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MU 5822 (Part 3 of 4) – LIA Critical Illnesses (CI) Framework 2019

LIA Definitions of Critical Illnesses: Comparison between Version 2014 and Version 2019

<u>Version 2014</u>	<u>Version 2019</u>
<p><b>Major Cancers</b></p> <p>A malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.</p> <p>The term malignant tumour includes leukemia, lymphoma and sarcoma.</p> <p>For the above definition, the following are excluded:</p> <ul style="list-style-type: none"> <li>• All tumours which are histologically classified as any of the following: <ul style="list-style-type: none"> <li>Pre-malignant;</li> <li>Non-invasive;</li> <li>Carcinoma-in-situ;</li> <li>Having borderline malignancy;</li> <li>Having any degree of malignant potential;</li> <li>Having suspicious malignancy;</li> <li>Neoplasm of uncertain or unknown behavior; or</li> <li>Cervical Dysplasia CIN-1, CIN-2 and CIN-3;</li> </ul> </li> <li>• Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;</li> <li>• Malignant melanoma that has not caused invasion beyond the epidermis;</li> <li>• All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;</li> <li>• All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;</li> <li>• All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;</li> <li>• 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;</li> <li>• Chronic Lymphocytic Leukaemia less than RAI Stage 3; and</li> <li>• All tumours in the presence of HIV infection.</li> </ul>	<p><b>Major Cancer</b></p> <p>A malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.</p> <p>The term <b>Major Cancer</b> includes, <b>but is not limited to</b>, leukemia, lymphoma and sarcoma.</p> <p><b>Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.</b></p> <p>For the above definition, the following are excluded:</p> <ul style="list-style-type: none"> <li>• All tumours which are histologically classified as any of the following: <ul style="list-style-type: none"> <li>Pre-malignant;</li> <li>Non-invasive;</li> <li>Carcinoma-in-situ (<b>Tis</b>) or <b>Ta</b>;</li> <li>Having borderline malignancy;</li> <li>Having any degree of malignant potential;</li> <li>Having suspicious malignancy;</li> <li>Neoplasm of uncertain or unknown behavior; or</li> <li><b>All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;</b></li> </ul> </li> <li>• Any non-melanoma skin carcinoma, <b>skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans</b> unless there is evidence of metastases to lymph nodes or beyond;</li> <li>• Malignant melanoma that has not caused invasion beyond the epidermis;</li> <li>• All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;</li> <li>• All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;</li> <li>• <b>All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;</b></li> <li>• All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;</li> <li>• All Gastro-Intestinal Stromal tumours histologically classified as <b>Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;</b></li> <li>• Chronic Lymphocytic Leukaemia less than RAI Stage 3;</li> </ul>

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- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

#### Changes

##### **Header**

Changed header. Should be without “s”- Major Cancer, not Major Cancers.

##### **Major Cancer diagnosed on the basis of finding ...**

With the development of research into liquid biopsy, it is necessary to future-proof the definition to avoid the situation of having to consider a claim based on blood or body fluid test with no identifiable tumour cells.

##### **Carcinoma-in-situ (Tis) or Ta**

Added (Tis) and Ta, to specifically clarify that these stages are not considered as malignant.

##### **All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia**

This is a more general statement, to replace “Cervical Dysplasia CIN-1, CIN-2 and CIN-3”.

##### **Dermatofibrosarcoma protuberans**

Although this is a form of soft tissue sarcoma, it is often slow growing, localized and easily treated. It does not fulfill the intent of severe stage coverage. It will be covered only if there is spread to lymph nodes or distant metastases.

##### **Neuroendocrine tumours**

Similar to early stage prostate and thyroid cancers, NET at stage T1N0M0 are easily treatable with no mortality or morbidity impact. This does not fulfill the intent of severe stage coverage.

##### **Gastro-Intestinal Stromal tumours**

Reworded to take reference from the classification as per AJCC Cancer Staging manual to ensure that benign GIST are excluded, whereas others which may still be classified as T1 are being covered if its prognosis is poor.

##### **Bone marrow malignancies**

Added exclusion. There are some newer bone marrow malignancies, despite being classified as “03-malignant” by the WHO, which are really minor cancers and where no high risk treatment is required, they do not fulfill the intent of severe stage coverage.

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<u>Version 2014</u>	<u>Version 2019</u>
<p><b>Heart Attack of Specified Severity</b></p> <p>Death of heart muscle due to obstruction of blood flow, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:</p> <ul style="list-style-type: none"> <li>• History of typical chest pain;</li> <li>• New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;</li> <li>• Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;</li> <li>• Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company.</li> </ul> <p>For the above definition, the following are excluded:</p> <ul style="list-style-type: none"> <li>• Angina;</li> <li>• Heart attack of indeterminate age; and</li> <li>• A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.</li> </ul> <p>Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml</p>	<p><b>Heart Attack of Specified Severity</b></p> <p>Death of heart muscle due to <b>ischaemia</b>, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:</p> <ul style="list-style-type: none"> <li>• History of typical chest pain;</li> <li>• New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;</li> <li>• Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;</li> <li>• Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company.</li> </ul> <p>For the above definition, the following are excluded:</p> <ul style="list-style-type: none"> <li>• Angina;</li> <li>• Heart attack of indeterminate age; and</li> <li>• A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.</li> </ul> <p>Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml</p>
<p><u>Changes</u> Replaced “obstruction of blood flow” with “ischaemia” to reflect the intent to cover Type 1 MI and Type 2 MI.</p>	

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<p><b>Stroke</b></p> <p>A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit with persisting clinical symptoms. This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> <li>• Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and</li> <li>• Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.</li> </ul> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• Transient Ischaemic Attacks;</li> <li>• Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;</li> <li>• Vascular disease affecting the eye or optic nerve; and</li> <li>• Ischaemic disorders of the vestibular system.</li> </ul> <p>Permanent means expected to last throughout the lifetime of the Life Assured.</p> <p>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 Life Assured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.</p>	<p><b>Stroke with Permanent Neurological Deficit</b></p> <p>A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit. This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> <li>• Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and</li> <li>• Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.</li> </ul> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• Transient Ischaemic Attacks;</li> <li>• Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;</li> <li>• Vascular disease affecting the eye or optic nerve;</li> <li>• Ischaemic disorders of the vestibular system; <b>and</b></li> <li>• <b>Secondary haemorrhage within a pre-existing cerebral lesion.</b></li> </ul>
<p><u>Changes</u></p> <p>Changed header to reflect intent.</p> <p>Deleted “with persisting clinical symptoms” as not necessary.</p> <p>Sometimes, after a cranial surgery, the pathological analysis of the resected tumour could show signs of “intra tumour” bleeding. Whilst there is intracranial or cerebrovascular bleeding, it is not a valid claim under the Stroke definition. The bleeding in this instance is due to the cranial surgery, and <b>not</b> the same underlying pathology as “Stroke” as intended to be covered here.</p> <p>Added exclusion “Secondary haemorrhage within a pre-existing cerebral lesion” to address such misunderstandings.</p> <p><b>Permanent neurological deficit</b></p> <p>The 2 paragraphs to explain permanent and permanent neurological deficit will not be “within” the definition.</p> <p>They will be separately set out as general clauses which will apply to all definitions with this requirement.</p>	

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<p><b>Coronary Artery By-pass Surgery</b></p> <p>The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.</p> <p>Angioplasty and all other intra arterial, catheter based techniques, 'keyhole' or laser procedures are excluded.</p>	<p><b>Coronary Artery By-pass Surgery</b></p> <p>No changes made.</p>

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<p><b>Kidney Failure</b></p> <p>Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.</p>	<p><b>End Stage Kidney Failure</b></p> <p>No changes made.</p>
<p><a href="#">Changes</a> Changed header to reflect intent.</p>	

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<p><u>Version 2014</u></p> <p><b>Aplastic Anaemia</b></p> <p>Chronic persistent bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:</p> <ul style="list-style-type: none"> <li>• Blood product transfusion;</li> <li>• Marrow stimulating agents;</li> <li>• Immunosuppressive agents; or</li> <li>• Bone marrow transplantation.</li> </ul> <p>The diagnosis must be confirmed by a haematologist.</p>	<p><u>Version 2019</u></p> <p><b>Irreversible Aplastic Anaemia</b></p> <p>Chronic persistent <b>and irreversible</b> bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:</p> <ul style="list-style-type: none"> <li>• Blood product transfusion;</li> <li>• <b>Bone</b> marrow stimulating agents;</li> <li>• Immunosuppressive agents; or</li> <li>• Bone marrow <b>or haematopoietic stem cell</b> transplantation.</li> </ul> <p>The diagnosis must be confirmed by a haematologist.</p>
<p><u>Changes</u></p> <p>Changed header to reflect intent.</p> <p>Added “irreversible” to confirm permanency.</p> <p>Rest are minor tweaks for clarity.</p>	

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<u>Version 2014</u>	<u>Version 2019</u>
<p data-bbox="191 331 411 355"><b>End Stage Lung Disease</b></p> <p data-bbox="191 386 1035 436">End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:</p> <ul data-bbox="191 441 1035 578" style="list-style-type: none"><li data-bbox="191 441 743 466">• FEV<sub>1</sub> test results which are consistently less than 1 litre;</li><li data-bbox="191 469 772 493">• Permanent supplementary oxygen therapy for hypoxemia;</li><li data-bbox="191 496 1035 547">• Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO<sub>2</sub> ≤ 55mmHg); and</li><li data-bbox="191 550 386 574">• Dyspnea at rest.</li></ul> <p data-bbox="191 609 739 633">The diagnosis must be confirmed by a respiratory physician.</p>	<p data-bbox="1064 331 1285 355"><b>End Stage Lung Disease</b></p> <p data-bbox="1064 386 1230 410">No changes made.</p>



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<p><b>End Stage Liver Disease</b></p> <p>End stage liver failure as evidenced by all of the following:</p> <ul style="list-style-type: none"><li>• Permanent jaundice;</li><li>• Ascites; and</li><li>• Hepatic encephalopathy.</li></ul> <p>Liver disease secondary to alcohol or drug abuse is excluded.</p>	<p><b>End Stage Liver Disease</b></p> <p>No changes made.</p>

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<p><b>Coma</b></p> <p>A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> <li>• No response to external stimuli for at least 96 hours;</li> <li>• Life support measures are necessary to sustain life; and</li> <li>• Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.</li> </ul> <p>Coma resulting directly from alcohol or drug abuse is excluded.</p>	<p><b>Coma</b></p> <p>A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> <li>• No response to external stimuli for at least 96 hours;</li> <li>• Life support measures are necessary to sustain life; and</li> <li>• Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.</li> </ul> <p>For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.</p>
<p><u>Changes</u></p> <p>Added exclusion “medically induced coma” for clarity.</p> <p><b>Permanent neurological deficit</b></p> <p>The 2 paragraphs to explain permanent and permanent neurological deficit will not be “within” the definition. They will be separately set out as general clauses which will apply to all definitions with this requirement.</p>	

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<p><b>Deafness (Loss of Hearing)</b></p> <p>Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.</p> <p>Total means “the loss of at least 80 decibels in all frequencies of hearing”.</p>	<p><b>Deafness (Irreversible Loss of Hearing)</b></p> <p>Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.</p> <p>Total means “the loss of at least 80 decibels in all frequencies of hearing”.</p> <p>Irreversible means “cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention.”</p>
<p><u>Changes</u></p> <p>Changed header to reflect intent.</p> <p>Added meaning of “irreversible” to future proof the definition as medical advances are improving.</p> <p>Given that total loss is “at least 80 decibels”, reasonable level of improvement is set at “at least 40 decibels”, subject to a waiting period.</p>	

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<p><b>Heart Valve Surgery</b></p> <p>The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.</p>	<p><b>Open Chest Heart Valve Surgery</b></p> <p>No changes made.</p>
<p><a href="#">Changes</a> Changed header to reflect intent.</p>	

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<p><b>Loss of Speech</b></p> <p>Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.</p> <p>All psychiatric related causes are excluded.</p>	<p><b>Irreversible Loss of Speech</b></p> <p>Total and <b>irreversible</b> loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.</p> <p>All psychiatric related causes are excluded.</p>
<p><u>Changes</u>            Changed header to reflect intent.            Added “irreversible” to confirm permanency.</p>	

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<u>Version 2014</u>	<u>Version 2019</u>
<p><b>Major Burns</b></p> <p>Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assured's body.</p>	<p><b>Major Burns</b></p> <p>No changes made.</p>

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<u>Version 2014</u>	<u>Version 2019</u>
<p data-bbox="191 331 604 355"><b>Major Organ/Bone Marrow Transplantation</b></p> <p data-bbox="191 386 464 410">The receipt of a transplant of:</p> <ul data-bbox="191 414 1039 521" style="list-style-type: none"><li data-bbox="191 414 1039 467">• Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or</li><li data-bbox="191 470 1039 521">• One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end stage failure of the relevant organ.</li></ul> <p data-bbox="191 552 569 576">Other stem cell transplants are excluded.</p>	<p data-bbox="1060 331 1474 355"><b>Major Organ/Bone Marrow Transplantation</b></p> <p data-bbox="1060 386 1234 410">No changes made.</p>

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<p><u>Version 2014</u></p> <p><b>Multiple Sclerosis</b></p> <p>The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"> <li>• Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis;</li> <li>• Multiple neurological deficits which occurred over a continuous period of at least 6 months; and</li> <li>• Well documented history of exacerbations and remissions of said symptoms or neurological deficits.</li> </ul> <p>Other causes of neurological damage such as SLE and HIV are excluded.</p>	<p><u>Version 2019</u></p> <p><b>Multiple Sclerosis</b></p> <p>The definite <b>diagnosis</b> of Multiple Sclerosis, <b>and</b> must be supported by all of the following:</p> <ul style="list-style-type: none"> <li>• Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; <b>and</b></li> <li>• Multiple neurological deficits which occurred over a continuous period of at least 6 months.</li> </ul> <p>Other causes of neurological damage such as SLE and HIV are excluded.</p>
<p><u>Changes</u></p> <p>Deleted bullet point 3 “Well documented history ... symptoms or neurological deficits” as it is redundant. Replaced “occurrence” with “diagnosis” for clarity.</p>	



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<p><u>Version 2014</u></p> <p><b>Muscular Dystrophy</b></p> <p>A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 “Activities of Daily Living” for a continuous period of at least 6 months:</p> <p>Activities of Daily Living:</p> <ul style="list-style-type: none"> <li>(i) Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;</li> <li>(ii) Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;</li> <li>(iii) Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> <li>(iv) Mobility- the ability to move indoors from room to room on level surfaces;</li> <li>(v) Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</li> <li>(vi) Feeding- the ability to feed oneself once food has been prepared and made available.</li> </ul> <p>For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>	<p><u>Version 2019</u></p> <p><b>Muscular Dystrophy</b></p> <p><b>The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist.</b></p> <p>The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.</p> <p>For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>
<p><u>Changes</u></p> <p>Deleted the first sentence describing the condition as it is redundant.</p> <p><b>The six Activities of Daily Living (ADLs)</b></p> <p>The ADLs will not be “within” the definition.</p> <p>They will be separately set out as general clauses which will apply to all definitions with this requirement.</p>	

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<p><u>Version 2014</u></p> <p><b>Parkinson’s Disease</b></p> <p>The unequivocal diagnosis of idiopathic Parkinson’s Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> <li>• The disease cannot be controlled with medication;</li> <li>• Signs of progressive impairment; and</li> <li>• Inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 “Activities of Daily Living” for a continuous period of at least 6 months:</li> </ul> <p>Activities of Daily Living:</p> <ol style="list-style-type: none"> <li>Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;</li> <li>Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;</li> <li>Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> <li>Mobility- the ability to move indoors from room to room on level surfaces;</li> <li>Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</li> <li>Feeding- the ability to feed oneself once food has been prepared and made available.</li> </ol> <p>Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson’s Disease are excluded.</p> <p>For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>	<p><u>Version 2019</u></p> <p><b>Idiopathic Parkinson’s Disease</b></p> <p>The unequivocal diagnosis of idiopathic Parkinson’s Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> <li>• The disease cannot be controlled with medication; and</li> <li>• Inability of the Life Assured to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.</li> </ul> <p>For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>
<p><u>Changes</u></p> <p>Changed header to reflect intent.</p> <p>Deleted condition “Signs of progressive impairment” as they are not necessary.</p> <p>Deleted exclusion “Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson’s Disease are excluded” as the definition already specify that only idiopathic cause of PD is covered. “Idiopathic” PD is defined in the main definition.</p> <p><b>The six Activities of Daily Living (ADLs)</b></p> <p>The ADLs will not be “within” the definition.</p> <p>They will be separately set out as general clauses which will apply to all definitions with this requirement.</p>	

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<u>Version 2014</u>	<u>Version 2019</u>
<p><b>Surgery to Aorta</b></p> <p>The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.</p> <p>Surgery performed using only minimally invasive or intra arterial techniques are excluded.</p>	<p><b>Open Chest Surgery to Aorta</b></p> <p>No changes made.</p>
<p><u>Changes</u> Changed header to reflect intent, and to be consistent with header amendment made for Heart Valve Surgery.</p>	

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<u>Version 2014</u>	<u>Version 2019</u>
<p><b>Alzheimer's Disease / Severe Dementia</b></p> <p>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 supervision of the life assured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• Non-organic diseases such as neurosis and psychiatric illnesses; and</li> <li>• Alcohol related brain damage.</li> </ul>	<p><b>Alzheimer's Disease / Severe Dementia</b></p> <p>Deterioration or loss of <b>cognitive function</b> as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the life assured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• Non-organic diseases such as neurosis and psychiatric illnesses; and</li> <li>• Alcohol related brain damage.</li> </ul>
<p><u>Changes</u> Replaced "intellectual capacity" with "cognitive function" which is a more appropriate term.</p>	

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<u>Version 2014</u>	<u>Version 2019</u>
<p><b>Fulminant Hepatitis</b></p> <p>A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"><li>• Rapid decreasing of liver size as confirmed by abdominal ultrasound;</li><li>• Necrosis involving entire lobules, leaving only a collapsed reticular framework;</li><li>• Rapid deterioration of liver function tests;</li><li>• Deepening jaundice; and</li><li>• Hepatic encephalopathy.</li></ul>	<p><b>Fulminant Hepatitis</b></p> <p>No changes made.</p>

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<u>Version 2014</u>	<u>Version 2019</u>
<p><b>Motor Neurone Disease</b></p> <p>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.</p>	<p><b>Motor Neurone Disease</b></p> <p>No changes made.</p>
<p><b>Permanent neurological deficit</b>            The 2 paragraphs to explain permanent and permanent neurological deficit will not be “within” the definition. They will be separately set out as general clauses which will apply to all definitions with this requirement.</p>	

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<u>Version 2014</u>	<u>Version 2019</u>
<p><b>Primary Pulmonary Hypertension</b></p> <p>Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.</p> <p>The NYHA Classification of Cardiac Impairment:</p> <p>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.</p> <p>Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.</p> <p>Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p>	<p><b>Primary Pulmonary Hypertension</b></p> <p>No changes made.</p>

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<u>Version 2014</u>	<u>Version 2019</u>
<p><b>HIV Due to Blood Transfusion and Occupationally Acquired HIV</b></p> <p>A) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:</p> <ul style="list-style-type: none"> <li>• The blood transfusion was medically necessary or given as part of a medical treatment;</li> <li>• The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later;</li> <li>• The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and</li> <li>• The insured does not suffer from Thalassaemia Major or Haemophilia.</li> </ul> <p>B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:</p> <ul style="list-style-type: none"> <li>• Proof of the accident giving rise to the infection must be reported to the Company within 30 day of the accident taking place;</li> <li>• Proof that the accident involved a definite source of the HIV infected fluids;</li> <li>• Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and</li> <li>• HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.</li> </ul> <p>This benefit is only payable when the occupation of the insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore).</p> <p>This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.</p>	<p><b>HIV Due to Blood Transfusion and Occupationally Acquired HIV</b></p> <p>A) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:</p> <ul style="list-style-type: none"> <li>• The blood transfusion was medically necessary or given as part of a medical treatment;</li> <li>• The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later; <b>and</b></li> <li>• The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.</li> </ul> <p>B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:</p> <ul style="list-style-type: none"> <li>• Proof that the accident involved a definite source of the HIV infected fluids;</li> <li>• Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and</li> <li>• HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.</li> </ul> <p>This benefit is only payable when the occupation of the insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore).</p> <p>This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.</p>
<p><u>Changes</u></p> <p>Under (A): Deleted bullet point "the insured does not suffer from Thalassaemia Major or Haemophilia" to be fair to this group. If they did acquire HIV through a transfusion, they should be eligible for payment.</p> <p>Under (B): Deleted bullet point "Proof of the accident giving rise to the infection must be reported to the Company within 30 day of the accident taking place" as such requirement is not reasonable in practical scenario. If an individual is already potentially infected by HIV tainted blood, requiring him/her to inform the Company prior to confirmation of infection is psychologically taunting for the insured.</p>	



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<u>Version 2014</u>	<u>Version 2019</u>
<p><b>Benign Brain Tumour</b></p> <p>Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:</p> <ul style="list-style-type: none"> <li>• It is life threatening;</li> <li>• It has caused damage to the brain;</li> <li>• It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and</li> <li>• Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.</li> </ul> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• Cysts;</li> <li>• Granulomas;</li> <li>• Vascular Malformations;</li> <li>• Haematomas; and</li> <li>• Tumours of the pituitary gland or spinal cord.</li> </ul>	<p><b>Benign Brain Tumour</b></p> <p>Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:</p> <ul style="list-style-type: none"> <li>• It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and</li> <li>• Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.</li> </ul> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• Cysts;</li> <li>• Abscess;</li> <li>• Angioma;</li> <li>• Granulomas;</li> <li>• Vascular Malformations;</li> <li>• Haematomas; and</li> <li>• Tumours of the pituitary gland, spinal cord and skull base.</li> </ul>
<p><u>Changes</u></p> <p>Deleted “life threatening” as it can be debatable and “caused damage to the brain” as term is non-specific. Added three exclusions which are not the intent of cover.</p> <p><b>Permanent neurological deficit</b></p> <p>The 2 paragraphs to explain permanent and permanent neurological deficit will not be “within” the definition. They will be separately set out as general clauses which will apply to all definitions with this requirement.</p>	

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<u>Version 2014</u>	<u>Version 2019</u>
<p><b>Viral Encephalitis</b></p> <p>Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.</p> <p>Encephalitis caused by HIV infection is excluded.</p>	<p><b>Severe Encephalitis</b></p> <p>Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in permanent neurological deficit <b>which must be documented for at least 6 weeks.</b> This diagnosis must be certified by a consultant neurologist, and <b>supported by any confirmatory diagnostic tests.</b></p> <p>Encephalitis caused by HIV infection is excluded.</p>
<p><u>Changes</u></p> <p>Changed header to reflect intent.  Expanded scope to include all causes, and not limited to viral infection, with no impact to price.  Added the requirement of any confirmatory diagnostic tests.</p> <p><b>Permanent neurological deficit</b>  The 2 paragraphs to explain permanent and permanent neurological deficit will not be “within” the definition.  They will be separately set out as general clauses which will apply to all definitions with this requirement.</p>	

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<u>Version 2014</u>	<u>Version 2019</u>
<p><b>Bacterial Meningitis</b></p> <p>Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:</p> <ul style="list-style-type: none"> <li>• The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and</li> <li>• A consultant neurologist.</li> </ul> <p>Bacterial Meningitis in the presence of HIV infection is excluded.</p>	<p><b>Severe Bacterial Meningitis</b></p> <p>No changes made.</p>
<p><u>Changes</u>            Changed header to reflect intent.</p> <p><b>Permanent neurological deficit</b>            The 2 paragraphs to explain permanent and permanent neurological deficit will not be “within” the definition. They will be separately set out as general clauses which will apply to all definitions with this requirement.</p>	

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<u>Version 2014</u>	<u>Version 2019</u>
<p><b>Angioplasty &amp; Other Invasive Treatment for Coronary Artery</b></p> <p>The actual undergoing of balloon angioplasty or similar intra arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.</p> <p>Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.</p> <p>Payment under this condition is limited to 10% of the Sum Assured under this policy subject to a S\$25,000 maximum sum payable. This benefit is payable once only and shall be deducted from the amount of this Contract, thereby reducing the amount of the Sum Assured which may be payable herein.</p> <p>Diagnostic angiography is excluded.</p>	<p><b>Angioplasty &amp; Other Invasive Treatment for Coronary Artery</b></p> <p>As of 23 August 2019, no changes made to Version 2014.</p> <p>As of 9 March 2022, see row below titled “Changes made to Version 2019 (via MC 48/22 issued on 9 March 2022)”. Following these changes, the definition reads as follows:</p> <p>The actual undergoing of balloon angioplasty or similar intra arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.</p> <p>Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.</p> <p>Diagnostic angiography is excluded.</p>
<p><u>Changes made to <b>Version 2019</b> (via MC 48/22 issued on 9 March 2022)</u></p> <p>Deleted “Payment under this condition is limited to 10% of the Sum Assured under this policy subject to a S\$25,000 maximum sum payable. This benefit is payable once only and shall be deducted from the amount of this Contract, thereby reducing the amount of the Sum Assured which may be payable herein.”</p>	

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<p><u>Version 2014</u></p> <p><b>Blindness</b></p> <p>Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.</p>	<p><u>Version 2019</u></p> <p><b>Blindness (Irreversible Lost of Sight)</b></p> <p>Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.</p> <p>The blindness must not be correctable by surgical procedures, implants or any other means.</p>
<p><u>Changes</u></p> <p>Changed header to reflect intent.</p> <p>Replaced “3/60” with “6/60” as the latter is legal definition of blindness.</p> <p>Explained what is meant by “irreversible”, and addressed the possibility of surgery to correct the condition.</p>	

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<u>Version 2014</u>	<u>Version 2019</u>
<p><b>Major Head Trauma</b></p> <p>Accidental head injury resulting in permanent neurological deficit with persisting clinical symptoms to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head Injury.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• Spinal cord injury; and</li> <li>• Head injury due to any other causes.</li> </ul> <p>Permanent means expected to last throughout the lifetime of the Life Assured.</p> <p>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 Life Assured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.</p>	<p><b>Major Head Trauma</b></p> <p>Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by <b>relevant</b> findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head Injury.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• Spinal cord injury; and</li> <li>• Head injury due to any other causes.</li> </ul>
<p><u>Changes</u></p> <p>Replaced "unequivocal" with "relevant" as a more appropriate term. Deleted "with persisting clinical symptoms" as not necessary.</p> <p><b>Permanent neurological deficit</b></p> <p>The 2 paragraphs to explain permanent and permanent neurological deficit will not be "within" the definition. They will be separately set out as general clauses which will apply to all definitions with this requirement.</p>	

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<u>Version 2014</u>	<u>Version 2019</u>
<p><b>Paralysis (Loss of Use of Limbs)</b></p> <p>Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.</p> <p>Self-inflicted injuries are excluded.</p>	<p><b>Paralysis (Irreversible Loss of Use of Limbs)</b></p> <p>No changes made.</p>
<p><a href="#">Changes</a> Changed header to reflect intent.</p>	

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<u>Version 2014</u>	<u>Version 2019</u>
<p><b>Terminal Illness</b></p> <p>The conclusive diagnosis of an illness that is expected to result in the death of the Life Assured within 12 months. This diagnosis must be supported by a specialist and confirmed by the Company's appointed doctor.</p> <p>Terminal illness in the presence of HIV infection is excluded.</p>	<p><b>Terminal Illness</b></p> <p>No changes made.</p>



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<u>Version 2014</u>	<u>Version 2019</u>
<p><b>Progressive Scleroderma</b></p> <p>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.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• Localised scleroderma (linear scleroderma or morphea);</li> <li>• Eosinophilic fascitis; and</li> <li>• CREST syndrome.</li> </ul>	<p><b>Progressive Scleroderma</b></p> <p>A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally <b>confirmed by a consultant rheumatologist and</b> supported by biopsy or <b>equivalent confirmatory test</b>, and serological evidence, and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• Localised scleroderma (linear scleroderma or morphea);</li> <li>• Eosinophilic fascitis; and</li> <li>• CREST syndrome.</li> </ul>
<p><u>Changes</u></p> <p>Added “equivalent confirmatory tests” as biopsy is not available for heart/lungs.            Added “confirmed by a consultant rheumatologist”.</p>	

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<u>Version 2014</u>	<u>Version 2019</u>
<p><b>Apallic Syndrome</b></p> <p>Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one month.</p>	<p><b>Persistent Vegetative State (Apallic Syndrome)</b></p> <p>No changes made.</p>
<p><a href="#">Changes</a> Changed header as Apallic Syndrome is the old name.</p>	

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<u>Version 2014</u>	<u>Version 2019</u>
<p><b>Systemic Lupus Erythematosus with Lupus Nephritis</b></p> <p>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 will 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 specialising in Rheumatology and Immunology.</p> <p>The WHO Classification of Lupus Nephritis:</p> <p>Class I Minimal Change Lupus Glomerulonephritis  Class II Mesangial Lupus Glomerulonephritis  Class III Focal Segmental Proliferative Lupus Glomerulonephritis  Class IV Diffuse Proliferative Lupus Glomerulonephritis  Class V Membranous Lupus Glomerulonephritis</p>	<p><b>Systemic Lupus Erythematosus with Lupus Nephritis</b></p> <p>The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.</p> <p>The RPS/ISN classification of lupus nephritis:</p> <p>Class I Minimal mesangial lupus nephritis  Class II Mesangial proliferative lupus nephritis  Class III Focal lupus nephritis (active and chronic; proliferative and sclerosing)  Class IV Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)  Class V Membranous lupus nephritis  Class VI Advanced sclerosis lupus nephritis</p>
<p><u>Changes</u></p> <p>Replaced the first sentence describing the condition, with the requirement of a diagnosis, to be supported by clinical and laboratory evidence.</p> <p>Replaced the classification of lupus nephritis from WHO to RPS/ISN as the latter is a more relevant body for classification of lupus nephritis.</p>	

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LIA Definitions of Critical Illnesses: Comparison between Version 2014 and Version 2019

<u>Version 2014</u>	<u>Version 2019</u>
<p><b>Other Serious Coronary Artery Disease</b></p> <p>The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.</p> <p>Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.</p>	<p><b>Other Serious Coronary Artery Disease</b></p> <p>The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven <b>by invasive coronary angiography</b>, regardless of whether or not any form of coronary artery surgery has been performed.</p> <p><b>Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.</b></p> <p>Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. <b>The branches of the above coronary arteries are excluded.</b></p>
<p><u>Changes</u>  Added confirmation by invasive coronary angiography as diagnosis via CT or MRI alone is not acceptable under this definition.  Specifically excluded the branches, to clarify the intent.</p>	

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LIA Definitions of Critical Illnesses: Comparison between Version 2014 and Version 2019

<p><u>Version 2014</u></p> <p><b>Poliomyelitis</b></p> <p>The occurrence of Poliomyelitis where the following conditions are met:</p> <ul style="list-style-type: none"> <li>• Poliovirus is identified as the cause,</li> <li>• Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.</li> </ul>	<p><u>Version 2019</u></p> <p><b>Poliomyelitis</b></p> <p>The occurrence of Poliomyelitis where the following conditions are met:</p> <ul style="list-style-type: none"> <li>• Poliovirus is identified as the cause,</li> <li>• Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.</li> </ul> <p>The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.</p>
<p><u>Changes</u></p> <p>Added “Diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field” as not all Polio need to be diagnosed only by neurologist. Other specialists such as Internal Medicine are also commonly seen to diagnose poliomyelitis.</p>	

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LIA Definitions of Critical Illnesses: Comparison between Version 2014 and Version 2019

<p><u>Version 2014</u></p> <p><b>Loss of Independent Existence</b></p> <p>A condition as a result of a disease, illness or injury whereby the Life Assured is unable to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living", for a continuous period of 6 months.</p> <p>Activities of Daily Living:</p> <ul style="list-style-type: none"> <li>(i) Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;</li> <li>(ii) Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;</li> <li>(iii) Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> <li>(iv) Mobility- the ability to move indoors from room to room on level surfaces;</li> <li>(v) Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</li> <li>(vi) Feeding- the ability to feed oneself once food has been prepared and made available.</li> </ul> <p>This condition must be confirmed by the company's approved doctor.</p> <p>Non-organic diseases such as neurosis and psychiatric illnesses are excluded.</p> <p>For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>	<p><u>Version 2019</u></p> <p><b>Loss of Independent Existence</b></p> <p>A condition as a result of a disease, illness or injury whereby the Life Assured is unable to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living", for a continuous period of 6 months.</p> <p>This condition must be confirmed by the company's approved doctor.</p> <p>Non-organic diseases such as neurosis and psychiatric illnesses are excluded.</p> <p>For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>
<p><u>Changes</u></p> <p><b>The six Activities of Daily Living (ADLs)</b></p> <p>The ADLs will not be "within" the definition.</p> <p>They will be separately set out as general clauses which will apply to all definitions with this requirement.</p>	

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### Meaning of Certain Terms used in LIA Definitions

To be put under General Clauses:

#### **1. Permanent neurological deficit**

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

Permanent neurological deficit means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Assured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

#### **2. Activities of Daily Living (ADLs)**

The six “Activities of Daily Living” are:

- |       |              |   |
|-------|--------------|---|
| (i)   | Washing      | the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;           |
| (ii)  | Dressing     | the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; |
| (iii) | Transferring | the ability to move from a bed to an upright chair or wheelchair and vice versa;  |
| (iv)  | Mobility     | the ability to move indoors from room to room on level surfaces;  |
| (v)   | Toileting    | the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;       |
| (vi)  | Feeding      | the ability to feed oneself once food has been prepared and made available.   |