



SUN LIFE MALAYSIA TAKAFUL BERHAD

CERTIFICATE OF TAKAFUL

**GROUP TERM TAKAFUL
(GTT CI)**

CERTIFICATE INFORMATION STATEMENT

This certificate information statement provides a summary of the main features of your plan, from Sun Life Malaysia Takaful Berhad (referred to as “our”, “us” or “we”) for information purposes. This certificate information statement does not constitute a contract of takaful. It is very important that you, as a person covered, to read through and fully understand the information contained. Please refer to the master contract for the exact terms, conditions and exclusions. You can also view and download a copy of the master contract from our website at sunlifemalaysia.com.

1. Master contract holder

Master contract holder, as stated in the certificate of takaful is the organisation or institution named as the master contract holder in the master contract schedule.

2. Proof of age

Proof of age at the time of inception or prior to payment of benefit under the certificate is necessary. Your certificate document(s) state whether your age has been admitted. If it has not been admitted, we encourage you to submit a photocopy of your NRIC, passport or birth certificate to us immediately as a proof of age for our record.

3. Contribution payment and grace period

(a) Payment of contributions

All contributions are payable on or before the due date until the last contribution due date (as shown in the certificate schedule or in any future endorsement changing the due date) directly to us.

(b) Change of contribution payment frequency

Not applicable.

(c) Grace period

If you do not pay the contribution on or before the due date, we will allow a grace period of 31 days from the contribution due date for the payment of any contributions. If the contribution is still not paid at the end of grace period, the takaful coverage will end.

(d) Death or accelerated critical illness (ACI) claim

If we have approved a death claim or ACI claim under the certificate of takaful, and the death or ACI claim of the person covered happens during the grace period, we will deduct any amount you owe us and contributions payable up to the date of the event from the benefit payable.

4. Facility for paying contributions

Your contributions payment can be made by monthly only and the payment of contributions can be made via credit/debit card.

5. Period of cover and renewal

The takaful coverage for each person covered will commence on the certificate commencement date as stated in the person covered's certificate of takaful. On each contract anniversary date, the certificate of takaful is renewable at our option based on the contribution rates in effect determined at that time as notified by us. The contribution rates are not guaranteed and may be revised from time to time by notifying the person covered in writing at least 90 days in advance.

No renewal documents will be issued upon renewal. The master contract and certificate of takaful shall continue to be applicable, subject to termination clause.

6. Benefits

Death	Subject to the general conditions of the master contract, while this certificate of takaful is in force, should we receive satisfactory proof of death of the person covered and upon the approval of the claim, we will pay the sum covered as at the date of death for death benefit. This benefit will be payable in one lump sum from participants' tabarru' fund.
Accelerated critical illness (ACI)	Subject to the general conditions of the master contract, while the certificate of takaful is in force and before the monthly anniversary date immediately after the person covered attaining age 65, should we receive satisfactory proof that the person covered has been diagnosed with critical illness except Angioplasty and Other Invasive Treatments for Coronary Artery Disease as defined in the Appendix A - critical illness definition listing we will pay, the critical illness benefit to the person covered, less any unpaid contribution due from the participants' tabarru' fund. The critical illness benefit of the person covered will be the sum covered, as shown in the certificate of takaful, of the person covered upon diagnosis of the critical illness. On admission by Angioplasty and Other Invasive Treatments for Coronary Artery Disease: a) A limited advance payment of 10% of the critical illness sum covered subject to a maximum of RM25,000 shall be paid if the person covered actually undergoes one of these procedures for the coronary artery disease. The payment is payable once. Subsequent additional treatment using the same procedure on which an advance payment has been made or is payable, shall not eligible for payment. The remaining balance of the critical illness sum covered shall become payable upon admission for other benefits covered under this certificate of takaful. The payment of critical illness benefit is an accelerated payment and not an addition to the payment of the sum covered of death. A claim which has been approved under this supplementary benefit contract will automatically reduce the person covered's death benefit by the amount of critical illness benefit admitted. If the person covered dies between the commencement date of critical illness diagnosis and the approval date of critical illness benefit claim, the death benefit would become payable and critical illness benefit would not be paid.

7. Exclusions

Death	We will not pay any benefit if the death is due to suicide (while sane or insane) or a pre-existing condition (PEC) within twelve (12) months from the certificate commencement date. In this case, this certificate will be terminated. This exclusion shall not be applicable after the first year of cover.
Accelerated critical illness (ACI)	The critical illness benefit will not be payable if it is directly or indirectly, wholly or partly caused by or arising from or contributed by:

	a) pre-existing condition; b) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; c) entering, operating or servicing, ascending or descending from or with any aerial device or conveyance except while the person covered is in an aircraft operated by a commercial passenger airline on a regular schedule passenger trip over its established passenger route; d) being under the influence of intoxicating liquor, intoxicating substance, any drugs or narcotic; e) involvement in a breach of law (unless as an innocent party) or membership of an illegal organisation; f) Acquired Immuno-deficiency Syndrome (AIDS), AIDS related complications, infection by Human Immunodeficiency Virus (HIV), except for AIDS due to blood transfusions; or g) attempted suicide (whether sane or insane), or intentional self-injury.
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8. Definition

- a) **Certificate anniversary** means the first and each subsequent anniversary of this certificate of takaful beginning from the certificate commencement date.
- b) **Certificate commencement date** means the commencement date as stated in the certificate schedule and is the date on which takaful coverage pursuant to this certificate of takaful begins.
- c) **Pre-existing condition** means any injury, illness, condition or symptom that existed prior to the application signed date. A person covered may be considered to have reasonable knowledge of a pre-existing illness where the condition is one, for which:
 - (a) treatment, medication, advice or diagnosis has been sought or received;
 - (b) an ordinary and prudent person with such injury, illness, condition or symptom would have sought advice or treatment in connection with his/her health; or
 - (c) the person covered knew existed, whether or not treatment, medication, advice or diagnosis was sought or received.
- d) **Qard** means an interest-free loan we provide in the event of a deficit in the participants' tabarru' fund.
- e) **Shariah** principles means Islamic laws. In the context of this certificate, Shariah principles shall refer to the Islamic laws as interpreted by Shariah committee.
- f) **Shariah committee** means the committee constituted by us to advise on the operation of our takaful business in order to ensure compliance with Shariah principles.
- g) **Tabarru'** means the voluntary contribution amount to be deducted for takaful coverage.

- h) **Wakalah** means the contract where a party, as principal (muwakkil) authorises another party as his agent (wakil) to perform a particular task on matters that may be delegated.
- i) **Waiting period** means waiting period of 30 days from the certificate commencement date is applicable to death and all critical illnesses with exception to the following illnesses which shall be subjected to the waiting period of 60 days from the certificate commencement date:
- (a) Angioplasty and Other Invasive Treatments for Coronary Artery Disease;
 - (b) Cancer;
 - (c) Coronary heart disease requiring surgery;
 - (d) Heart Attack; or
 - (e) Serious Coronary Artery Disease

No benefit would be payable in the event that the person covered died due to natural causes or diagnosed with the critical illness within the waiting period as defined.

- j) **We, us or our** means Sun Life Malaysia Takaful Berhad.

- k) **You or your** means the person who owns the certificate of takaful as shown in this certificate of takaful.

9. Paying benefits

Upon receipt and approval of the proof of claim of the person covered, we will pay the applicable takaful benefits under the certificate of takaful to the person covered and/or the rightful claimant.

The takaful benefits applicable to the person covered are determined based on the certificate of takaful issued in respect of such person covered. The certificate of takaful will be terminated upon payment of the above.

In the event that there is no nominee, the unpaid benefits will be paid to the rightful claimant.

10. Choosing a nominee

If the takaful coverage is on your own life and you are 16 years old and above, you may nominate in our nomination form, a nominee(s) to receive the takaful benefit payable upon your death under this certificate of takaful at the time of applying for the takaful coverage or any time after this certificate of takaful has been issued. You may download the nomination form from our website at sunlifemalaysia.com.

11. Free look period

You may cancel your certificate by giving written notice to us within 15 calendar days from the date of delivery of this certificate of takaful. Upon receiving the cancellation notice of this certificate of takaful, the contribution that you have paid will be refunded to you.

12. Wakalah fee

We will deduct the wakalah fee from the contribution payable. This will be a percentage (%) of the contribution as shown in the certificate of takaful.

We reserve the right to revise this percentage from time to time by notifying the person covered in writing at least 90 days in advance.

If there are any circumstances that would be deemed as mismanagement and negligence by us, we will take all actions necessary to correct and rectify such circumstances including revising the relevant procedures and if required, to refund any amount due to participants.

In the event of dissolution of the certificate of takaful due to cancellation within the free look period, surrender of certificate or termination of certificate, a refund of the whole or a part of the wakalah fee, if

any, would form part of the amount payable.

13. Tabarru'

We will take a tabarru' which is the contribution payable less the wakalah fee, and transfer this amount into the participants' tabarru' fund described below.

The tabarru' amount is not guaranteed and may be revised from time to time by notifying the person covered in writing at least 90 days in advance. The revision shall take effect on the next contract anniversary after the notice period.

14. Participants' tabarru' fund

The tabarru' amount will be allocated into the participants' tabarru' fund, which is the holding fund from which we pay all takaful benefits prescribed under this certificate of takaful. The participants' tabarru' fund is collectively owned by the pool of takaful participants.

The takaful coverage will take into effect when there is tabarru' allocated into the participants' tabarru' fund.

We will manage the assets of the participants' tabarru' fund and decide how to invest and manage the assets in line with Shariah. The investment profit (if any) will be retained in the participants' tabarru' fund.

We will manage any surplus from the participants' tabarru' fund in any of the following manners:

- a) The surplus to remain in the participants' tabarru' fund; or
- b) Donate the surplus to any charitable organisation approved by our Shariah committee.

If there are insufficient funds in the participants' tabarru' fund to pay the takaful benefit, and we provide a Qard (interest-free loan) from our fund to cover the shortfall, the Qard will have to be repaid when participants' tabarru' fund returns to surplus position.

We will pay all costs, expenses and charges for maintaining and investing the assets of the participants' tabarru' fund and any other direct claims related expenses from the participants' tabarru' fund.

15. Reinstatement of certificate

Not applicable for this plan.

16. Surrender of certificate

The person covered may, at any time during lifetime of the person covered and while this certificate of takaful is in force, surrender the certificate by giving us a written notice. All benefits and rights under the certificate will end. Upon receiving the surrender notice of the certificate, the person covered will no longer have the takaful coverage.

17. Termination of this takaful coverage

We may terminate this master contract by giving you 60 days' written notice. However, the coverage will continue until the benefit end date of this certificate of takaful.

The takaful coverage will be terminated with immediate effect on the occurrence of the following events:

- a) Upon death of the person covered;

- b) Upon payment of CI benefit on person covered, if it is equal to the sum covered for death benefit. In case the CI benefit payable is less than the sum covered for the death benefit, this certificate of takaful will not be terminated and will be continued for the remaining death benefit coverage;
- c) Upon the person covered ceases to be eligible under this certificate of takaful;
- d) Upon surrender of this certificate of takaful;
- e) Upon cancellation of this certificate of takaful; or
- f) Upon the benefit end date of this certificate of takaful.

18. Change of address

If you or your nominee(s) change address, please inform us immediately. This is to ensure that you and your nominees will receive all correspondence in a timely manner.

19. Misstatement of age

The certificate of takaful is issued for the age of the person covered as shown in the certificate of takaful, based on the date of birth given upon application. We will need proof of the person covered's age before we pay any benefits.

If the age of the person covered has been misstated, we will make one of the following adjustment:

- i. If the contribution based on the correct age of the person covered is higher than the contribution paid, then we may prorate the benefits payable based on the ratio of the actual contribution paid to the correct contribution which should have been paid for the person covered's true date of birth and/or gender. The benefit end date stated in the schedule of certificate of takaful shall be adjusted based on the correct age (if applicable); or
- ii. If the contribution based on the correct age of the person covered is lower than the contribution paid, then we will refund the difference in wakalah fee and tabarru' from the operator's fund and participants' tabarru' fund respectively to the person covered. The benefit end date stated in the schedule of certificate of takaful shall be adjusted based on the correct age (if applicable).

20. Change of certificate

We reserve the right to amend the terms and provision of this certificate in order to comply with Malaysian laws and regulations. We will provide prior written notice by ordinary post to your last known address in our records or other alternative modes of communication.

Your request for any alteration or endorsement to this certificate will not be valid unless authorized by us and such approval is endorsed on this certificate.

21. Claim procedure**a) Death claim**

You or your legal representative shall notify us upon occurrence of death immediately and furnish us with all information necessary to determine whether the benefit is payable, at no expense to us, within a period of 30 days from the date of death. Failure to give us written notice within 30 days from the date of death will not invalidate any claim if it can be proven not to have been reasonably possible to give such notice and this notice must be given to us within twelve (12) months from the date of death.

Document requirements:

- Duly completed death claim form;
- Certified true copy of the deceased's death certificate;
- Certified true copy of the burial permit (if any);
- Duly completed medical report on the death claim. For certain cases, we may request the doctor to fill in the form for extra information;
- Certified true copy of the deceased's NRIC/birth certificate;
- Original certificate of takaful. If original certificate of takaful cannot be located, please complete indemnity form for loss/non-receipt of policy/contract/certificate document;
- Certified true copy of the claimant's NRIC/birth certificate/passport;
- Certified true copy of the claimant's bank passbook/statement; and
- Any other documents, if required by us.

Additional documents required for accidental death:

- Certified true copy of the police report
- Certified true copy of the post mortem report/autopsy report; and
- Newspaper cutting (if any).

Additional documents required for overseas death:

- Import/Export permit certificate;
- Copy of the death certificate in foreign language (must be translated in English and authenticated by the Malaysian Embassy in that particular country or the respective embassy in Malaysia); and
- Letter of confirmation of death by the National Registration Department (JPN).

b) Critical illness (CI) claim

Advance written notice of critical illness claim for which a claim will be submitted must be given to us within 30 days from the date of diagnosis of the critical illness. Failure to give us written notice within 30 days from the date of diagnosis of the critical illness will not invalidate any claim if it can be proven not to have been reasonably possible to give such notice and this notice must be given to us within twelve (12) months from the date of diagnosis of the critical illness.

Documents requirements:

- Duly completed CI claim form;
- Medical report according to the specific type of CI claim;
- Copy of all relevant investigation results, hospital reports, CT/MRI scan report, X-ray report biopsy reports and etc.;
- Original contract document (if original contract document cannot be located, please complete Indemnity Form for Loss/Non-Receipt of Policy/Contract/Certificate Document);
- Copy of the claimant's identity card/birth certificate/passport;
- Certified true copy of the claimant's bank passbook/statement; and
- Any other documents, if required by us.



22. Client service and complaint unit

Should you need more information regarding the terms and conditions of your certificate of takaful or if you are not satisfied with our decision with regard to your claim and wish to lodge a complaint, please contact our authorised representative. Any writing or communication to us shall be addressed to:

Sun Life Malaysia Takaful Berhad
Registration Number: 200501012215 (689263-M)
Level 11, 338 Jalan Tuanku Abdul Rahman
50100 Kuala Lumpur

Alternatively, you may contact our Client Careline at **1300-88-5055**.

23. Ombudsman for Financial Services and Bank Negara Malaysia

The Ombudsman for Financial Services and the Laman Informasi Nasihat dan Khidmat (LINK) are set up to offer consumer protection to you, and to resolve disputes over claims settlement between you and us. In the event of any dispute over claims settlement, you may write to the following addresses:

Ombudsman for Financial Services

Chief Executive Officer
Level 14, Main Block
Menara Takaful Malaysia
4, Jalan Sultan Sulaiman
50000 Kuala Lumpur
Tel: (03) 2272 2811
Fax: (03) 2272 1577
<http://www ofs.org.my>
Email: enquiry@ofs.org.my

Bank Negara Malaysia

Pengarah
Jabatan LINK & Pejabat Wilayah
Bank Negara Malaysia
P.O. Box 10922
50929 Kuala Lumpur
Tel: 1300-88-5465
Fax: (03) 2174 1515
Email: bnmtelelink@bnm.gov.my

Appendix A – Critical Illness Definition**1. Alzheimer's Disease/Severe Dementia**

Deterioration or loss of intellectual capacity confirmed by clinical evaluation and imaging tests arising from Alzheimer's Disease or Severe Dementia as a result of irreversible organic brain disorders. The covered event must result in significant reduction in mental and social functioning requiring continuous supervision of the person covered. The diagnosis must be clinically confirmed by a neurologist.

From the above definition, the following are not covered:

- a) Non organic brain disorders such as neurosis;
- b) Psychiatric illnesses; and
- c) Drug or alcohol related brain damage.

2. Angioplasty and Other Invasive Treatments for Coronary Artery Disease

The actual undergoing for the first time of Coronary Artery Balloon Angioplasty, artherectomy, laser treatment or the insertion of a stent to correct a narrowing or blockage of one or more coronary arteries as shown by angiographic evidence.

Intra-arterial investigative procedures are not covered. Payment under this clause is limited to 10% of the critical illness coverage under this contract subject to a maximum of RM25,000. This covered event is payable once only and shall be deducted from the amount of this contract, thereby reducing the amount of the lump sum payment which may be payable.

3. Bacterial Meningitis- resulting in permanent inability to perform activities of daily living

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent functional impairment. The permanent functional impairment must result in an inability to perform at least 3 of the activities of daily living as defined below. A minimum assessment period of 30 days applies.

The diagnosis must be confirmed by:

- a) An appropriate specialist; and
- b) The presence of bacterial infection in the cerebrospinal fluid by lumbar puncture.

For the above definition, other forms of meningitis, including viral meningitis are not covered.

4. Benign Brain Tumor – of specified severity

A benign tumour in the brain or meninges within the skull, where all of the following conditions are met:

- a) It is life threatening;
- b) It has caused damage to the brain;
- c) It has undergone surgical removal or has caused permanent neurological deficit with persisting clinical symptoms; and
- d) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on MRI, CT or other reliable imaging techniques.

The following are not covered:

- a) Cysts;
- b) Granulomas;
- c) Malformations in or of the arteries or veins of the brain;

- d) Hematomas;
- e) Tumours in the pituitary gland;
- f) Tumours in the spine; and
- g) Tumors of the acoustic nerve.

5. Blindness - Permanent and Irreversible

Permanent and irreversible loss of sight as a result of accident or illness 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 and the result must be certified by an ophthalmologist.

6. Brain Surgery

The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy (surgical opening of skull) is performed.

For the above definition, the following are not covered:

- a) Burr hole procedures;
- b) Transphenoidal procedures;
- c) Endoscopic assisted procedures or any other minimally invasive procedures; and
- d) Brain surgery as a result of an accident.

7. Cancer - of specified severity and does not cover very early cancers

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

- a) All cancers which are histologically classified as any of the following;
 - pre-malignant;
 - non-invasive;
 - carcinoma in situ;
 - having borderline malignancy; or
 - having malignant potential.
- b) All tumours of the prostate histologically classified as T1N0M0 (TNM classification)
- c) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification)
- d) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)
- e) Chronic Lymphocytic Leukemia less than RAI Stage 3
- f) All cancers in the presence of HIV
- g) Any skin cancer other than malignant melanoma

8. Cardiomyopathy – of specified severity

A definite diagnosis of Cardiomyopathy by a cardiologist which resulting in permanently impaired ventricular function and resulting in permanent physical impairment of at least Class III of the New York Heart Association's classification of cardiac impairment. The diagnosis has to be supported by echocardiographic findings of compromised ventricular performance.

The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:

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

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

Cardiomyopathy directly related to alcohol or drug abuse is excluded.

9. Chronic Aplastic Anemia - resulting in permanent bone marrow failure

Irreversible persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring at least 2 of the following treatments:

- a) Regular blood product transfusion;
- b) Marrow stimulating agents;
- c) Immunosuppressive agents; or
- d) Bone marrow transplantation.

The diagnosis must be confirmed by a bone marrow biopsy.

10. Coma - resulting in permanent neurological deficit with persisting clinical symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least 96 hours, requiring the use of life support systems and resulting in a permanent neurological deficit with persisting clinical symptoms. A minimum assessment period of 30 days applied. Confirmation by a neurologist must be present.

The following is not covered:

- a) Coma resulting directly from alcohol or drug abuse.

11. Coronary Artery By-Pass Surgery

Refers to the actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of coronary artery by-pass grafting.

For the above definition, the following are not covered:

- a) Angioplasty;
- b) Other intra-arterial or catheter based techniques;
- c) Keyhole procedures; and
- d) Laser procedures.

12. Deafness - Permanent and Irreversible

Permanent and irreversible loss of hearing as a result of accident or illness to the extent that the loss is greater than 80 decibels across all frequencies of hearing in both ears. Medical evidence in the form of an audiometry and sound-threshold tests result must be provided and certified by an Ear, Nose, and Throat (ENT) specialist.

13. Encephalitis - resulting in permanent inability to perform activities of daily living

Severe inflammation of brain substance, resulting in permanent functional impairment. The permanent functional impairment must result in an inability to perform at least 3 of the activities of daily living as defined below. A minimum assessment period of 30 days applies. The covered event must be certified by a neurologist.

Encephalitis in the presence of HIV infection is specifically excluded.

14. End-Stage Liver Failure

End-stage liver failure as evidenced by all of the following:

- a) Permanent jaundice;
- b) Ascites(excessive fluid in peritoneal cavity); and
- c) Hepatic encephalopathy.

Liver failure secondary to alcohol or drug abuse is not covered.

15. End-Stage Lung Disease

End-stage lung disease causing chronic respiratory failure. All of the following criteria must be met:

- a) The need for regular oxygen treatment on a permanent basis;
- b) Permanent impairment of lung function with a consistent Forced Expiratory Volume (FEV) of less than 1 liter during the first second;
- c) Shortness of breath at rest; and
- d) Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less.

16. Full-Blown AIDS

The clinical manifestation of AIDS (Acquired Immuno-deficiency Syndrome) must be supported by the results of a positive HIV (Human Immuno-deficiency Virus) antibody test and a confirmatory test. In addition, the person covered must have a CD4 cell count of less than 200/μL and 1 or more of the following criteria are met:

- a) Weight loss of more than 10% of body weight over a period of six (6) months or less (wasting syndrome);
- b) Kaposi Sarcoma;
- c) Pneumocystis Carinii Pneumonia;
- d) Progressive Multifocal Leukoencephalopathy;
- e) Active Tuberculosis;
- f) Less than 1000 Lymphocytes/μL; or
- g) Malignant Lymphoma.

17. Fulminant Viral Hepatitis

A sub-massive to massive necrosis (death of the liver tissue) caused by any virus as evidenced by all of the following diagnostic criteria:

- a) A rapidly decreasing liver size as confirmed by abdominal ultrasound;
- b) Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- c) Rapidly deteriorating liver functions tests; and
- d) Deepening jaundice.

Viral hepatitis infection or carrier status alone (inclusive but not limited to Hepatitis B and Hepatitis C) without the above diagnostic criteria is not covered.

18. Heart Attack – of specified severity

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- a) A history of typical chest pain;
- b) 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; and
- c) Elevation of the cardiac biomarkers, inclusive of CPK-MB above the generally accepted normal laboratory levels or Troponins recorded at the following levels or higher:
 - Cardiac Troponin T or Cardiac Troponin I > / = 0.5 ng/ml

The evidence must show the occurrence of a definite acute myocardial infarction which should be confirmed by a cardiologist or physician.

For the above definition, the following are not covered:

- a) Occurrence of an acute coronary syndrome including but not limited to unstable angina; and
- b) A rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease.

19. Heart Valve Surgery

The actual undergoing of open-heart surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities. For the above definition, the following are not covered:

- a) Repair via intra-arterial procedure; and
- b) Repair via keyhole surgery or any other similar techniques.

20. HIV Infection due to Blood Transfusion

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

- a) The blood transfusion was medically necessary or given as part of a medical treatment;
- b) The blood transfusion was received in Malaysia or Singapore after the commencement of the contract;
- c) 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;
- d) The person covered does not suffer from hemophilia; and
- e) The person covered is not a member of any high risk groups such as but not limited to intravenous drug users.

21. Kidney Failure – requiring dialysis or kidney transplant

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

22. Loss of Speech

Total, permanent and irreversible loss of the ability to speak as a result of injury or illness. A minimum assessment period of six (6) months applies. Medical evidence to confirm injury or illness to the vocal cords to support this disability must be supplied by an Ear, Nose, and Throat (ENT) specialist.

All psychiatric related causes are not covered.

23. Major Head Trauma - resulting in permanent inability to perform activities of daily living

Physical head injury causing in permanent functional impairment verified by a neurologist. The permanent functional impairment must result in an inability to perform at least 3 of the activities of daily living as defined below. A minimum assessment period of 3 months applies.

24. Major Organ/Bone Marrow Transplant

The receipt of a transplant of:

- a) Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or
- b) 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 not covered.

25. Motor Neuron Disease - permanent neurological deficit with persisting clinical symptoms

A definite diagnosis of motor neuron disease by a neurologist with reference to either spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be permanent neurological deficit with persisting clinical symptoms.

26. Multiple Sclerosis

A definite diagnosis of multiple sclerosis by a neurologist. The diagnosis must be supported by all of the following:

- a) Investigations which confirm the diagnosis to be Multiple Sclerosis;
- b) Multiple neurological deficits resulting in impairment of motor and sensory functions occurring over a continuous period of at least six (6) months; and
- c) Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

27. Muscular Dystrophy

The definite diagnosis of a Muscular Dystrophy by a neurologist which must be supported by all of the following:

- a) Clinical presentation of progressive muscle weakness;
- b) No central/peripheral nerve involvement as evidenced by absence of sensory disturbance; and
- c) Characteristic electromyogram and muscle biopsy findings.

No benefit will be payable under this covered event before the person covered has reached the age of twelve (12) years next birthday.

28. Paralysis of Limbs

Total, permanent and irreversible loss of use of both arms or both legs, or of one arm and one leg, through paralysis caused by illness or injury. A minimum assessment period of six (6) months applies.

29. Parkinson's Disease - resulting in permanent inability to perform activities of daily living

A definite diagnosis of Parkinson's Disease by a neurologist where all the following conditions are met:

- a) Cannot be controlled with medication;
- b) Shows signs of progressive impairment; and
- c) Confirmation of the permanent inability of the person covered to perform without assistance 3 or more of the activities of daily living as defined below.

Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are excluded.

30. Primary Pulmonary Arterial Hypertension – of specified severity

A definite diagnosis of Primary Pulmonary Arterial Hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent physical impairment to the degree of at least Class III of the New York Heart Association (NYHA) classification of cardiac impairment.

Pulmonary arterial hypertension resulting from other causes shall be excluded from this benefit.

The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:

- a) Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.
- b) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

31. Serious Coronary Artery Disease

The narrowing of the lumen of Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD) and Circumflex Artery (not inclusive of their branches) occurring at the same time by a minimum of 60% in each artery as proven by coronary arteriography (non-invasive diagnostic procedures are not covered). A narrowing of 60% or more of the Left Main Stem will be considered as a narrowing of the Left Anterior Descending Artery (LAD) and Circumflex Artery. This covered event is payable regardless of whether or not any form of coronary artery surgery has been performed.

32. Stroke - resulting in permanent neurological deficit with persisting clinical symptoms

Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolization from an extra cranial source resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a neurologist. A minimum assessment period of 3 months applies.

For the above definition, the following are not covered:

- a) Transient ischemic attacks;
- b) Cerebral symptoms due to migraine;
- c) Traumatic injury to brain tissue or blood vessels; and
- d) Vascular disease affecting the eye or optic nerve or vestibular functions.

33. Surgery to Aorta

The actual undergoing of surgery via a thoracotomy or laparotomy (surgical opening of thorax or abdomen) to repair or correct an aortic aneurysm, an obstruction of the aorta or a dissection of the aorta. For this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

For the above definition, the following are not covered:

- a) Angioplasty;
- b) Other intra-arterial or catheter based techniques;
- c) Other keyhole procedures; and
- d) Laser procedures.

34. Systemic Lupus Erythematosus with Severe Kidney Complications

A definite diagnosis of Systemic Lupus Erythematosus confirmed by a rheumatologist.

For this definition, the covered event is payable only if it has resulted in Type III to Type V Lupus Nephritis as established by renal biopsy. Other forms such as discoid lupus or those forms with only haematological or joint involvement are not covered.

WHO Lupus Classification:

Type III	: Focal segmental glomerulonephritis
Type IV	: Diffuse glomerulonephritis
Type V	: Membranous glomerulonephritis

35. Terminal Illness

The conclusive diagnosis of a condition that is expected to result in death of the person covered within twelve (12) months. The person covered must no longer be receiving active treatment other than that for pain relief. The diagnosis must be supported by written confirmation from the appropriate specialist and confirmed by the company's appointed doctor.

36. Third Degree Burns - of specified severity

Third degree (i.e. full thickness) skin burns covering at least 20% of the total body surface area.

Activities of daily living are as follows:

1. Transfer - Getting in and out of a chair without requiring physical assistance;
2. Mobility - The ability to move from room to room without requiring any physical assistance;
3. Continence - The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene;
4. Dressing - Putting on and taking off all necessary items of clothing without requiring assistance of another person;
5. Bathing/Washing - The ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means; or
6. Eating - All tasks of getting food into the body once it has been prepared.