

Client's Name : _____

Client's Signature : _____

Date Signed : _____

This supplementary cover is underwritten by HSBC Insurance (Singapore) Pte. Limited (the "Company"). Please note that the premium rates are not guaranteed and the Company may at its sole discretion increase the premium rates from time to time depending on its claims experience.

This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.

Product Information

This is a non-participating supplementary benefit which provides Critical Illness coverage over the duration of the basic Policy or when the Life Insured attains age next birthday 65, whichever is earlier. This is an accelerated benefit that accelerates the Sum Insured of the basic Policy. Premiums are payable throughout the duration of the supplementary benefit.

If the Life Insured is diagnosed with any of the 30 covered Critical Illnesses listed below, the Company will pay the Benefit Amount of this supplementary benefit. Thereafter, the Sum Insured of the basic Policy will be accelerated by the exact amount claimed. The Policy will terminate when the Sum Insured under the basic Policy has been paid in full.

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

You are advised to refer to the Policy contract for definitions and exclusions of the covered Critical Illnesses.

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Key Product Provisions

The following are some key provisions found in the Policy contract of this supplementary benefit. This is only a brief summary and you are advised to refer to the actual terms and conditions in the Policy contract. Please consult your financial adviser should you require further explanation.

1. Non-Guaranteed Premium

Premiums payable for this coverage are not guaranteed and the Company reserves the right to adjust the premium rates from any Policy Anniversary.

2. Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the Policy contract. The following is a non-exhaustive list of some of the exclusions for this supplementary benefit. **The exclusions for this supplementary benefit include, but are not limited to, the following conditions. You are advised to read the Policy contract for the full list of exclusions.**

- **Pre-existing condition** – This supplementary benefit shall not apply or no benefits will be payable if the Life Insured has been diagnosed with the Critical Illness before the issue date of this supplementary benefit, date of Endorsement or Reinstatement Date, whichever is later. This includes those for which treatment, medication, or advice had been received before the issue date of the supplementary benefit, date of Endorsement or Reinstatement Date, whichever is later.
- **Congenital Anomalies or Defect** – This supplementary benefit shall not apply or no benefits will be payable if the Critical Illness is due to any congenital abnormalities and physical defects that have been in existence since birth.
- **Other Conditions** – No benefits will be payable if the Life Insured is diagnosed as having a Critical Illness caused by:
 - self-inflicted injuries; or
 - use of non-prescribed drugs or narcotics.

3. Waiting period

This supplementary benefit shall not apply or no benefits will be payable if the Life Insured is diagnosed with the following Critical Illness within 90 days of the Date of Issue of this supplementary benefit, Date of Endorsement or Reinstatement Date, whichever is later.

- Major Cancer
- Coronary Artery By-pass Surgery
- Heart Attack of Specified Severity
- Angioplasty and Other Invasive Treatment for Coronary Artery

The date of diagnosis refers to the date that the Life Insured is diagnosed with the medical condition that leads to the surgical procedure, and not the date of surgical procedure.

4. Claims

Claims must be supported by acceptable medical report and clinical evidence. The Company reserves the right to ask for more evidence to help assess the claim. All expenses incurred in obtaining supporting claim evidences are to be borne by the claimant.

Important Notes

This Product Summary should be read together with the Product Summary of the basic Policy and its Policy Illustration. The duration of the supplementary benefit and premium payments are shown on the Policy Illustration.

Annexure CI(DC) - DIRECT – Critical Illness Benefit

DEFINITIONS

The following are meanings of words and expressions used in this Annexure, unless otherwise stated:

Benefit Amount	The amount by reference to which the Critical Illness Benefit will be payable as stated in the Supplementary Insurance Table of the Policy Schedule I.
Critical Illness	Any of the critical illnesses defined in Annexure CI5.
Critical Illness Benefit	The Critical Illness Benefit set out in this Annexure.
Expiry Date	The date by reference to which the Critical Illness Benefit will discontinue as stated in the Supplementary Insurance Table of the Policy Schedule.
Pre-Existing Condition	A pre-existing condition is any medical condition or illness for which treatment, medication, advice or diagnosis was sought or received by the Life Insured or which presented any signs or symptoms that would have caused a reasonably prudent person to seek treatment, medication, diagnosis or advice, in each case prior to the Date of Issue, or the date of any Reinstatement of this Critical Illness Benefit or date of Endorsement of this Critical Illness Benefit in the Policy whichever is later.

Reference to the singular includes the plural (and vice versa).

BENEFITS

If the Life Insured is diagnosed with a Critical Illness:

- after the Date of Issue, or the Reinstatement Date of this Critical Illness Benefit or date of Endorsement of this Critical Illness Benefit whichever is later;
- before the Expiry Date; and
- satisfies the conditions specified in Annexure CI5,

the Benefit Amount becomes payable, subject to and in accordance with the terms of this Annexure.

Critical Illness Benefit payable and changes to the Policy

Upon payment of the Critical Illness Benefit, the sum insured of the Policy will automatically be reduced by the amount paid.

When 100% of the sum insured has been accelerated for payment, the Policy will automatically terminate. Otherwise, the Policy will remain in force with a proportionally reduced premium, subject to all other terms and conditions of the Policy which shall remain unchanged.

Limits

The Critical Illness Benefit payable on all policies issued by us and other insurance companies for a Life Insured is subject to a total of S\$2,000,000 per life.

EXCLUSIONS

We will not pay the Critical Illness Benefit if the Critical Illness suffered by the Life Insured was in any way caused or contributed by:

- attempted suicide or self-inflicted injuries, regardless of the Life Insured's mental condition; or
- the influence of narcotics or drugs which were not prescribed by a Medical Practitioner; or
- failure to meet the conditions specified in Annexure CI5; or
- Pre-Existing Condition unless such conditions have been communicated to and accepted by us in writing before the Commencement Date.

We will not pay the Critical Illness Benefit if the Life Insured does not survive at least 30 days from the date of the diagnosis.

CONDITIONS**Additional Premiums**

You must pay additional Premiums for the Critical Illness Benefit cover, as set out in the Supplementary Insurance Table of the Policy Schedule.

Our Premium rates are not guaranteed. We reserve the right from time to time to increase the Premium rate applicable to this Critical Illness Benefit. The revised rate will take effect from the Policy Anniversary immediately following the change. We will inform you of any such increase 60 days in advance.

Notice and Proof of Claim

If the Life Insured has been diagnosed with a Critical Illness, written notice of the claim must be given to us within 60 days from the date of diagnosis by a Medical Practitioner. We must receive written proof of the Critical Illness during the lifetime of the Life Insured and within 6 months from the date of the diagnosis. The diagnosis must be supported by acceptable clinical, radiological, histological and laboratory evidence.

We will only consider a claim for Critical Illness Benefit if:

- written notice of the claim is given to us within the required notice period;
- all required documents, evidence and information are provided at the claimant's own expense; and
- all documents, evidence and information provided satisfy our requirements on proof of claim.

We will deduct any outstanding amount owing to us (together with application interest) from the Benefit Amount before making payment.

Medical Examinations

To assess a claim for Critical Illness, we reserve the right to require the Life Insured to be examined by our appointed Medical Practitioner at any time and in any manner, which is reasonable.

No Bonus Distribution or Cash Value

This Critical Illness Benefit will not be entitled to any bonus distribution or acquire any Cash Value.

TERMINATION

The Critical Illness Benefit will automatically terminate:

- if it lapses due to non-payment of Premium; or
- if the Critical Illness Benefit is cancelled or voided; or
- if we accept your application to terminate the Critical Illness Benefit; or
- when a claim under the Critical Illness Benefit, which accelerates the sum insured fully is admitted; or
- when a claim under any other Supplementary Benefit attached to the Policy, which accelerates the sum insured fully, is admitted; or
- if the Policy becomes a paid-up policy; or
- if the Life Insured dies, regardless of the cause of death; or
- on the Expiry Date,

whichever occurs first.

Annexure CI5 - Critical Illness Definitions

DEFINITIONS

“**Critical Illness**” shall, for the purpose of this Annexure, mean any of the illnesses defined in this Annexure which is diagnosed after the Date of Issue, the date of Endorsement or the Reinstatement Date of this supplementary benefit, whichever is later.

However, in respect of the following defined illnesses, no Benefit shall be payable if the diagnosis is made within ninety (90) days from the Date of Issue, date of Endorsement, or the Reinstatement Date of this supplementary benefit, whichever is later:

- i. Major Cancer;
- ii. Heart Attack of Specified Severity;
- iii. Coronary Artery By-pass Surgery; and
- iv. Angioplasty and Other Invasive Treatment for Coronary Artery.

The date of diagnosis refers to the date that the Life Insured is diagnosed with any of the illnesses that leads to the surgical procedure, and not the date of the surgical procedure.

Alzheimer’s Disease / Severe Dementia

Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer’s disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Insured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company’s appointed doctor.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
 - Alcohol related brain damage.
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Angioplasty & Other Invasive Treatment For Coronary Artery

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.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

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.

Diagnostic angiography is excluded.

Benign Brain Tumour Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:

- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- Cysts;
- Abscess;
- Angioma;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland, spinal cord and skull base.

**Blindness
(Irreversible Loss of
Sight)**

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

The blindness must not be correctable by surgical procedures, implants or any other means.

Coma

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

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

**Coronary Artery
By-pass Surgery**

The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts.

This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

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

Deafness (Irreversible Loss of Hearing) Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.

Total means “the loss of at least 80 decibels in all frequencies of hearing”.

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.”

End Stage Kidney Failure Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation

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

- Permanent jaundice;
- Ascites; and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

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

- FEV₁ test results which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ ≤ 55mmHg); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

Fulminant Hepatitis A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
 - Necrosis involving entire lobules, leaving only a collapsed reticular framework;
 - Rapid deterioration of liver function tests;
 - Deepening jaundice; and
 - Hepatic encephalopathy.
-

Heart Attack of Specified Severity

Death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company.

For the above definition, the following are excluded:

- Angina;
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

HIV Due to Blood Transfusion and Occupationally Acquired HIV

A. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later; and
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.

B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this 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:

- Proof that the accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded

This benefit is only payable when the occupation of the insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore).

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

Idiopathic Parkinson’s Disease

The unequivocal diagnosis of idiopathic Parkinson’s Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication; and
- Inability of the Life Insured 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.

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.

Irreversible Aplastic Anaemia

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

- Blood product transfusion;
- Bone marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow or haematopoietic stem cell transplantation.

The diagnosis must be confirmed by a haematologist.

Irreversible Loss of Speech

Total and irreversible loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded.

Major Burns

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

Major Cancer

A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.

Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
 - Pre-malignant;
 - Non-invasive;
 - Carcinoma-in-situ (Tis) or Ta;
 - Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behaviour; or
 - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
- Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

Major Head Trauma

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 relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head Injury.

The following are excluded:

- Spinal cord injury; and
- Head injury due to any other causes.

**Major Organ /
Bone Marrow
Transplantation**

The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

**Motor Neurone
Disease**

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

Multiple Sclerosis

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

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

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

Muscular Dystrophy

The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Life Insured 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.

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.

**Open Chest Heart
Valve Surgery**

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

**Open Chest Surgery
to Aorta**

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

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

Paralysis (Irreversible Loss of Use of Limbs)

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.

Self-inflicted injuries are excluded.

Primary Pulmonary Hypertension

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

The NYHA Classification of Cardiac Impairment:

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

Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.

Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Severe Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:

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

Bacterial Meningitis in the presence of HIV infection is excluded.

Severe Encephalitis

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

Encephalitis caused by HIV infection is excluded

**Stroke with
Permanent
Neurological Deficit**

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit. This diagnosis must be supported by all of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve;
- Ischaemic disorders of the vestibular system; and
- Secondary haemorrhage within a pre-existing cerebral lesion.

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

1. Permanent Neurological Deficit

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

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 Insured. 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)

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