



INSURANCE POLICY

JUVENILE CRITICAL ILLNESS BENEFIT RIDER

Form No. [XXXX]

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INSURANCE POLICY

JUVENILE CRITICAL ILLNESS BENEFIT RIDER

I. DEFINITIONS

The words and phrases listed below will have the meanings attributed to them wherever they appear in this JUVENILE CRITICAL ILLNESS BENEFIT RIDER (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. **Basic Policy** refers to the terms and conditions relating to the Basic Product that this Rider attached to and forming part of the Insurance Policy.
2. **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 Critical Illness Table.
3. **Critical Illness** means the condition that defined in the Critical Illness Table in the Appendix I – Critical Illness Table.
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. **Diagnosis** 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.
6. **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 the Insured Member, respective spouses, and all immediate family members of such persons.
7. **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.
8. **Policy** refers to the terms and conditions relating to this Rider.
9. **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.



10. **Rider Sum Assured** refers to the coverage amount of this rider purchased as shown on the Certificate of Insurance or as revised by an Endorsement from time to time.
11. **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 the Insured Member, respective spouses, and all immediate family members of such persons.

II. SUBJECT OF INSURANCE

Juvenile Critical Illness Benefit Rider has the body (health) as the subject of Insurance.

III. SCOPE OF COVERAGE

1. Early-Stage Critical Illness Benefit

While this Rider is in force and the Insured is diagnosed with Early-Stage Critical Illness defined in the Appendix I – Critical Illness Table, the Company will pay You or the Beneficiary(ies) the benefit amount of Early-Stage Critical Illness Benefit. The Company will pay this benefit only once.

2. Late-Stage Critical Illness Benefit

While this Rider is in force and the Insured is diagnosed with Late-Stage Critical Illness defined in the Appendix I – Critical Illness Table, the Company will pay You or the Beneficiary(ies) the benefit amount of Late-Stage Critical Illness Benefit, less any benefit paid out for Early-Stage Critical Illness Benefit. The Company will pay this benefit only once. Thereafter, this Rider shall be terminated.

3. Guaranteed Insurability Option (GIO) Benefit

At the end of the coverage term of this Rider, the Insured of this Rider has the privilege to purchase a new critical illness coverage without further underwriting if the following conditions are met:

- No Early-Stage Critical Illness Benefit/ Late-Stage Critical Illness Benefit claim reported/made during the coverage term of this Rider.
- The Sum Assured of the new critical illness coverage is capped at 100% of Sum Assured of this Rider.

IV. INSURANCE BENEFITS

No.	Type of Coverage	Benefit
1.	Early-Stage Critical Illness Benefit	100% of Rider Sum Assured
2.	Late-Stage Critical Illness Benefit	Up to 200% of Rider Sum Assured
3.	Guaranteed Insurability Option (GIO) Benefit	Provided

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 will 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 a 1 (one) month prior notice via email or text message or other methods as determined by the Company. The revised or adjusted premium will 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 for which the signs or symptoms first occurred within 90 (ninety) calendar days from the Effective Date or Commencement Date of this Rider, whichever is later; 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. 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 Critical Illness Event resulting directly from alcohol or drug abuse; or
7. 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 will be entitled to the benefits payable; or
8. if the Insured does not survive for at least thirty 30 (thirty) calendar days after being diagnosed with a Critical Illness.

VII. GEOGRAPHIC AREA

This Rider provides worldwide coverage to the Insured.



VIII. OWNERSHIP PROVISIONS (BENEFICIARY)

You may nominate the Beneficiary(ies) at the time of the application in the Company's prescribed form.

You shall have the right, subject to any legal constraints, to revoke any such nominations and/or to name another Beneficiary(ies) by written notification to the Company at any time. Your written notification must be received and registered by the Company during Your lifetime.

If You have nominated more than one Beneficiary, the Company shall pay the benefit payable in equal shares to the persons nominated who is/are alive at time of the claim settlement unless You have specified otherwise. This is subject to the laws in force at the time.

If at the time of claim settlement, no Beneficiary is nominated, or the person(s) nominated is/are dead, the benefit payable may be paid subject to the laws in force at the time.

IX. ALTERATION

If You intend to make any alteration or waive any provisions for this Rider, the said alteration or waiver has to be made by an Endorsement. The Endorsement has to be signed by the Company's authorised officer.

X. RENEWAL CLAUSE

This Rider is not subject to any renewal.

XI. 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. The Rider cannot be reinstated independently.

XII. TERMINATION

The Rider shall automatically terminate upon:

- (i) this Rider becomes expired, terminated, lapsed; or
- (ii) the Late-Stage Critical Illness Benefit is 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.

XIII. CANCELLATION

The Company reserves the right to cancel this Rider as at the Due Date by written notice of cancellation to You before the Expiry Date on which such cancellation 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 Policy shall not create any liability on the Company's part, but the Company shall refund any such Premium without interest

XIV. 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

- (i) Notice of a claim must be provided to the Company within 90 (ninety) calendar days of the occurrence of any event which may give rise to a claim under this Rider. If the claimant fails to give the notice within this period, the Company will not invalidate any claim if it is shown to have been not reasonably possible to give such notice and that the notice was given as soon as was reasonably possible.
- (ii) The notice can be submitted at AIA Office or contact Client Services (855) 86 999 242/(855) 23 999 242 or your Life Planner or email to Kh.claim@aia.com.

3. REQUIRED DOCUMENTS OR PROOF OF EVIDENCE

The Company, upon receipt of notice, will furnish to the claimant the appropriate forms for filing proof of Critical Illness Event. If the forms are not provided to the claimant within 15 (fifteen) working days of receipt of such notice, the claimant by submitting written proof covering the occurrence, the character and the degree of the Critical Illness Event for which the claim is made shall be deemed to have complied with the requirements of this provision. 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 will 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.

XV. 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.

XVI. DISPUTE RESOLUTIONS

1. COMPLAINT PROCEDURES

Any complaint received will be addressed and analyzed within a reasonable timeframe to determine the root cause and the appropriate course of action in accordance with the Company's standard operating procedures. Complaints can be submitted to the Company via email Kh.care@aia.com or by calling the phone number (855) 86 999 242/23 999 242.

2. 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.

XVII. JURISDICTION

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



APPENDIX I – CRITICAL ILLNESS TABLE

Critical Illness Category	Early-Stage Critical Illness	Late-Stage Critical Illness
Cancer	1. Cancer <ul style="list-style-type: none"> ✓ Carcinoma in situ ✓ Early Prostate Cancer ✓ Early Thyroid Cancer ✓ Early Bladder Cancer ✓ Early Chronic Lymphocytic Leukaemia 	1. Major Cancer
Brain	2. Encephalitis with full recovery	2. Encephalitis with permanent neurological deficits
	3. Bacterial Meningitis with full recovery	3. Bacterial Meningitis with permanent neurological deficits
Respiratory Disease	4. Severe Asthma	4. Persistent Severe Asthma
	5. Status Epilepticus requiring intubation and ventilator support	5. Severe Epilepsy
Pancreas	6. Insulin Dependent Diabetes Mellitus (on Diagnosis)	6. Juvenile Insulin Dependent Diabetes Mellitus
Heart	7. Kawasaki Disease (on diagnosis)	7. Severe Kawasaki Disease with Heart Complications
	8. Endovascular Treatments of Aortic Disease or Aortic Aneurysm	8. Coronary Artery By-pass surgery; or Open surgery to Aorta
Joint	9. Severe Juvenile Rheumatoid Arthritis (on diagnosis)	9. Persistent Severe Juvenile Rheumatoid Arthritis
Kidney	10. Acute Glomerulonephritis (on diagnosis)	10. Persistent Glomerulonephritis with Nephrotic Syndrome
	11. Nephrotic Syndrome requiring hospitalisation	11. Severe Relapsing Nephrotic Syndrome
Nervous System	12. Less Severe Poliomyelitis	12. Poliomyelitis
Body	13. Adolescent Morbid Obesity (on diagnosis)	13. Adolescent Morbid Obesity (requiring surgery)
Gallbladder	14. Biliary Atresia (on diagnosis)	14. Biliary Atresia having undergone Liver transplantation
Bone Marrow	15. Reversible Aplastic Anaemia	15. Irreversible Aplastic Anaemia
Organ Transplant		16. Major Organ Transplant <ul style="list-style-type: none"> ✓ Kidney Transplant ✓ Heart Transplant ✓ Lung Transplant ✓ Pancreas Transplant



		✓ Liver Transplant
		17. Bone marrow transplant
Limbs and mouth		18. Hand, Foot and Mouth Diseases with Severe (Life Threatening) Complications



Early-Stage Critical Illness

No	Early-Stage Critical Illness	Definition
1	Carcinoma in situ	<p>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.</p> <p>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.</p> <p>This coverage is available to the first occurrence of CIS only; or</p>
	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; or
	Early Thyroid Cancer	Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0 Papillary microcarcinoma of thyroid where the tumour is less than 1cm in diameter; or
	Early Bladder Cancer	Bladder Cancer that is histologically described using the TNM Classification as T1N0M0 including Papillary carcinoma of Bladder (TaN0M0); or
	Early Chronic Lymphocytic Leukaemia	Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded.
2	Encephalitis with full recovery	Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection requiring hospitalization. The diagnosis must be confirmed by a consultant neurologist and supported with appropriate investigations proving acute viral infection of the brain.



		Encephalitis in the presence of HIV infection is not covered.
3	Bacterial Meningitis with full recovery	<p>Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord which requires hospitalization. This diagnosis must be confirmed by:</p> <p>(a) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and</p> <p>(b) A consultant neurologist.</p> <p>Bacterial Meningitis in the presence of HIV infection is excluded.</p>
4	Severe Asthma	<p>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 consultant paediatrician.</p> <p>This benefit is not payable for non-invasive ventilation, such as CPAP or BIPAP.</p>
5	Status Epilepticus requiring intubation and ventilator support	Status Epilepticus (SE) is a life-threatening neurologic disorder characterized by a continuous generalized single epileptic seizure or a series of generalized epileptic seizures during which function is not regained between ictal events requiring intubation and ventilator support for sustenance of life by the treating pediatrician. This should also be supported by medical documentation and EEG report.
6	Insulin Dependent Diabetes Mellitus (on Diagnosis)	A chronic disorder of carbohydrate, fat and protein metabolism resulting from a complete insulin deficiency. The diagnosis shall be made by a paediatrician with evidence of initiation and dependence of regular exogenous insulin treatment.
7	Kawasaki Disease (on diagnosis)	<p>The unequivocal diagnosis of Kawasaki disease by a paediatric cardiologist or cardiologist to the satisfaction of the Company, with the presence of febrile illness for more than 4 (four) days, and with at least 4 (four) of the following physical findings:</p> <ul style="list-style-type: none"> – 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; and – Echocardiographic evidence of cardiac involvement manifested by dilation or aneurysm



		<p>formation in 1 (one) or more the coronary arteries of at least 6 (six) millimeters in diameter.</p> <p>The diagnosis of Kawasaki disease must be backed by reports of echocardiography report, adequate laboratory and other relevant tests. Diagnosis must be based on blood tests to detect mild anaemia, a white-blood-cell count above the normal level, and an elevated erythrocyte sedimentation rate which indicates blood vessel inflammation. A sharp rise in the number of platelets, the major clotting element in the blood must also be detected.</p> <p>The diagnosis of Kawasaki disease must be confirmed by a paediatric cardiologist or cardiologist.</p>
8	Endovascular Treatments of Aortic Disease or Aortic Aneurysm	<p>Endovascular Treatments of Aortic Disease or Aortic Aneurysm refers to any 1 (one) of the following:</p> <p>(a) Endovascular Treatments of Aortic Disease shall mean the 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 an echocardiogram or any other appropriate diagnostic test that is available and confirmed by a Medical Practitioner who is a Specialist in the relevant field. For this definition, aorta means the thoracic and abdominal aorta but not its branches.</p> <p>(b) Aortic Aneurysm shall mean abdominal or thoracic aortic aneurysm or aortic dissection, where the aorta is enlarged by at least 50 millimetres (50 mm) in diameter, as evidenced by appropriate imaging technique.</p> <p>The Unequivocal Diagnosis must be confirmed by a Medical Practitioner who is a cardiologist or vascular surgeon.</p>
9	Severe Juvenile Rheumatoid Arthritis (on diagnosis)	<p>A severe form of juvenile chronic arthritis characterised by high fever and signs of systematic illness that can exist for months before the onset of arthritis.</p> <p>The condition must be characterised by cardinal manifestations which include high spiking, daily (quotidian) fevers, evanescent rash, arthritis, splenomegaly, lymphadenopathy, serositis, weight loss, neutrophilic leukocytosis, increased acute Phase Proteins and usually seronegative tests for Antinuclear Antibodies (ANA) and Rheumatoid Factor (RF).</p>



		The diagnosis must be backed by adequate laboratory and other tests or investigations. The final diagnosis must also be confirmed unequivocally by both the treating Specialist pediatrician and a pediatric rheumatologist, and the condition has to be documented for at least 30 (thirty) days.
10	Acute Glomerulonephritis (on diagnosis)	A confirmed diagnosis of glomerulonephritis by a qualified pediatrician acceptable to the Company and who should confirm that a treatment regimen which has involved the use steroids or other immunosuppressive drugs.
11	Nephrotic Syndrome requiring hospitalisation	Confirmatory diagnosis of Nephrotic Syndrome that requires hospitalisation and all of the following criteria must be fulfilled and confirmed by pediatric nephrologist: (i) Oedema caused by renal protein loss (ii) Hypoalbuminaemia of < 25g/l (iii) Proteinuria > 150 mg/m ² /hour (> 3.6g/m ² /day)
12	Less Severe Poliomyelitis	The occurrence of Poliomyelitis where the following conditions are met: <ul style="list-style-type: none"> • Poliovirus is identified as the cause, • Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 30 (thirty) days. <p>The diagnosis must be confirmed by a consultant neurologist or Specialist in the relevant medical field.</p>
13	Adolescent Morbid Obesity (on diagnosis)	Adolescent Morbid Obesity is defined as: <ul style="list-style-type: none"> • For Insured aged <16 years - a Body Mass Index (BMI) of more than 99th percentile for the age of the Insured. • For Insured aged ≥ 16 years - a Body Mass Index (BMI) of more than 40. <p>The diagnosis of adolescent morbid obesity must be present with the co-morbidities of either hypertension or type 2 diabetes mellitus, requiring use of regular medication to control the hypertension or type 2 diabetes AND must be confirmed by a consultant physician and supporting blood results.</p>
14	Biliary Atresia (on diagnosis)	Biliary atresia (BA) is a progressive, idiopathic, fibro-obliterative disease of the extra-hepatic biliary tree that presents with biliary obstruction. The diagnosis must be confirmed by a gastroenterologist with supporting evidence including imaging, laboratory tests and liver biopsy.



15	Reversible Aplastic Anaemia	<p>Acute reversible bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with any 2 (two) of the following:</p> <ul style="list-style-type: none">(i) Blood product transfusion;(ii) Marrow stimulating agents; or(iii) Immunosuppressive agents. <p>The diagnosis must be confirmed by a haematologist and a bone marrow biopsy.</p>
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Late-Stage Critical Illness

No	Late-Stage Critical Illness	Definition
1	Major Cancer	<p>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.</p> <p>For the above definition, the following are not covered:</p> <p>(i) All cancers which are histologically classified as any of the following:</p> <ul style="list-style-type: none"> – pre-malignant – non-invasive – Carcinoma in situ – having borderline malignancy – having malignant potential <p>(ii) All tumours of the prostate histologically classified as T1N0M0 (TNM classification);</p> <p>(iii) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification);</p> <p>(iv) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification);</p> <p>(v) Chronic Lymphocytic Leukaemia less than RAI Stage 3;</p> <p>(vi) All cancers in the presence of HIV;</p> <p>(vii) Any skin cancer other than malignant melanoma.</p>
2	Encephalitis with permanent neurological deficits	<p>Severe inflammation of brain substance, 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.</p> <p>Encephalitis in the presence of HIV infection is not covered.</p>
3	Bacterial Meningitis with permanent neurological deficits	<p>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)</p>



		<p>days applies.</p> <p>The diagnosis must be confirmed by:</p> <ul style="list-style-type: none"> (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.
4	Persistent Severe Asthma	<p>Evidence of acute attack of severe asthma leading to admission to a hospital and requiring assisted ventilation with a mechanical ventilator machine for a continuous period of at least 4 (four) hours to establish control of the asthma attack on the advice of a consultant paediatrician AND at least three of the following criteria:</p> <ul style="list-style-type: none"> (i) continuous daily use of oral corticosteroids (for a minimum period of at least 6 (six) months) on the advice of a consultant paediatrician to control the child's asthma; (ii) significant and persistent limitation of the peak expiratory flow rate (which is for this purpose defined as maximum peak expiratory flow rate recordings of less than 80% (eighty percent) of the rate predicted for a child of the same age, sex and build while taking the treatment prescribed by a consultant paediatrician for asthma). The recordings are to be made by a consultant paediatrician on at least 4 (four) occasions at 4 (four) intervals of no less than 1 (one) month in a period of at least 12 (twelve) months. The paediatrician certifying the recordings should be satisfied that the child is complying with optimal prescribed asthma medication throughout the period to which the recordings relate; (iii) Harrison's sulcus chest deformities resulting from chronic hyperinflation; (iv) the need for medically prescribed oxygen therapy at home; (v) significant growth impairment attributed by a consultant paediatrician to the child's asthma (which is for this purpose defined as height below the third percentile for the child's age and sex in a child with asthma whose height has previously been recorded at or above the fifth percentile at a



		routine developmental examination at the age of at least 1 (one) year).
5	Severe Epilepsy	<p>Severe Epilepsy means a condition diagnosed by a consultant neurologist or paediatrician confirmed by electroencephalography (EEG) with the use of other investigations including magnetic resonance imaging (MRI) and Positron Emission Tomography (PET) as appropriate and where all the following diagnostic conditions must be met:</p> <p>(i) the seizures are generalised and involve a loss of consciousness and tonic clonic movements; and</p> <p>(ii) the condition has been present for at least 12 (twelve) months; and</p> <p>(iii) despite optimal drug therapy on the recommendation of a consultant neurologist or paediatrician there are at least 6 (six) attacks of unprovoked Tonic-Clonic or Grand Mal seizures per Policy Year which are documented by reliable medical sources; or</p> <p>(iv) brain surgery has been performed to control the seizures. Febrile convulsions, Petit Mal (Absence) seizures and infantile spasms are specifically excluded.</p>
6	Juvenile Insulin Dependent Diabetes Mellitus	A chronic disorder of carbohydrate, fat and protein metabolism resulting from a complete insulin deficiency. The diagnosis shall be made by a paediatrician with evidence of dependence on exogenous insulin for a minimum period of 6 (six) months.
7	Severe Kawasaki Disease with Heart Complications	<p>The unequivocal diagnosis of Kawasaki disease by a paediatric cardiologist or cardiologist to the satisfaction of the Company, with the presence of febrile illness for more than 4 (four) days, and with at least 4 (four) of the following physical findings:</p> <ul style="list-style-type: none"> – 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



		<p>In addition, the Insured must have received salicylates and intravenous gammaglobulins as the mainstays of treatment.</p> <p>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 1 (one) or more the coronary arteries of at least 6 (six) millimeters in diameter, and present for at least 6 (six) months after the initial acute episode. Payment will only be paid if diagnostic tests reveal the presence of an aneurysm or any other heart or blood vessel abnormality which necessitates surgical treatment. The diagnosis of Kawasaki disease must be confirmed by a paediatric cardiologist or cardiologist.</p>
8	<p>Coronary Artery By-pass surgery; or Open surgery to Aorta</p>	<p>Coronary Artery By-pass Surgery</p> <p>The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of 1 (one) or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.</p> <p>Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.</p> <p>Angioplasty and all other intra-arterial, catheter based techniques, 'keyhole' or laser procedures are excluded.</p> <p>Open Surgery to Aorta</p> <p>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.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> (i) Angioplasty (ii) Other intra-arterial or catheter based techniques



		(iii) Other keyhole procedures (iv) Laser procedures
9	Persistent Severe Juvenile Rheumatoid Arthritis	<p>The unequivocal diagnosis of Rheumatoid Arthritis by a consultant rheumatologist, with widespread joint destruction and major clinical deformity of at least 3 (three) of the following joints area:</p> <ul style="list-style-type: none"> (i) Hands; (ii) Wrists; (iii) Elbows; (iv) Knees; (v) Hips; (vi) Ankle; (vii) Cervical spine; or (viii) Metatarsophalangeal joints in the feet <p>The symptoms of arthritis must have persisted for at least 1 (one) year.</p>
10	Persistent Glomerulonephritis with Nephrotic Syndrome	A confirmed diagnosis of glomerulonephritis with nephrotic syndrome by a qualified pediatrician acceptable to the Company and who should confirm that a treatment regimen which has involved the use of steroids or other immunosuppressive drugs has been followed throughout the period to which syndrome relates. The syndrome must have continued for a period of at least 6 (six) months with or without intervening periods of remission.
11	Severe Relapsing Nephrotic Syndrome	<p>Confirmatory diagnosis of Severe Nephrotic Syndrome where all of the following criteria must be fulfilled and confirmed by pediatric nephrologist:</p> <ul style="list-style-type: none"> (i) Oedema caused by renal protein loss (ii) Hypoalbuminaemia of < 25g/l (iii) Proteinuria > 150 mg/m²/hour (> 3.6g/m²/day) (iv) 4 (Four) or more relapses of the above defined severe nephrotic syndrome (as defined under a. to c.) within 12 (twelve) months after the initial severe nephrotic syndrome episode where at least one of such relapses must have happened 9 (nine) months after the initial severe nephrotic syndrome episode.



12	Poliomyelitis	<p>The occurrence of Poliomyelitis where the following conditions are met:</p> <ul style="list-style-type: none"> • Poliovirus is identified as the cause, • Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months. <p>The diagnosis must be confirmed by a consultant neurologist or Specialist in the relevant medical field.</p>
13	Adolescent Morbid Obesity (requiring surgery)	<p>Adolescent Morbid Obesity is defined as a Body Mass Index (BMI) of more than 99th percentile for the age of the Insured. This diagnosis must be certified by a consultant physician. Only that has undergone a medically necessary bariatric surgical procedure (either laparoscopic gastric banding or gastroplasty) to treat the morbid obesity will be eligible for this benefit.</p>
14	Biliary Atresia having undergone Liver transplantation	<p>Biliary atresia (BA) is a progressive, idiopathic, fibro-obliterative disease of the extra-hepatic biliary tree that presents with biliary obstruction and has undergone liver transplantation or is on a registered liver transplantation waiting list. The diagnosis must be confirmed by a gastroenterologist with supporting evidence including imaging, laboratory tests and liver biopsy.</p>
15	Irreversible Aplastic Anaemia	<p>Irreversible persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring at least 2 (two) of the following treatments:</p> <ul style="list-style-type: none"> (i) Regular blood product transfusion; (ii) Marrow stimulating agents; (iii) Immunosuppressive agents; or (iv) Bone marrow transplantation. <p>The diagnosis must be confirmed by a bone marrow biopsy.</p>
16	Major Organ Transplant	<p>Means the undergoing of human to human transplantation of kidney, heart, lung, pancreas or of at least one entire lobe of the liver that resulted from irreversible end stage failure of the relevant organ. The transplantation must be performed on the whole or entire portion of the relevant organ (with the exception of the lobe of the liver).</p> <p>Transplant of stem cells, islet cells and/or transplantation of any organ other than the above are excluded.</p>



17	Bone marrow transplant	<p>The receipt of a transplant of human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation.</p> <p>Other stem cell transplants are excluded.</p>
18	Hand, Food and Mouth Diseases with Severe (Life Threatening) Complications	<p>Hand, Foot and Mouth Diseases with Severe (Life Threatening) Complications (till age 18)</p> <p>The unequivocal diagnosis of Hand, Foot and Mouth disease with evidence of infection by Coxsackie A16 and Enterovirus 71. For the purpose of this contract, only severe Hand, foot and mouth disease requiring the admission into an ICU and 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.</p> <p>A claim for this benefit will only be made with evidence of neurological deficit at least 30 (thirty) days after the event.</p>