Heart and Neurological Disorder Rider





Contents

1		Policy Owners' Protection Scheme	3
2	2.1 2.2	Our Responsibilities Covered Events Yearly Renewability	3
3	3.1	Your Responsibilities Premium	3
4	4.1	What is Covered? Heart and Neurological Disorder Benefit	4
5	5.1 5.2 5.3	What Is Not Covered? Heart and Neurological Disorder Benefit Waiting Period Survival Period	4 4 4
6	6.1 6.2	Making Claims From The Policy How to make a Claim Who do We pay Benefits to	4 5
7	7.1 7.2 7.3 7.4 7.5 7.6 7.7	Our Rights Incontestability Correction of Mistakes and Errors Fraud and Misrepresentation Change of Address, Country of Residence or Citizenship Changes in Taxation, Regulations and Legislation Errors In Age / Gender / Smoker Status / Country of Residence Prohibited Person Limitation and Exclusion	5 5 5 5 5 6 6
8	8.1	Your Rights Free look	6
9		When Will Your Rider End?	6
10		What Do We Mean With These Words?	7
11		Appendix A – List of Heart and Neurological Disorder Benefit	8





1. Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the Life Insurance Association (LIA) or SDIC web-sites (www.sdic.org.sg).

2. Our Responsibilities

This is a yearly renewable, Non-participating rider that accelerates the Sum insured of the Basic policy if the Life insured is diagnosed with early and intermediate Heart and Neurological Disorder while the rider is in force. This rider does not have any cash values. At the rider Expiry date, if We have not paid out any claims, this rider will end and no Benefits will be payable.

Your rider covers the Benefits described below.

This Policy Contract should be read together with the Product Summary of the Basic policy.

2.1 Covered Events

If Your rider is valid and a covered event happens, We will pay You the Benefits less any amounts You owe Us on this rider. The covered events of Your rider are written on the Policy Information Page.

2.2 Yearly Renewability

This is a yearly renewable rider and the policy term is one (1) year. At the end of one (1) year policy term, this rider will be renewed automatically from the renewal date for another one (1) year at the same conditions on the Expiry date before renewal, so long as the following conditions are met:

- i. this rider is in force on the Expiry date before the renewal;
- ii. the Life insured has not reached age 85 at the renewal date;
- iii. there are no previously admitted or submitted claims on this policy; and
- iv. the Life insured is insured for the same Sum insured or less.

If this rider is issued on non-standard terms, the same terms and conditions and exclusions shall continue to be applicable to the renewed term.

3. Your Responsibilities

3.1 Premium

The Premium that You pay for this rider is guaranteed during the first year policy term. However, the renewal Premium will be calculated based on Your attained age using prevailing Premium rates at the time of renewal. We reserve the rights to adjust the renewal Premium at any time by giving You thirty (30) days' written notice in advance.

You will pay the first Premium at the time You apply for this rider. Thereafter, You will pay all future Premiums within thirty (30) days from the due date so as to continue the rider. If You fail to pay Premiums on time, this rider will end. We will deduct any outstanding Premium from any amount We may be due to pay under this rider.





4. What is Covered?

Your rider covers the Benefits described below while the rider is in force.

4.1 Heart and Neurological Disorder Benefit

This rider pays the Heart and Neurological Disorder Benefit as an advancement of the Sum insured of the Basic policy if the Life insured is diagnosed with early and intermediate Heart and Neurological Disorder while the rider is in force.

Benefit Limitation

We will only provide a maximum aggregate amount of \$\$2,000,000 per Life insured for early, intermediate or severe stages of CI, subject to a cap of \$\$350,000 per Life insured for early or intermediate stages of CI, for all policies and riders issued by Us with CI Benefits.

Please refer to Appendix A for the list of covered conditions under Heart and Neurological Disorder Benefit and definitions.

5. What is Not Covered?

There are certain conditions under which no Benefits will be payable.

5.1 Heart and Neurological Disorder Benefit

We do not pay the Benefits if the Heart and Neurological Disorder Benefit is directly or indirectly, wholly or partly caused by:

- A Pre-existing condition;
- Intentional acts (sane or insane) such as self-harm or attempted suicide;
- Effects of drug or alcohol addiction; or
- Acquired Immune Deficiency Syndrome (AIDS), AIDS-related conditions or infection in the presence of Human Immunodeficiency Virus (HIV) except HIV due to blood transfusion and occupationally acquired HIV.

5.2 Waiting Period

We do not pay the Heart and Neurological Disorder Benefit if You show symptoms related to or have been diagnosed with Heart or Neurological Disorder during the Waiting Period. The Waiting Period is 90 days from the rider issue date, date of Endorsement or effective date of the last increase in sum insured, whichever is later.

5.3 Survival Period

We do not pay the Heart and Neurological Disorder Benefit if the Life insured did not survive for 7 days after the date of diagnosis of any of the covered conditions.

When there is condition(s) specific to the Life insured which We will not cover, We will state them on Our Letter of Conditional Acceptance. When any of the exclusion happens, We will refund the total Premiums paid (less any amounts previously paid to You under this rider) without interest, less any outstanding amounts owing to Us.

6. Making Claims From the Policy

6.1 How to make a Claim

We must be informed in writing within three (3) months of the event giving rise to the claim. At the Proper claimant's own expense, he/she must give Us all documents and evidence We ask for to assess the claim. We reserve the right to require the Life insured to be examined by Our panel Doctor.





We reserve the rights to reject Your claim if the terms and conditions stated in this Policy Contract are not met.

6.2 Who do We pay Benefits to

If the policy has been assigned, the Benefit amount will be paid to the Assignee. If the policy has not been assigned, the Benefit amount will be paid to either You or Your executors, administrators, Nominees or any other Proper claimant if We have proof of the relationship of the person claiming the Benefit.

Before We pay any Benefit, We will deduct any amount You owe on this policy from the Benefit. By paying out the Benefit, it will end Our legal responsibility on this policy.

7. Our Rights

7.1 Incontestability

Claims will not be rejected and this policy will not be voided or have its terms revised after this policy has been in-force for two (2) years from the policy commencement date, except for:

- a) fraud;
- b) material non-disclosure and/or misrepresentation of a material fact that would have impacted acceptance of coverage;
- c) non-payment of Premium; or
- d) policy exclusions

However, if the above mentioned event occurs, We reserve the rights to void the policy, revise the terms of the policy or reject any claims even after two (2) years have passed. We will refund all Premiums paid (less any amounts previously paid to You under this rider) without interest and less any amounts owing to Us as well as any expenses incurred by Us in providing You the rider.

7.2 Correction of Mistakes and Errors

When We find any mistake or error made in this policy, We will make the correction and inform You by way of an Endorsement.

7.3 Fraud and Misrepresentation

If You or Your executors, administrators, Nominees or any other Proper claimant obtains any sum payable under this policy through fraudulent means or devices, all Benefits paid under this policy shall be forfeited and must be immediately repaid. This policy will be terminated immediately and there will be no refund of Premiums. We shall have no liability in respect of such claims and shall be entitled to recover any payment made prior to the discovery of the fraud or misrepresentation.

7.4 Change of Address, Country of Residence or Citizenship

You must, as soon as practicable within three (3) months of the changes, notify Us in writing if there is a change in Your citizenship and / or usual country of residence. A change in the usual country of residence will be deemed to mean Your living or intending to live in another country other than Singapore in excess of twelve (12) consecutive calendar months.

You must also, as soon as practicable within three (3) months of the change, notify Us in writing if there is a change of address for the Life insured (if any).

We reserve the right and sole discretion to terminate or decline to renew the policy or continue cover on prevailing or varied terms and conditions.

7.5 Changes in Taxation, Regulations and Legislation

At any time when there are changes in taxation, regulations or legislation that will affect this policy, We may vary the terms of the policy accordingly. If We do so, We shall notify You by giving You thirty (30) days' notice prior to such change.





7.6 Errors in Age / Gender / Smoker Status / Country of Residence

If the Age, gender, smoker status and/or country of residence of the Life insured is not correctly stated such that the Premium paid is wrong, We reserve the rights to adjust the Benefits. For underpayment of Premium, the claims will be pro-rated as if You have purchased a lower cover. For overpayment of Premium, We will refund the excess Premium paid (less any amount previously paid to You under this rider) without interest.

Based on the correct Age, gender, smoker status and/or country of residence, if You are not eligible to apply for this policy, We will not pay any Benefits and the policy will be terminated. When this happens, We will refund all Premiums paid (less any amounts previously paid to You under this rider), without interest and less any amounts owing to Us as well as any expenses incurred by Us in providing You the rider.

7.7 Prohibited Person Limitation and Exclusion

If You are or any relevant person is found to be a Prohibited Person:

- a) We are entitled not to accept the application; and
- if any policy is issued, We are entitled to end/terminate the policy, not pay any Benefits or not allow any transaction to be carried out under the policy. We will not refund any unutilised Premium when the policy is ended/terminated.

You will need to inform Us immediately if there is any change in Your or any relevant person's identity, status or identity documents.

Our decision in respect of this exclusion will be final.

8. Your Rights

8.1 Free Look

You may return this rider for cancellation within fourteen (14) days after You receive the rider document, for any reason. We will deduct any costs incurred by the Company in assessing the risk under the rider, such as payments for medical check-up and other expenses, from the Premium You paid and refund the balance to You.

If Your policy document is sent by email, We consider this policy is delivered to You one (1) day after the date of emailing.

9. When Will Your Rider End?

This rider will end when any of the following events happens first:

- Termination of the Basic policy;
- b) Premium is not paid on time;
- c) After We give You notice that the rider cannot be renewed;
- d) We paid out 100% of the rider Benefit subject to the maximum aggregate amount;
- e) Upon expiry of this rider; or
- f) Your written request and Our acceptance of the application to terminate the rider. If You write to Us to terminate Your rider, there will not be any prorated refund of Premium and Your rider will terminate from the Premium due date immediately following the date We accept Your written request for termination.





10. What Do We Mean With These Words?

Age means the Age at next birthday.

Assignee means any person to whom You have transferred Your rights as the Policy owner and the assignment is registered with Us.

Basic policy means the policy as it exists, including the supplementary terms and any Endorsement made to it, without any optional supplementary Benefit / rider.

Benefit(s) means any payments that We will pay and/or the amount of Premium that We will waive when certain events defined in this policy occur.

Doctor means a licensed person who is qualified by degree in western medicine to practice medicine. The license is given by the appropriate medical authority of his country of residence to practice medicine within his scope of licensing and training. This cannot be the Life insured, a family member or a relative.

Endorsement means any written change to the policy which is issued and properly authorised by Us.

Expiry date means the date the policy ends and where no Benefit is payable.

Life insured means the person whom We provide the cover for. The Life insured does not have any right to the policy, unless he/she is also the Policy owner.

Nominee(s) is a person that You have nominated (under the **Insurance Act 1966** and **Insurance (Nomination of Beneficiaries) Regulations 2009**) to receive the policy monies payable under the policy upon Your death. The nomination must be registered with Us.

Non-participating means it does not share in any surplus or profits of the Company's fund.

Policy commencement date means the date the policy commences, as shown in the Policy Information Page.

Policy issue date means the date We issue the policy. This is shown in the Policy Information Page.

Policy owner is the person named as the owner in the Policy Information Page or any Endorsement issued by Us. The Policy owner has full rights on the policy, unless the policy has been transferred to another party.

Pre-existing condition means the existence of any signs or symptoms before the Policy issue date, the last increase in policy's Sum insured made, whichever is later, for which treatment, medication, consultation, advice, or diagnosis has been sought or received by the Life insured or would have caused any reasonable and sensible person to get medical advice or treatment.

Premium(s) is the amount of money that You pay to Us to keep this policy in force.

Prohibited Person means a person or entity who is, or who is related to a person or entity:

- a) subject to laws, regulations or sanctions administered by any inter-government, government, regulatory
 or law enforcement authorities of any country, which will prohibit or restrict Us from providing insurance
 or carrying out any transaction under this policy; or
- b) who is involved in any terrorist or illegal activities or placed on sanction listing or issued with freezing order.

Proper claimant(s) has the meaning in the **Insurance Act 1966**. It means a person who claims to be entitled to the sums in question as executor of the deceased, or who claims to be entitled to that sum (whether for his own Benefit or not) and is the widower, widow, parent, child, brother, sister, nephew or niece of the deceased.

Sum insured is the amount of insurance coverage provided by the Basic policy or optional rider (where applicable).

We, Our, Us, the Company means Etiqa Insurance Pte. Ltd. (Company Registration No. 201331905K).





You, Your means the Policy owner.

11. Appendix A – List of Heart and Neurological Disorder Benefit

	Early and Intermediate Stage Critical Illness				
No	Heart Disorders	Definition			
1	Cardiac defibrillator insertion	Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be absolutely necessary by a specialist in the relevant field. Cardiac defibrillator insertion in the presence of HIV infection is excluded.			
2	Cardiac pacemaker insertion	Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be absolutely necessary by a specialist in the relevant field. Cardiac pacemaker insertion in the presence of HIV infection is excluded.			
3	Early Cardiomyopathy	The unequivocal diagnosis of cardiomyopathy which has resulted in the presence of permanent physical impairments to at least Class III of the New York Heart Association (NYHA) classification of Cardiac Impairment. The diagnosis must be confirmed by a specialist in the relevant field. Cardiomyopathy that is directly related to alcohol misuse is excluded. 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. Early cardiomyopathy in the presence of HIV infection is excluded.			
4	Coronary artery disease	The narrowing of the lumen of two coronary arteries by a minimum of 60%, as proven by coronary arteriography, regardless of whether any form of coronary artery surgery has been recommended or performed. Coronary arteries herein refer to right coronary artery, left main stem, left anterior descending and left circumflex, but not their branches. Note that any non-invasive method of determining coronary artery stenosis is not acceptable.			
5	Increased pulmonary blood pressure	Primary or Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The diagnosis must be established by cardiac catheterisation by a specialist in the relevant field.			
6	Keyhole coronary bypass surgery or Coronary artery atherectomy or Myocardial laser revascularisation or Enhanced external counter pulsation	The actual undergoing for the first time for the correction of the narrowing or blockage of one (1) or more coronary arteries via "Keyhole" surgery, Atherectomy, Myocardial laser revascularisation or Enhanced external counterpulsation. All other surgical procedures will be excluded from this benefit.			
7	Large Asymptomatic Aortic Aneurysm	Asymptomatic abdominal or thoracic aortic aneurysm or dissection greater than 55mm in diameter as evidenced by appropriate imaging technique, and confirmed by a specialist in the relevant field.			
8	Minimally Invasive Surgery to Aorta	The actual undergoing of surgery via minimally invasive or intra-arterial techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by a cardiac echocardiogram and confirmed by a specialist in the relevant field. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.			
9	Percutaneous valvuloplasty,	The actual undergoing of Valvotomy or Valvuloplasty or percutaneous valve replacement necessitated by damage of the heart valve as confirmed			





	Valvotomy, Percutaneous	by a specialist in the relevant field and established by a cardiac echocardiogram.
	valve replacement, or Device repair	The procedure should be performed totally via intravascular catheter based techniques. Any procedure on heart valves that involves opening or entering the chest by any thoracotomy incision is excluded.
10	Pericardectomy	The undergoing of a pericardiectomy or undergoing of any surgical procedure requiring keyhole cardiac surgery as a result of pericardial disease. Both these surgical procedures must be certified to be absolutely necessary by a consultant cardiologist. Pericardiectomy in the presence of HIV infection is excluded.

Early	Early and Intermediate Stage Critical Illness				
No	Neurological	Definition			
	Disorders				
1	Amyotrophic lateral sclerosis	Unequivocal Diagnosis by a Medical Practitioner who is a neurologist confirming well defined neurological deficit with persistent signs of involvement of the spinal nerve columns and the motor centres in the brain and with spastic weakness and atrophy of the muscles of the extremities. Claims shall only be admitted if the condition is confirmed by a Medical Practitioner who is a neurologist as progressive and resulting in irreversible damage to the nervous system.			
2	Bacterial	Bacterial infection resulting in severe inflammation of the membranes of			
	meningitis with full recovery	the brain or spinal cord which requires hospitalisation. 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.			
3	Brain aneurysm	The actual undergoing of surgical repair of an intracranial aneurysm or			
	surgery (via craniotomy)	surgical removal of an arteriovenous malformation via craniotomy. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field.			
4	Brain aneurysm	The actual undergoing of surgical repair of an intracranial aneurysm or			
	surgery (via endovascular procedures)	surgical removal of an arteriovenous malformation via endovascular procedures. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field.			
5	Carotid artery surgery	The actual undergoing of Endarterectomy of the carotid artery which has been necessitated as a result of at least 80% narrowing of the carotid artery as diagnosed by an arteriography or any other appropriate diagnostic test that is available. Endarterectomy of blood vessels other than the carotid artery are specifically excluded. Percutaneous carotid angioplasty is excluded.			
6	Cavernous sinus thrombosis surgery	The actual undergoing of a surgical drainage for cavernous sinus thrombosis. The presence of Cavernous Sinus Thrombosis as well as the requirement for surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field.			
7	Cerebral shunt insertion	The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a specialist in the relevant field.			
8	Polio Induced Muscle Weakness	Unequivocal Diagnosis of infection with the poliovirus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. In respect of this definition, claims shall only be admitted if poliomyelitis causes neurological deficit resulting in paralysis in Limbs that is permanent. The Unequivocal Diagnosis must be made by a Specialist in the relevant medical field.			
9	Primary lateral sclerosis	A progressive degenerative disorder of the motor neurons of the cerebral cortex resulting in widespread weakness on an upper motor neuron basis. Clinically it is characterized by progressive spastic weakness of the limbs, preceded or followed by spastic dysarthria and dysphagia, indicating combined involvement of the corticospinal and corticobulbar tracts. The Unequivocal Diagnosis must be made by a neurologist and confirmed by appropriate neuromuscular testing such as electromyogram (EMG). The condition must result in the permanent inability to perform, without assistance, at least three (3) of the six (6) Activities of Daily Living. These			





		conditions have to be medically documented for at least three (3) consecutive months.
10	Severe Progressive bulbar palsy (PBP)	Neurological disorder with paralysis in the head region, difficulties in chewing and swallowing, problems in speaking, persistent signs of involvement of the spinal nerves and the motor centres in the brain and spastic weakness and atrophy of the muscles of the extremities. The disease must be Unequivocally Diagnosed by a Medical Practitioner who is a neurologist. The condition must result in the permanent inability to perform, without assistance, at least three (3) of the six (6) Activities of Daily Living. These conditions have to be medically documented for at least three (3) consecutive months.
11	Progressive supranuclear palsy	A degenerative neurological disease characterized by supranuclear gaze paresis, pseudobulbar palsy, axial rigidity and dementia. The Unequivocal Diagnosis of Progressive Supranuclear Palsy must be confirmed by a Medical Practitioner who is a neurologist. The condition must result in the permanent inability to perform, without assistance, at least three (3) of the six (6) Activities of Daily Living. These conditions have to be medically documented for at least three (3) consecutive months.

