing statement or any notification from the Company.

9. **Early-Stage Critical Illness** means the Critical Illness Events defined as "Early-Stage Critical Illness" in the Appendix I – Critical Illness Table.

10. **Hospital** means an establishment that is legally licensed as a medical or surgical hospital under the laws of the country in which it is situated, and which is accepted by the Company as a valid Provider offering treatment at a reasonable and customary charges.

11. **Intensive Care Unit (ICU)** means a section within a Hospital which is designated as an intensive care unit by such Hospital, and which is operating on a 24 (twenty-four)-hour basis solely for treatment of patients in critical medical condition and is equipped to provide special nursing and medical services not available elsewhere in such Hospital.

12. **Late-Stage Critical Illness** means the Critical Illness Events defined as "Late-Stage Critical Illness" in the Appendix I – Critical Illness Table.

    In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, the Company shall have the right to call for an examination, of either the Insured or the evidence used in arriving at such Diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by the Company and the opinion of such expert as to such Diagnosis shall be binding on both Insured and the Company.

13. **Medical Practitioner** means any person qualified in western medicine who is registered with the medical council of the country of his practice to render medical or surgical services and in providing such treatment, is practicing within the scope of one's licensing and training, but excluding You, the Insured, respective spouses, and all immediate family members of such persons.

14. **Medically Necessary** means treatment, service, or procedure which in the opinion of the Medical Practitioner and the medical facility where the Medical Practitioner is working is appropriate and consistent with the Diagnosis and the generally accepted medical standards.

15. **Permanent** means expected to last throughout the lifetime of the Insured.

16. **Permanent Neurological Deficit with Persisting Clinical Symptoms** means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Insured. Symptoms that are covered include numbness, paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), and visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

17. **Physician** means a registered Medical Practitioner qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding You, the Insured, respective spouses and all immediate family members of such persons.

18. **Pre-Existing Condition** means illnesses that the Insured/You has/have reasonable knowledge of. An Insured/You may be considered to have reasonable knowledge of a Pre-Existing Condition where the condition is one of which:
    (i) the Insured had received or is receiving treatment; or
    (ii) medical advice, diagnosis, care or treatment has been recommended; or
    (iii) clear and distinct symptoms are or were evident; or
    (iv) its existence would have been apparent to a reasonable person in the circumstances.

19. **Specialist** means a Medical Practitioner registered and licensed to practice western medicine in the geographical area of his practice where Treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine, but excluding You, the Insured, respective spouses, and all immediate family members of such persons.

20. **Waiting Period** means a period of time, expressed in number of days and starting from the Effective Date and during which Critical Illness Event is not covered under this Rider.

    This Rider is required 120 (one-hundred and twenty) calendar days waiting period for Early-Stage Critical Illness Benefit and 90 (ninety) calendar days waiting period for Late-Stage Critical Illness Benefit starting from the Effective Date or Commencement Date of this Rider, whichever is later.

    In any case that the Policy Owner request to increase the Rider Sum Assured, the Waiting Period shall be applied for the increased amount after the Effective Date of the new Rider Sum Assured.

II. SUBJECT OF INSURANCE

This Rider has the body (health) as the subject of insurance.

III. SCOPE OF COVERAGE

While this Rider is in-force and the Insured is Diagnosed with Early-Stage Critical Illness listed in Appendix I – Critical Illness Table, the Company shall waive 1 (one) year Premium as stated on the Certificate of Insurance or latest Endorsement (if any) from the Premium Due Date following the Early-Stage Critical Illness Diagnosis.

While this Rider is in-force and the Insured is Diagnosed with Late-Stage Critical Illness listed in Appendix I – Critical Illness Table, the Company shall waive all future Premiums as stated on the Certificate of Insurance or latest Endorsement (if any) starting from the Premium Due Date following the event of Late-stage Critical Illness Diagnosis until the end of the coverage term of this Rider.

IV. INSURANCE BENEFITS

No.	Type of Coverage	Benefit
1.	Waiver of Premium upon Early-Stage Critical Illness Diagnosis	Waive 1 (one) year premium of the Policy
2.	Waiver of Premium upon Late-Stage Critical Illness Diagnosis	Waive all future premiums of the Policy until the end of the coverage term of this Rider

Remarks: The benefits mentioned above are subject to terms, conditions, and exclusions of this Rider.

V. PREMIUM PAYMENT PROVISIONS

1. All Premiums shall be payable on or before their Due Dates to the Company by the method specified by the Company. The validated deposit slip or Premium deduction shown in your account statement shall be considered as proof of payment.
2. The frequency of Premium payments under this Rider shall always be same as frequency of Premium payment of the Basic Policy. The Rider frequency of Premium payment shall change if the frequency of Premium payment of Basic Policy is changed by You.
3. Other Premium payment provisions shall follow the Basic Policy.
4. The Premium of this Rider is not guaranteed, and the Company reserves the right to revise or adjust it at the Due Date by giving You 1 (one) month prior notice via email or text message or other methods as determined by the Company. The revised or adjusted Premium shall be applicable from the Due Date.

VI. EXCLUSIONS

This Rider does not cover:

1. any illness or surgery that is not a Critical Illness defined in Appendix I – Critical Illness Table; or
2. a Critical Illness Event defined under Early-Stage Critical Illness or Late-Stage Critical Illness for which the signs or symptoms first occurred within Waiting Period; or
3. the Critical Illness Event arises directly or indirectly from a Pre-Existing Condition as defined, which existed prior to the Effective Date or Commencement Date of this Rider, whichever is later; or
4. the Critical Illness Event, where in the Company's opinion, was caused directly or indirectly by the presence of Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) and any complications thereof except Immunodeficiency Virus (HIV) Infection Due To Blood Transfusion and Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection as defined in Appendix I – Critical Illness Table. The

Company reserves the right to require the Insured to undergo a blood test for HIV as a condition precedent to acceptance of any claim. For the purpose of this Rider,

(i) the definition of AIDS shall be that used by the World Health Organization in 1987, or any subsequent revision by the World Health Organization of that definition.

(ii) infection shall be deemed to have occurred where blood or other relevant test(s) indicate in the Company's opinion either the presence of any HIV or Antibodies to such a Virus.

5. any Critical Illness that was Diagnosed due, directly or indirectly, to a congenital defect or disease, which manifested or was Diagnosed before the Insured turned 17 (seventeen) years old, except for conditions specifically covered by this Policy; or
6. any of the Critical Illness Event is caused by a self-inflicted injury; or
7. any Critical Illness Event resulting directly from alcohol or drug abuse; or
8. any Critical Illness Event resulting from a physical or mental condition which existed before the Effective Date or Commencement Date of this Rider (whichever is later) and which was not disclosed in the application for insurance or health statement; or
9. any event giving rise to a claim on the Insured, caused directly or indirectly by the intentional act of the Policy Owner or any other person(s) who shall be entitled to the benefits payable; or
10. donation of any of the Insured's organs; or
11. engaging in or taking part in driving or riding in any kind of race, underwater activities, or other hazardous pursuit such as mountaineering or potholing or parachuting or bungee jumping; or
12. entering, exiting, operating, or servicing, or being transported by any aerial device or conveyance except when the Insured is a fare-paying passenger or crew member on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.

VII. GEOGRAPHIC AREA

This Rider provides worldwide coverage to the Insured.

VIII. ALTERATION

The Company reserves the right to amend the terms and provisions of this Rider by giving a 3-(three)-month prior notice via email or text message or other methods, and such amendment shall be applicable from the next renewal date of this Rider. No alteration to this Rider shall be valid unless authorised by the Company and such approval is endorsed on this Rider.

IX. RENEWAL CLAUSE

This Rider is not subject to any renewal.

X. REINSTATEMENT

If a Premium is still in default after the stipulated Grace Period, and if the Basic Policy has not been surrendered, the Rider can be reinstated along with the Basic Policy following the terms and conditions of the Basic Policy subject to the terms and conditions of this Rider. The Rider cannot be reinstated independently.

XI. TERMINATION

The Rider shall automatically terminate upon:

(i) this Rider becomes expired, terminated, lapsed for 24 (twenty-four) months or cancelled; or
(ii) all benefits under this Rider are fully paid by the Company; or
(iii) the Basic Policy becomes expired, terminated, lapsed, or is surrendered.

whichever occurs earlier.

The payment or acceptance of any Premium after the termination of this Rider shall not create any liability on the Company's part but the Company shall refund any such Premium without interest.

XII. CANCELLATION

1. RIGHT OF CANCELLATION

Subject to Section XII. 2, Section XII.3 and Section XII.4 below, the Company reserves the right to cancel this Rider at anytime by written notice of cancellation to Policy Owner before the Expiry Date on which such termination shall be effective. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

The payment or acceptance of any Premium after the cancellation of this Rider shall not create any liability on the Company's part, but the Company shall refund any such Premium without interest.

2. INCONTESTABILITY

The Company shall not dispute the validity of this Rider after it has been in force during the lifetime of the Insured for a period of more than 2 (two) years from the Effective Date or Commencement Date, whichever is later. However, if the Company can show that there is a suppression of a material fact or a statement by You/Insured on a material matter was inaccurate, false, misleading and it was fraudulently made or omitted, the Company shall have the right to void this Rider accordingly.

Where the Rider has been in force during the lifetime of the Insured for 2 (two) years or less from the Effective Date or Commencement Date, whichever is later, the Company may void this Rider and refuse all claims if a misrepresentation was found to be deliberate or reckless.

If the misrepresentation was careless or innocent, the Company may at the Company's absolute discretion:

(i) void this Rider and refuse all claims, in which case the Company shall return the Premiums paid without interest. This payment shall be a complete and valid discharge of any liability under this Rider; or
(ii) take any necessary remedies in accordance with the relevant Cambodia Law.

3. MISSTATEMENT OF AGE AND/OR GENDER

(i) The age stated on the Certificate of Insurance is the age of the Insured that is declared in Your application. The said age is that of the Insured's last birthday at Effective Date.
If there is a misstatement of age and/or gender, the Premium and/or benefits that would be payable shall be adjusted based on the correct age and/or gender of the

Insured. If the Company finds out within the first 2 (two) years of this Policy that, at the date of enrolment, the Insured's true age was greater than the maximum entry age allowed or lower than the minimum entry age allowed, the Company has the right to cancel the Policy and return You the Premium paid, without interest.

(ii) If the Insured is not eligible for insurance at the correct age and/or gender, this Policy shall be void and the Company shall refund to You the Premium paid without interest.

(iii) Payment of benefits under this Policy shall only be made, provided the age and/or gender of the Insured is verified and confirmed. The Insured's age and/or gender shall be verified and confirmed if due proof is submitted to the Company.

4. MISREPRESENTATION/FRAUD

The Company shall rely on the information provided to us in deciding whether or not to accept Your application. All statements made in Your application are, in the absence of fraud, regarded as representations. In other words, both You and the Insured must answer all the questions in Your application accurately and reveal all the facts both of you know, or ought to know. Otherwise, the Company can void this Rider, or deny a claim or vary the terms and conditions of this Rider.

XIII. CLAIM PROCEDURES

1. QUALIFICATIONS OF THE CLAIMANT

The claimant can be the Policy Owner or Beneficiary(ies) that was assigned by the Policy Owner. The claimant shall be at least 18 (eighteen) years old.

2. NOTICE OF CLAIM

Follow Basic Policy.

3. REQUIRED DOCUMENTS OR PROOF OF EVIDENCE

The Company, upon receipt of such notice, shall furnish to the claimant the appropriate forms for filing proof of Critical Illness Event within 24 (twenty-four) hours. Proof of Critical Illness Event must be furnished to the Company within 6 (six) months after the Diagnosis of such Critical Illness Event.

The Company reserves the rights to request any other document(s)/report(s) as the Company deems necessary for the purpose of processing the claim.

4. CLAIM TURNAROUND TIME

The Company reserves the rights to evaluate document(s)/report(s) and make decision on the claim within 15 (fifteen) working days of the date the Company has received the full document(s)/report(s) of the claim.

5. CLAIM REIMBURSEMENT METHOD

The Company shall deposit the claim into the bank account provided by the claimant to the Company.

6. DEDUCTION OF PREMIUM AT CLAIM

If payment of a claim under this Rider shall terminate this Rider or reduce its amount of coverage, deduction from the proceeds shall be made for any unpaid balance of the Premiums due for the portion of amount of coverage terminated or reduced for the full Policy Year in which the insured event occurred.

XIV. CONFIDENTIALITY

Any information provided to the Company shall be treated as confidential and no personal information shall be disclosed to third party without prior consent unless required or approved by the laws or regulations in force.

XV. DISPUTE RESOLUTIONS

For any dispute arising in relation to the conduct of insurance business, the disputing parties may bring the case to the Insurance Regulator of Cambodia for mediation before filing a lawsuit to arbitration or a competent court, except a criminal case.

XVI. JURISDICTION

This Insurance Policy shall be governed by jurisdiction of the Kingdom of Cambodia.

APPENDIX I – CRITICAL ILLNESS TABLE

Critical Illness Conditions for Insureds from 30 days old - 70 years old

Critical Illness Category	Early-stage Critical Illness	Late-stage Critical Illness
Brain	1. Cerebral Shunt Insertion 2. Pituitary Tumour Surgery 3. Bacterial Meningitis with full recovery 4. Peripheral Motor Neuropathy 5. Less Severe Parkinson's Disease 6. Brain Aneurysm Surgery 7. Coma for 72 hours 8. Mild Encephalitis 9. Locked in Syndrome 10. Severe Epilepsy	51. Bacterial Meningitis - resulting in permanent inability to perform Activities of Daily Living 52. Encephalitis with permanent neurological deficits 53. Coma – resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms 54. Benign Brain Tumour – of specified severity 55. Brain Surgery 56. Alzheimer's Disease/Severe Dementia 57. Persistent Vegetative State (Apallic Syndrome) 58. Cerebral Aneurysm Requiring Brain Surgery 59. Irreversible Loss of Speech 60. Motor Neuron Disease – Permanent Neurological Deficit with Persisting Clinical Symptoms 61. Idiopathic Parkinson's Disease 62. Surgery for Idiopathic Scoliosis 63. Loss of Independent Existence 64. Progressive Supranuclear Palsy
Cancer	11. Carcinoma in situ 12. Early Prostate Cancer 13. Early Thyroid Cancer 14. Early Bladder Cancer 15. Early Chronic Lymphocytic Leukaemia 16. Gastro-intestinal Stromal Tumour (GIST) 17. Early Melanoma	65. Cancer - of specified severity and does not cover very early cancers
Cardiovascular (Heart, Vascular & blood disease)	18. Myelodysplastic Syndrome or Myelofibrosis 19. Cardiac Pacemaker or Defibrillator Insertion 20. Coronary Angioplasty 21. Minimally Invasive Surgery to Thoracic or Abdominal Aorta 22. Carotid Artery Surgery 23. Stroke Treatment By Carotid Angioplasty and Stent Placement	66. Irreversible Aplastic Anaemia 67. Heart Attack – of specified severity 68. Coronary Artery By-Pass Surgery 69. Thoracic or Abdominal Aorta Surgery 70. Stroke – resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms 71. Heart Valve Surgery 72. Cardiomyopathy - of specified severity

	24. Minimally Invasive Direct Coronary Artery Bypass Grafting (MIDCAB) 25. Less Severe Coronary Artery Disease 26. Percutaneous Valvuloplasty 27. Percutaneous Valve Replacement 28. Constrictive Pericarditis with Surgery 29. Secondary Pulmonary Arterial Hypertension 30. Pericardiectomy 31. Insertion of a Vena-cava Filter	73. Idiopathic/Primary Pulmonary Arterial Hypertension - of specified severity 74. Severe Eisenmenger 's Syndrome 75. Other Serious Coronary Artery Disease 76. Infective Endocarditis
Gastrointestinal	32. Chronic Primary Sclerosing Cholangitis 33. Acute Necrotic Pancreatitis 34. Progressive Scleroderma with CREST syndrome	77. Chronic Relapsing Pancreatitis 78. Crohn's Disease with Fistula 79. Resection of the entire small intestine (duodenum, jejunum and ileum)
Immune Disease (digestive system, stomach & bowel)	35. Less Severe Systemic Lupus Erythematosus with Lupus Nephritis 36. Guillain-Barre Syndrome	80. Systemic Lupus Erythematosus With Severe Kidney Complications 81. Multiple Sclerosis 82. Progressive Scleroderma 83. Severe Rheumatoid arthritis 84. Human Immunodeficiency Virus (HIV) Infection Due To Blood Transfusion 85. Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection
Kidney	37. Surgical Removal of a Kidney 38. Chronic Kidney Disease 39. Adrenalectomy for Adrenal Adenoma	86. Late-Stage Kidney Failure
Liver	40. Partial Surgical Removal of the Liver 41. Viral Hepatitis with Liver Cirrhosis	87. Late-Stage Liver Failure 88. Fulminant Viral Hepatitis 89. Chronic Auto-Immune Hepatitis
Lung	42. Tuberculous Myelitis 43. Surgical Removal of a Lung	90. Late-Stage Lung Failure 91. Severe Pulmonary Fibrosis
Organ Transplant	44. Small Bowel Transplant	92. Heart Transplantation 93. Lung Transplantation 94. Liver Transplantation 95. Kidney Transplantation 96. Pancreas Transplantation 97. Bone Marrow Transplant
Sensory Organ (Muscle, Ear, Eye)	45. Severe Osteoporosis with fractures requiring surgery 46. Cochlear Implant Surgery 47. Retinitis Pigmentosa 48. Corneal Transplant 49. Less Severe Poliomyelitis 50. Moderately Severe Burns	98. Poliomyelitis 99. Necrotising Fasciitis 100. Third Degree Burns – of specified severity

Early-Stage Critical Illness for Insureds from 30 days old - 70 years old

No.	Critical Illness Condition	Early-stage Critical Illness
1	Cerebral Shunt Insertion	The actual undergoing of surgical implantation of a 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 Medical Practitioner who is a neurologist.
2	Pituitary Tumour Surgery	The actual undergoing of surgical removal of a pituitary tumour via trans sphenoidal surgery. The Diagnosis must be supported by CT or MRI and histopathological evidence. Removal of pituitary tumours by open craniotomy is specifically excluded.
3	Bacterial Meningitis with full recovery	Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord which requires hospitalization. This Diagnosis must be confirmed by: (i) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and (ii) A consultant neurologist. Bacterial Meningitis in the presence of HIV infection is excluded.
4	Peripheral Motor Neuropathy	This refers to severe Peripheral Motor Neuropathy arising from a disorder of the anterior horn cells resulting in significant motor weakness, fasciculation and muscle wasting. The Diagnosis must be confirmed by a consultant neurologist, supported by nerve conduction studies and result in a Permanent need for the use walking aids or a wheelchair. A minimum Assessment Period of 3 (three) months applies. Diabetic Neuropathy and neuropathy due to alcohol is excluded.
5	Less Severe Parkinson's Disease	Unequivocal diagnosis of Parkinson's Disease by a neurologist. There must be Permanent clinical impairment of motor function with associated tremor, rigidity of movement and postural instability. Evidence of being on medication to treat the Parkinson's Disease for a continuous period of at least 6 (six) months is required. Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are excluded.
6	Brain Aneurysm Surgery	The actual undergoing of (i) A minimally invasive / burr hole procedure by a consultant neurosurgeon to treat a cerebral arteriovenous malformation or cerebral aneurysm or (ii) An endovascular treatment procedure by a consultant radiologist using coils to cause thrombosis of a cerebral arteriovenous malformation or cerebral aneurysm. The need of the procedure must be certified to be absolutely necessary by a Specialist in the relevant field.

7	Coma for 72 hours	A state of unconsciousness that persists for at least 72 (seventy-two) hours. This Diagnosis must be supported by evidence of all of the following: (i) No response to external stimuli or internal needs; (ii) Life support measures are necessary to sustain life for at least 72 (seventy-two) hours; and (iii) Brain damage resulting in permanent neurological deficit which leads to the Permanent inability to perform 3 (three) out of 6 (six) Activities of Daily Living without the assistance of another person at least 30 (thirty) days after the onset of the coma. Coma resulting directly from alcohol or drug abuse is excluded.
8	Mild Encephalitis	Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection resulting in significant but reversible neurological deficit and there must be evidence of hospitalization for at least 2 (two) weeks. The neurological deficit must persist for at least 6 (six) weeks. The Diagnosis must be confirmed by a Medical Practitioner who is a consultant neurologist and supported with appropriate investigations proving acute viral infection of the brain. Encephalitis caused by HIV infection is excluded.
9	Locked in Syndrome	Condition in which a person is aware but cannot move or communicate verbally due to complete paralysis of all voluntary muscles in the body except for vertical eye movements and blinking or there should be evidence of quadriplegia and inability to speak. This diagnosis must be supported by evidence of infarction of the ventral pons and EEG indicating that the person is not unconscious. The Diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved Hospital. This condition has to be medically documented for a continuous period at least 1 (one) month.
10	Severe Epilepsy	Severe epilepsy confirmed by all of the following: (i) Diagnosis made by a Medical Practitioner who is a neurologist by the use of electroencephalography (EEG), magnetic resonance imaging (MRI), positron emission tomography (PET) or any other appropriate diagnostic test that is available; (ii) there must be documentation of recurrent unprovoked tonic-clonic or grand mal seizures of more than 5 (five) attacks per week, and be known to be resistant to optimal therapy as confirmed by drug serum-level testing; and (iii) the Insured must have been taking at least 2 (two) prescribed antiepileptic (anti-convulsant) medications for at least 6 (six) months on the recommendation of a neurologist. Febrile or absence (petit mal) seizures alone shall not satisfy the requirement of this definition.
11.	Carcinoma in situ	Carcinoma in situ (CIS) means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues.

		'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The Diagnosis of the Carcinoma in situ must always be supported by a histopathological report. 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. In the case of the cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with cervical biopsy. Clinical Diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II and CIN III (severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically excluded. Non-melanoma CIS is also specifically excluded. This coverage is available to the first occurrence of CIS only.
12	**Early Prostate Cancer**	Prostate Cancer that is histologically described using the TNM Classification as T1a or T1b or T1c or Prostate cancers described using another equivalent classification.
13	**Early Thyroid Cancer**	Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0.
14	**Early Bladder Cancer**	Bladder Cancer that is histologically described using the TNM Classification as T1N0M0 including Papillary carcinoma of Bladder (TaN0M0).
15	**Early Chronic Lymphocytic Leukaemia**	Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded.
16	**Gastro-intestinal Stromal Tumour (GIST)**	All Gastro-intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs which are treated with surgery or chemotherapy as recommended by an oncologist.
17	**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.
18	**Myelodysplastic Syndrome or Myelofibrosis**	Myelodysplastic syndrome or myelofibrosis requiring regular and permanent transfusion of blood products for severe recurrent anemia. Diagnosis of Myelodysplastic Syndrome (MDS) or Myelofibrosis must be confirmed by a hematologist as a result of marrow biopsy. The condition must be deemed incurable and blood transfusion support must be an indefinite requirement.
19	**Cardiac Pacemaker or Defibrillator Insertion**	Insertion of a permanent cardiac pacemaker or defibrillator that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The surgical procedure must be certified as absolutely necessary by a Medical Practitioner who is a cardiologist.
20	**Coronary Angioplasty**	The actual undergoing of coronary artery balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of a minimum 60% (sixty percent) stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularization must be considered Medically Necessary by a consultant cardiologist.

		Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. Diagnostic/investigative procedures are excluded.
21	**Minimally Invasive Surgery to Thoracic or Abdominal Aorta**	The actual undergoing of surgery via minimally invasive or intra arterial techniques to repair or correct an aortic aneurysm, an obstruction of the aorta or a dissection of the aorta, as evidenced by an appropriate diagnostic test and confirmed by a Specialist. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. Intra-arterial investigative procedures are not included.
22	**Carotid Artery Surgery**	The actual undergoing of endarterectomy of the carotid artery which has been necessitated as a result of at least 80% (eighty percent) narrowing of the carotid artery as diagnosed by arteriography or any other appropriate diagnostic test that is available. Endarterectomy of blood vessels other than the carotid artery are specifically excluded.
23	**Stroke Treatment By Carotid Angioplasty and Stent Placement**	Means stroke treatment by carotid angioplasty and stent placement to treat or prevent the Insured who has been diagnosed as having a stroke before according to modern medical practice by certified doctor in proper field. Angioplasty and stent placement of blood vessels other than the Internal Carotid Artery or Common Carotid Artery is specifically excluded.
24	**Minimally Invasive Direct Coronary Artery Bypass Grafting (MIDCAB)**	Coronary Artery Bypass Grafting performed by Minimally Invasive Direct Coronary Artery Bypass Grafting procedures (open coronary artery bypass grafting where median sternotomy is not required) to correct blockages in the coronary arteries. All other surgical procedures are excluded.
25	**Less Severe Coronary Artery Disease**	The narrowing of the lumen of at least 2 (two) major coronary arteries (not inclusive of their branches) occurring at the same time by a minimum of 60% (sixty percent) or more as proven by coronary arteriography (non-invasive diagnostic procedures are excluded). Coronary Arteries here refer to the Circumflex Artery, Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD) and Left Main Stem (a narrowing of 60% (sixty percent) or more of the Left Main Stem shall be considered as a narrowing of the Left Anterior Descending Artery (LAD) and Circumflex Artery). This benefit is payable regardless of whether or not any form of coronary artery surgery has been performed.
26	**Percutaneous Valvuloplasty**	This benefit is payable where a heart valve is repaired by percutaneous balloon valvuloplasty or valvulotomy techniques not involving a thoracotomy.

27	Percutaneous Valve Replacement	This benefit is payable where a heart valve is replaced or repaired by the deployment of a permanent device or prosthesis by percutaneous intravascular techniques not involving a thoracotomy. Percutaneous balloon valvuloplasty and other percutaneous repair procedures where no new valve or any percutaneous device or prosthesis deployed are excluded.
28	Constrictive Pericarditis with Surgery	The actual undergoing of the stripping and removal of the entire pericardium at open thoracotomy due to constrictive pericarditis. Constrictive pericarditis refers to pericardial disease resulting in symptoms and signs of congestive cardiac failure. The Diagnosis of constrictive pericarditis must be based on the findings on cardiac catheterization.
29	Secondary Pulmonary Arterial Hypertension	Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The Diagnosis must be established by cardiac catheterisation by a Medical Practitioner who is 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 anginal pain. Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
30	Pericardiectomy	The undergoing of a pericardiectomy performed by keyhole or port access techniques as a result of pericardial disease. These surgical procedures must be certified to be absolutely necessary by a consultant cardiologist. Other procedures on the pericardium including pericardial biopsies, and pericardial drainage procedures by needle aspiration are excluded.
31	Insertion of a Vena-cava Filter	The surgical insertion of a vena-cava filter after there has been documented proof of recurrent pulmonary emboli. The need for the insertion of a vena-cava filter must be certified to be Medically Necessary by a Medical Practitioner who is a consultant cardiologist.
32	Chronic Primary Sclerosing Cholangitis	This benefit is payable for chronic primary sclerosing cholangitis confirmed on cholangiogram imaging confirming progressive obliteration of the bile ducts. The Diagnosis must be made by a gastroenterologist and the condition must have progressed to the point where there is Permanent jaundice. The benefit is payable only where there is a need for immunosuppressive treatment, drug therapy for intractable pruritis or if biliary tract obliteration has required balloon dilation or stenting of the bile ducts.

		Biliary tract sclerosis or obstruction as a consequence of biliary surgery, gall stone disease, infection, inflammatory bowel disease or other secondary precipitants is excluded.
33	**Acute Necrotic Pancreatitis**	Diagnosis of Acute Necrotic Pancreatitis must be confirmed in writing by a registered surgeon with histopathological evidence support. Surgery must be performed to clear the necrotic tissue, excise the lesion or for pancreatectomy. Acute Necrotic Pancreatitis due to alcohol or drug abuse is excluded.
34	**Progressive Scleroderma with CREST syndrome**	A rheumatologist must make the definite Diagnosis of systemic sclerosis with CREST syndrome, based on clinically accepted criteria. This Diagnosis must be unequivocally supported by biopsy and serological evidence. The disease must involve the skin with deposits of calcium (calcinosis), skin thickening of the fingers or toes (sclerodactyly) and also involve the esophagus. There must also be telangiectasia (dilated capillaries) and Raynaud's Phenomenon causing artery spasms in the extremities. Oesophageal involvement must be certified by the Specialist and supported by the results on confirmatory investigations. The following are excluded: (i) Localised scleroderma (linear scleroderma or morphea); and (ii) Eosinophilic fasciitis
35	**Less Severe Systemic Lupus Erythematosus With Lupus Nephritis**	Less Severe Systemic Lupus Erythematosus shall mean a multisystem autoimmune disorder, characterized by the development of auto-antibodies. All of the following criteria must be met: (i) Presence of at least 3 (three) of the 5 (five) criteria; a. Arthritis: non-erosive arthritis, involving 2 (two) or more joints; b. Serositis: pleuritis or pericarditis; c. Renal Disorder: persistent proteinuria > 0.5 g per day or cellular casts; d. Hematologic disorder: hemolytic anemia, Leukopenia, Lymphopenia, or thrombocytopenia; or e. Positive anti-nuclear antibody, Anti-dsDNA or anti-Smith antibody. (ii) Diagnosis of systemic lupus erythematosus must be confirmed by an appropriate Specialist. Other forms, discoid lupus and those forms with only haematological involvement shall be specifically excluded.
36	**Guillain-Barre Syndrome**	Guillain-Barre Syndrome is a serious disorder of the peripheral nervous system caused by damage to the fatty insulating sheaths (myelin sheaths) of the nerves. The Diagnosis of Guillain-Barre Syndrome must be unequivocal and made by a neurologist via cerebrospinal fluid study, electromyogram, nerve conduction study or other equivalent tests. Condition is only covered if all below criteria are fulfilled.

		(i) Required treatment with intravenous gamma globulins or plasma exchange; and (ii) Required continuous endotracheal ventilation in an Intensive Care Unit (ICU) for a minimum of 10 (ten) days; and (iii) Confirmation on Diagnosis by a Specialist at least 1 (one) month after initial Diagnosis of disease.
37	**Surgical Removal of a Kidney**	The actual undergoing of a complete surgical removal of 1 (one) kidney as a result of an illness or an accident. The need for the surgical removal of the kidney must be certified to be absolutely necessary by a Specialist in the relevant field. Partial removal of a kidney and kidney donation is excluded.
38	**Chronic Kidney Disease**	A nephrologist must make a Diagnosis of chronic kidney disease with permanently impaired renal function. There must be laboratory evidence that shows that renal function is severely decreased with GFR less than 15 ml/min, persisting for a period of 6 (six) months or more.
39	**Adrenalectomy for Adrenal Adenoma**	Adrenalectomy for treatment of malignant systemic hypertension that was secondary to an aldosterone secreting adrenal adenoma. Malignant hypertension was uncontrolled by medical therapy. The adrenalectomy must be certified to be Medically Necessary for the management of poorly controlled hypertension by a Specialist in the relevant field.
40	**Partial Surgical Removal of the Liver**	Partial hepatectomy of at least 1 (one) entire lobe of the liver that has been found necessary as a result of illness or accident as suffered by the Insured. Liver surgery secondary to alcohol or drug abuse and liver donation are all excluded.
41	**Viral Hepatitis with Liver Cirrhosis**	Inflammation of the liver by the Hepatitis virus leading to cirrhosis. There must be a definite Diagnosis of liver cirrhosis due to hepatitis virus as confirmed by a Specialist that must be supported by a liver biopsy showing histological stage F4 by Metavir grading or a Knodell fibrosis score of 4 (four). All liver diseases due or related to alcohol or drug abuse are excluded.
42	**Tuberculous Myelitis**	Myelitis caused by tubercle bacilli, resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms for at least a continuous period of 3 (three) months. The Diagnosis must be confirmed by a neurologist and supported by analysis of cerebrospinal fluid by lumbar puncture. Tuberculous myelitis in the presence of HIV infection is excluded.
43	**Surgical Removal of a Lung**	Complete surgical removal of the entire right or left lung as a result of an illness or an accident of the Insured. Partial removal of a lung is excluded.

44	Small Bowel Transplant	The receipt of a transplant of at least 1 (one) meter of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.
45	Severe Osteoporosis with fractures requiring surgery	Osteoporosis is a condition of reduced bone mass with decreased cortical thickness and a decrease in the number and size of the trabeculae of cancellous bone (but normal chemical composition), resulting in increased fracture incidence. Only osteoporotic fractures of the hip or femur or vertebra resulting in the actual undergoing of a Medically Necessary invasive surgery in the presence of a confirmatory Diagnosis of osteoporosis are covered. Aside from the clinical Diagnosis of an osteoporotic fracture the underlying osteoporosis must also meet the World Health Organization definition i.e. the bone mineral density of the claimant must be more than two point five (2.5) times standard deviation below that of a healthy young adult (T score – 2.5 S.D).
46	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 and Throat (ENT) Specialist.
47	Retinitis Pigmentosa	This benefit is payable for retinitis pigmentosa where the field of vision is restricted to 10 (ten) 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.
48	Corneal Transplant	The receipt of a transplant of a whole cornea due to irreversible scarring with resulting reduced visual acuity which cannot be corrected with other methods. The condition must be confirmed by an ophthalmologist.
49	Less Severe Poliomyelitis	The occurrence of Poliomyelitis where the following conditions are met: (i) Poliovirus is identified as the cause, (ii) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 30 (thirty) days. The Diagnosis must be confirmed by a consultant neurologist or Specialist in the relevant medical field.
50	Moderately Severe Burns	Second degree (partial thickness of the skin) burns covering at least 50% (fifty percent) of the surface of the **Insured**'s body measured by the Lund & Browder Body Surface Chart. The skin burns should be identified as needing treatment in a recognized burns unit in a Hospital and require operative debridement. Second degree burns refer to burns which involve the entire epidermis and which extend into the dermis.

Late-Stage Critical Illness for Insureds from 30 days old - 70 years old

No.	Critical Illness Condition	Late-stage Critical Illness
51	**Bacterial Meningitis - resulting in permanent inability to perform Activities of Daily Living**	Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in Permanent functional impairment. The Permanent functional impairment must result in an inability to perform at least 3 (three) of the Activities of Daily Living. A minimum Assessment Period of 30 (thirty) days applies. The Diagnosis must be confirmed by: (i) an appropriate Specialist; and (ii) the presence of bacterial infection in the cerebrospinal fluid by lumbar puncture for the above definition, other forms of meningitis, including viral meningitis are not covered.
52	**Encephalitis with permanent neurological deficits**	Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum), resulting in Permanent functional impairment. The Permanent functional impairment must result in an inability to perform at least 3 (three) of the Activities of Daily Living. A minimum Assessment Period of 30 (thirty) days applies. The covered event must be certified by a neurologist. Encephalitis in the presence of HIV infection is not covered.
53	**Coma – resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms**	A state of unconsciousness that persists for at least 96 (ninety-six) hours. This Diagnosis must be supported by evidence of all of the following: (i) No response to external stimuli or internal needs (ii) Life support measures are necessary to sustain life for at least 96 (ninety-six) hours; and (iii) Brain damage resulting in permanent neurological deficit which leads to the Permanent inability to perform 3 (three) out of 6 (six) Activities of Daily Living without the assistance of another person at least 30 (thirty) days after the onset of the coma. Coma resulting directly from alcohol or drug abuse is excluded.
54	**Benign Brain Tumour – of specified severity**	A benign tumour in the brain or meninges within the skull, where all of the following conditions are met: (i) It is life threatening. (ii) It has caused damage to the brain. (iii) It has undergone surgical removal or has caused Permanent Neurological Deficit with Persisting Clinical Symptoms; and (iv) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on MRI, CT or other reliable imaging techniques. The following are not covered: (i) Cysts; (ii) Granulomas; (iii) Malformations in or of the arteries or veins of the brain; (iv) Hematomas; (v) Tumours in the pituitary gland; (vi) Tumours in the spine; (vii) Tumours of the acoustic nerve.

55	Brain Surgery	The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed. The following are excluded: (i) Burr hole procedures, transphenoidal procedures and other minimally invasive procedures (ii) Brain surgery as a result of an accident
56	Alzheimer's Disease/Severe Dementia	Progressive deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous care and supervision of the Insured. This Diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor. The following are excluded: (i) Non-organic diseases such as neurosis and psychiatric illnesses; and (ii) Drug or alcohol related brain disorder or any reversible organic brain disorder.
57	Persistent Vegetative State (Apallic Syndrome)	Universal necrosis of the brain cortex with the brainstem intact. This Diagnosis must be definitely confirmed by a Medical Practitioner who is a consultant neurologist. This condition has to be medically documented for at least 1 (one) month.
58	Cerebral Aneurysm Requiring Brain Surgery	The actual undergoing of brain surgery to correct an abnormal widening of the cerebral artery involving all 3 (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. The following are excluded: (i) Infection and mycotic aneurysm; and (ii) Limited craniectomy and burr hole procedures.
59	Irreversible Loss of Speech	Total Permanent and irreversible loss of the ability to speak as a result of injury or illness. A minimum Assessment Period of 6 (six) months applies. Medical evidence to confirm injury or illness to the vocal cords to support this disability must be supplied by an Ear, Nose, and Throat Specialist. All psychiatric related causes are not covered.
60	Motor Neuron Disease – Permanent Neurological Deficit with Persisting Clinical Symptoms	Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This Diagnosis must be confirmed by a neurologist as progressive and resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms.

61	Idiopathic Parkinson's Disease	The unequivocal Diagnosis of idiopathic Parkinson's Disease by a Medical Practitioner who is a consultant neurologist. This Diagnosis must be supported by all of the following conditions: (i) The disease cannot be controlled with medication; (ii) Shows signs of progressive impairment; and (iii) Inability of the Insured to perform (whether aided or unaided) at least 3 (three) of 6 (six) Activities of Daily Living for a continuous period of at least 6 (six) months. For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid. Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are not covered.
62	Surgery for Idiopathic Scoliosis	The undergoing of spinal surgery to correct an abnormal curvature of the spine from its normal straight line viewed from the back. The condition must be present without an identifiable underlying cause and the curve of the spine must be more than cobb angle 40 (forty) degree. Spinal deformity associated with congenital defects and neuromuscular diseases are excluded.
63	Loss of Independent Existence	A condition as a result of a disease, illness or injury whereby the Insured is unable to perform (whether aided or unaided) at least 3 (three) of 6 (six) Activities of Daily Living, for a continuous period of 6 (six) months. This condition must be confirmed by the Company's approved doctor. Non-organic diseases such as neurosis and psychiatric illnesses are excluded.
64	Progressive Supranuclear Palsy	Progressive Supranuclear Palsy occurring independently of all other causes and resulting in a Permanent neurological deficit, which is directly responsible for a Permanent inability to perform at least 3 (three) of 6 (six) Activities of Daily Living for at least a continuous period of 6 (six) months. The Diagnosis of Progressive Supranuclear Palsy must be confirmed by a Medical Practitioner who is a neurologist.
65	Cancer - of specified severity and does not cover very early cancers	Any malignant tumour positively Diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma and sarcoma. For the above definition, the following are not covered: (i) All cancers which are histologically classified as any of the following: a. Pre-malignant b. Non-invasive c. Carcinoma in situ d. Having borderline malignancy e. Having malignant potential (ii) All tumours of the prostate histologically classified as T1N0M0 (TNM classification); (iii) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification);

		(iv) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification); (v) Chronic Lymphocytic Leukaemia less than RAI Stage 3 (three); (vi) All cancers in the presence of HIV; (vii) Any skin cancer other than malignant melanoma. (viii) Gastro-Intestinal Stromal tumours histologically classified as AJCC Stage I.
66	**Irreversible Aplastic Anaemia**	Irreversible persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring at least 2 (two) of the following treatments: (i) Regular blood product transfusion; (ii) Marrow stimulating agents; (iii) Immunosuppressive agents; or (iv) Bone marrow transplantation. The Diagnosis must be confirmed by a bone marrow biopsy.
67	**Heart Attack – of specified severity**	Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction: (i) History of typical chest pain; and (ii) Characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block; and (iii) Elevation of the cardiac biomarkers, inclusive of CPK-MB above the generally accepted normal laboratory levels or Troponins recorded at the following levels or higher: - Cardiac Troponin T or Cardiac Troponin I > / = 0.5 ng/ml; and The evidence must show the occurrence of a definite acute myocardial infarction which should be confirmed by a cardiologist or Physician. For the above definition, the following are not covered: (i) Occurrence of any acute coronary syndrome including but not limited to unstable angina. (ii) A rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease.
68	**Coronary Artery By-Pass Surgery**	Refers to the actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of coronary artery by-pass grafting. For the above definition, the following are not covered: (i) Angioplasty; (ii) Other intra-arterial or catheter-based techniques; (iii) Keyhole procedures; (iv) Laser procedures.
69	**Thoracic or Abdominal Aorta Surgery**	The actual undergoing of surgery via a thoracotomy or laparotomy (surgical opening of thorax or abdomen) to repair or correct an aortic aneurysm, an obstruction of the aorta or a dissection of the aorta. For this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

		For the above definition, the following are not covered: (i) Angioplasty (ii) Other intra-arterial or catheter-based techniques (iii) Other keyhole procedures (iv) Laser procedures
70	**Stroke – resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms**	Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolization from an extra cranial source resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms. The Diagnosis must be based on changes seen in a CT scan or MRI and certified by a Medical Practitioner who is a neurologist. A minimum Assessment Period of 3 (three) months applies. For the above definition, the following are not covered: (i) Transient ischemic attacks; (ii) Cerebral symptoms due to migraine; (iii) Traumatic injury to brain tissue or blood vessels; (iv) Vascular disease affecting the eye or optic nerve or vestibular functions.
71	**Heart Valve Surgery**	The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities, as a consequence of defects that cannot be repaired by intra-arterial catheter procedures. The Diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered Medically Necessary by a consultant cardiologist. For the above definition, the following are not covered: (i) Repair via intra-arterial procedure (ii) Repair via key-hole surgery or any other similar techniques
72	**Cardiomyopathy – of specified severity**	The unequivocal Diagnosis by a consultant cardiologist of cardiomyopathy causing impaired ventricular function, suspected by ECG abnormalities and confirmed by cardiac echo of variable aetiology and resulting in Permanent physical impairments 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 shall 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 shall be experienced. Cardiomyopathy directly related to alcohol misuse is excluded.
73	**Idiopathic/Primary Pulmonary Arterial Hypertension – of specified severity**	Idiopathic/Primary Pulmonary Arterial Hypertension is defined as pulmonary arterial hypertension due to an unknown cause. The definite Diagnosis of idiopathic pulmonary arterial hypertension must be made by a Specialist and should include the following: (i) Symptoms of right ventricular heart failure including shortness of breath, exertional chest pain, exertional syncope, or weight gain from fluid retention, resulting in Permanent physical impairment to the

		degree of at least Class IV of the New York Heart Association (NYHA) classification of cardiac impairment. (ii) Echocardiographic findings of right ventricular heart failure including increased right ventricular wall thickness and size with decreased right ventricular function. (iii) Right Heart Catheterization with a mean pulmonary artery pressure ≥ 20mmHg and a mean pulmonary capillary wedge pressure (PCWP) ≤ 15 mmHg. Secondary causes of pulmonary arterial hypertension, such as left heart disease, congenital heart disease, lung disease, pulmonary artery obstruction, hematologic, infectious, systemic, or metabolic disorders are excluded.
74	Severe Eisenmenger 's Syndrome	Eisenmenger's Syndrome shall mean the occurrence of a reversed or bidirectional shunt as a result of pulmonary hypertension, caused by a heart disorder. All of the following criteria must be met: (i) Presence of permanent physical impairment classified as NYHA IV; (ii) The Diagnosis of Eisenmenger Syndrome and the level of physical impairment must be confirmed by a cardiologist. The NYHA classification of cardiac impairment for Class III and Class IV means the following: Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain. Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms. Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
75	Other Serious Coronary Artery Disease	The narrowing of the lumen of Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD) and Circumflex Artery (not inclusive of their branches) occurring at the same time by a minimum of 60% (sixty percent) in each artery as proven by coronary arteriography (non-invasive diagnostic procedures are not covered). A narrowing of 60% (sixty percent) or more of the Left Main Stem shall be considered as a narrowing of the Left Anterior Descending Artery (LAD) and Circumflex Artery. This covered event is payable regardless of whether or not any form of coronary artery surgery has been performed.
76	Infective Endocarditis	Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met: (i) Positive result of the blood culture proving presence of the infectious organism(s); (ii) Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% (twenty percent) or above) or moderate

		heart valve stenosis (resulting in heart valve area of 30% (thirty percent) or less of normal value) attributable to Infective Endocarditis; and (iii) The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Medical Practitioner who is a cardiologist.
77	**Chronic Relapsing Pancreatitis**	An unequivocal Diagnosis of Chronic Relapsing Pancreatitis, made by a Specialist in gastroenterology and characterized by all of the following: (i) Recurrent acute pancreatitis over a period of at least 2 (two) years; (ii) Generalize calcium deposits in pancreas proven by imaging study; and (iii) Chronic continuous pancreatic function impairment resulting in intestinal malabsorption (high fat in stool) and diabetes, confirmed by blood and stool tests. Chronic Relapsing Pancreatitis directly cause by alcohol consumption is excluded.
78	**Crohn's Disease with Fistula**	Crohn's disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation inspite of optimal therapy, with all of the following having occurred: (i) Stricture formation causing intestinal obstruction requiring admission to Hospital; (ii) Fistula formation between loops of bowel; and (iii) At least 1 (one) bowel segment resection. The Diagnosis must be based on histopathological features and confirmed by a Specialist in the relevant field.
79	**Resection of the entire small intestine (duodenum, jejunum and ileum)**	Complete surgical removal of the entire small intestine including the duodenum, jejunum and ileum as a result of illness or an accident of the Insured. Partial removal of the small intestine is excluded.
80	**Systemic Lupus Erythematosus With Severe Kidney Complications**	A multi-system, multifactorial, autoimmune disorder characterised by the development of auto-antibodies directed against various self-antigens. In respect of this contract, systemic lupus erythematosus shall be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final Diagnosis must be confirmed by a certified doctor specializing in Rheumatology and Immunology. The WHO Classification of Lupus Nephritis: Class I: Minimal Change Lupus Glomerulonephritis Class II: Messangial Lupus Glomerulonephritis Class III: Focal Segmental Proliferative Lupus Glomerulonephritis Class IV: Diffuse Proliferative Lupus Glomerulonephritis Class V: Membranous Lupus Glomerulonephritis
81	**Multiple Sclerosis**	The definite occurrence of Multiple Sclerosis. The Diagnosis must be diagnosed by a consultant neurologist and supported by all of the following:

		(i) Investigations such as Magnetic Resonance Imaging, Computerised Tomography or other reliable imaging techniques must unequivocally confirm the Diagnosis to be Multiple Sclerosis; (ii) Multiple irreversible neurological deficits which occurred over a continuous period of at least 6 (six) months; and (iii) Well documented history of exacerbations and remissions of said symptoms or neurological deficits. Other causes of neurological damage such as SLE and HIV are excluded.
82	**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: (i) Localised scleroderma (linear scleroderma or morphea); (ii) Eosinophilic fasciitis; and (iii) CREST syndrome.
83	**Severe Rheumatoid arthritis**	Rheumatoid arthritis as a result of autoimmune disturbance which is Diagnosed by a rheumatologist and immunologist. The characteristic of this disease should meet all of following criteria: (i) Diagnosis based on American College of Rheumatology guidelines, and (ii) Chronic progressive joint destruction with deformity, affecting at least three following joints (e.g. interphalangeal hand joints, wrists, elbows, knees, hips, ankles, cervical bones, or interphalangeal foot joints). The Diagnosis must be supported by clinical examination and imaging study evidenced the involvement. (iii) There is the Permanent inability to perform, without any form of assistance, 3 (three) of the 6 (six) Activities of Daily Living for a continuous period of at least 180 (one-hundred and eighty) days.
84	**Human Immunodeficiency Virus (HIV) Infection Due To Blood Transfusion**	HIV infection as result of blood transfusion that occurred after the Effective Date of the coverage or reinstatement of the Policy whichever is later. Benefit shall be payable provided that: (i) The blood transfusion or organ transplantation was Medically Necessary as part of treatment plan; and (ii) The institution which provided the treatment admits liability, or malpractice insurance judged by court's final adjudication; and (iii) The institution where treatment was provided must have legal operating license issued; and (iv) Source of the infection is established to be from the institution that provided medical care and the facility is able to trace the origin of HIV contaminated blood or organ. The following are excluded: (i) HIV acquired through other means including but not limited to sexually transmitted and intravenous drug use. (ii) This benefit shall not be payable if a cure has become available prior to the infection. “Cure” means any treatment that renders the HIV permanently inactive or non-infectious.

		The Company must have the right to obtain the Insured's blood sample and process independent examination on the blood sample.
85	**Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection**	Infection with the Human Immunodeficiency Virus (only if the Insured is a Medical Staff as defined below) which occurred after the Effective Date of the coverage or reinstatement of the policy whichever is later. Only HIV infection acquired as a result of an accident occurring during the course of carrying out normal occupational duties with seroconversion to HIV infection occurring within 6 (six) months of the accident is covered. Any accident giving rise to a potential claim must be reported to the Company within 30 (thirty) days of the accident taking place supported by a negative HIV test taken within 7 (seven) days of the accident. "Medical Staff" is defined as doctors (general Physicians and Specialists), traditional practitioners, nurses, paramedics, laboratory technicians, dentists, dental nurses, ambulance workers who are working in a medical centre or Hospital or dental clinic/polyclinic in Kingdom of Cambodia. Doctors, traditional practitioners, nurses and dentists must be registered with the Ministry of Health (or other equivalent governmental authority) of Kingdom of Cambodia.
86	**Late-Stage Kidney Failure**	Late-stage kidney failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular dialysis is initiated or kidney transplantation is carried out.
87	**Late-Stage Liver Failure**	Late-stage liver failure as evidenced by all of the following: (i) Permanent jaundice; (ii) Ascites (excessive fluid in peritoneal cavity); and (iii) Hepatic encephalopathy. Liver failure secondary to alcohol or drug abuse is not covered.
88	**Fulminant Viral Hepatitis**	A sub-massive to massive necrosis (death of liver tissue) caused by any virus as evidenced by all of the following diagnostic criteria: (i) A rapidly decreasing liver size as confirmed by abdominal ultrasound; (ii) Necrosis involving entire lobules, leaving only a collapsed reticular framework; (iii) Rapidly deteriorating liver functions tests; and (iv) Deepening jaundice. Viral hepatitis infection or carrier status alone (inclusive but not limited to Hepatitis B and Hepatitis C) without the above diagnostic criteria is not covered.
89	**Chronic Auto-Immune Hepatitis**	A chronic necro-inflammatory liver disorder of unknown cause associated with circulating auto-antibodies and a high serum globulin level. The Diagnosis must be based on all of the following criteria: (i) Hyper-gammaglobulinaemia (ii) The presence of at least one of the following auto-antibodies: a. Anti-Nuclear Antibody; b. Anti-smooth muscle antibodies; c. Anti-actin antibodies; d. Anti-LKM-1 antibodies;

		e. Anti- LC1 antibodies; or f. Anti-SLA/LP antibodies (iii) Liver Biopsy confirmation of the Diagnosis of auto-immune hepatitis This is only covered if the Insured has been put on continuous Immunosuppressive therapy for a period of at least 6 (six) months and the Diagnosis must be confirmed by a Specialist in gastroenterology or hepatology.
90	Late-Stage Lung Failure	Late-stage lung disease causing chronic respiratory failure. All of the following criteria must be met: (i) The need for regular oxygen treatment on a permanent basis; (ii) Permanent impairment of lung function with a consistent Forced Expiratory Volume (FEV) of less than 1 (one) litre during the first second; (iii) Shortness of breath at rest; and (iv) Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55 (fifty-five) mmHg or less.
91	Severe Pulmonary Fibrosis	Severe and diffuse type of pulmonary fibrosis requiring extensive and Permanent oxygen therapy at least 8 (eight) hours per day. The unequivocal Diagnosis must be confirmed with lung biopsy and by a Specialist in respiratory medicine.
92	Heart Transplantation	Means the undergoing of human-to-human transplantation of heart, resulted from irreversible end stage failure of the heart. The transplantation must be performed on the whole heart. Transplant of stem cells, islet cells and/or transplantation of any organ other than the above are excluded.
93	Lung Transplantation	Means the undergoing of human-to-human transplantation of Lung, resulted from irreversible end stage failure of the Lung. The transplantation must be performed on the whole Lung. Transplant of stem cells, islet cells and/or transplantation of any organ other than the above are excluded.
94	Liver Transplantation	Means the undergoing of human-to-human transplantation of liver, resulted from irreversible end stage failure of the liver. The transplantation must be performed on the whole liver. Transplant of stem cells, islet cells and/or transplantation of any organ other than the above are excluded.
95	Kidney Transplantation	Means the undergoing of human-to-human transplantation of kidney resulted from irreversible end stage failure of the relevant organ. The transplantation must be performed on the whole kidney. Transplant of stem cells, islet cells and/or transplantation of any organ other than the above are excluded.
96	Pancreas Transplantation	Means the undergoing of human-to-human transplantation of Pancreas, resulted from irreversible end stage failure of the pancreas.

		The transplantation must be performed on the whole pancreas. Transplant of stem cells, islet cells and/or transplantation of any organ other than the above are excluded.
97	**Bone Marrow Transplant**	The receipt of a transplant of human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation. Other stem cell transplants are excluded.
98	**Poliomyelitis**	The occurrence of Poliomyelitis where the following conditions are met: (i) Poliovirus is identified as the cause, (ii) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 (three) months. The Diagnosis must be confirmed by a consultant neurologist or Specialist in the relevant medical field.
99	**Necrotising Fasciitis**	Necrotising Fasciitis is a progressive, rapidly spreading, fulminant tissue destruction caused by bacterial infection of the deeper layers of the skin spreading across the fascial planes within the subcutaneous tissue thereby destroying skin and muscles of the affected body areas. This Diagnosis must be certified by a consultant surgeon. Only cases with all the following criteria shall qualify for this benefit: (i) Major surgical debridement was done to treat the condition; (ii) The condition must have affected a large area of the body (such as the complete lower arm, the complete lower leg, the complete abdominal wall) to qualify for a benefit; (iii) There is wide-spread destruction of muscle and other soft tissue that results in a total and permanent loss of function of the affected body part; (iv) Bacterial cultures show clear proof of bacterial origin of the condition. Necrotizing fasciitis in the presence of HIV infection is excluded from cover
100	**Third Degree Burns – of specified severity**	Third degree (full thickness of the skin) burns covering at least twenty (20%) of the surface of the Insured's body measured by the Lund & Browder Body Surface Chart. The skin burns should be identified as needing treatment in a recognized burns unit in a Hospital and require skin grafting treatment. Third degree burns refers to burns in which all layers of the skin are destroyed and damage extends into the subcutaneous tissues.