

Product Summary: Heart and Neurological Disorder Rider

Version 1.25

This Product Summary is for general information only. It is not a contract of insurance. It is a simplified description of the product features applicable to this plan and is not exhaustive. Please refer to the Policy Contract for all terms, conditions and exclusions. For the avoidance of doubt, only the terms, conditions and exclusions as set out in the Policy Contract will bind the policy owner and Us.

Details of Plan Provider:

Etiqa Insurance Pte. Ltd., (201331905K), 23 Church Street, #01-01 Capital Square, Singapore 049481.

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.lia.org.sg or www.sdic.org.sg).

Nature and Objective of the Plan:

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.

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

Plan Benefit:

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 Heart and Neurological Disorder while the rider is in force.

Benefit Limitation

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

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.

		<p>The NYHA Classification of Cardiac Impairment:</p> <p>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.</p> <p>Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.</p> <p>Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p> <p>Early cardiomyopathy in the presence of HIV infection is excluded.</p>
4	Coronary artery disease	<p>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.</p> <p>Coronary arteries herein refer to right coronary artery, left main stem, left anterior descending and left circumflex, but not their branches.</p> <p>Note that any non-invasive method of determining coronary artery stenosis is not acceptable.</p>
5	Increased pulmonary blood pressure	<p>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.</p> <p>The diagnosis must be established by cardiac catheterisation by a specialist in the relevant field.</p>
6	Keyhole coronary bypass surgery or Coronary artery atherectomy or Myocardial laser revascularisation or Enhanced external counter pulsation	<p>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 counter pulsation.</p> <p>All other surgical procedures will be excluded from this benefit.</p>
7	Large Asymptomatic Aortic Aneurysm	<p>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.</p>
8	Minimally Invasive Surgery to Aorta	<p>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.</p>
9	Percutaneous valvuloplasty, Valvotomy, Percutaneous valve replacement, or Device repair	<p>The actual undergoing of Valvotomy or Valvuloplasty or percutaneous valve replacement necessitated by damage of the heart valve as confirmed by a specialist in the relevant field and established by a cardiac echocardiogram.</p> <p>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.</p>
10	Pericardectomy	<p>The undergoing of a pericardectomy 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.</p> <p>Pericardectomy in the presence of HIV infection is excluded.</p>

Early and Intermediate Stage Critical Illness

No	Neurological Disorders	Definition
1	Amyotrophic lateral sclerosis	<p>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.</p>

2	Bacterial meningitis with full recovery	Bacterial infection resulting in severe inflammation of the membranes of 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 surgery (via craniotomy)	The actual undergoing of surgical repair of an intracranial aneurysm or 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 surgery (via endovascular procedures)	The actual undergoing of surgical repair of an intracranial aneurysm or 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.

Premiums

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.

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:

- (a) this rider is in force on the Expiry date before the renewal;
- (b) the Life insured has not reached age 85 at the renewal date;
- (c) there are no previously admitted or submitted claims on this policy; and
- (d) 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.

Termination:

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

- a) 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.

Exclusions:

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

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.

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 rider's Sum insured, whichever is later.

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.

Impact of Early Surrender:

As this product has no savings or investment feature, there is no cash value if the rider ends or if the rider is terminated prematurely.

Free Look Period:

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 the 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.

Note:

Age means the age at next birthday.

Life Insurance is a contract of utmost good faith and a proposer is required to disclose in proposal form fully and faithfully all the facts, which he knows or ought to know, as otherwise the policy issued may be void.

The terms and conditions of Your policy are contained in Your Policy Contract.