Manulife

PHM Prime Life 48
Master Policy No. GL5022

Manulife Insurance Berhad
(Company No. 200801013654 (814942-M))
12th Floor, Menara Manulife, 6, Jalan Gelenggang,
Damansara Heights, 50490 Kuala Lumpur
Tel: 03-2719 9228

hereby agrees to insure against death, Disability and Critical Illnesses of such persons as shall be nominated from time to time by:

Pathlab Health Management (M) Sdn Bhd
(Company No. 199401013633 (299313-M))
A901, Pusat Dagangan Phileo Damansara 2,
No 15, Jalan 16/11, Off Jalan Damansara,
46350 Petaling Jaya, Selangor Darul Ehsan.
(hereinafter called "the Policyholder" or "PHM")

This Policy is issued in consideration of the application of the Policyholder and the payment of the premiums computed and payable as provided hereinafter.

The provisions and conditions on the subsequent pages hereof form a part of this Policy as fully as if recited at length over the signature hereto affixed.

In witness whereof, the Company has caused this Policy to be executed as of the Policy Effective Date.

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SECTION A:
GENERAL PROVISIONS AND CONDITIONS

1. THE CONTRACT

The Certificates of Insurance issued under this Policy are issued in consideration of the payment of premium by the Eligible Members as specified in the Schedule of Premium and Schedule of Benefits, and pursuant to:

(i) the answers given by the Certificate Owner and/or the Insured in the Certificate Owner's application/proposal form or any subsequent questionnaires given by Us on any matters relating to the Certificate Owner's proposal and any disclosures made by the Certificate Owner and/or the Insured between the time of submission of the Certificate Owner's application/ proposal and the time this contract is entered into; and

(ii) medical reports and any other reports and questionnaires,

(collectively referred to as "Material Information").

Such Material Information shall form part of the Certificate of Insurance. However, in the event of any pre-contractual misrepresentation made in relation to such Material Information, only the remedies in Schedule 9 of the Financial Services Act 2013 will apply.

If the Certificate Owner is required by Us, before any Certificate of Insurance is renewed or varied, to answer any questions or if the Certificate Owner is required to confirm or amend any matter previously disclosed by the Certificate Owner to Us in relation to this Policy, it is the Certificate Owner's duty to take reasonable care not to make a misrepresentation when answering the questions or confirming or amending any matter previously disclosed.

2. ACCEPTANCE

We will consider accepting applications made for PHM Prime Life 48 by any person nominated by the Policyholder who:

(a) is a Member or the spouse or child of the Member; and

(b) is a citizen of Malaysia; and

(c) conforms to our usual underwriting conditions as determined from time to time,

(hereinafter referred to as "Insured").

3. PARTICIPATION

(a) New Members shall become eligible for insurance hereunder on the day following the completion of the required application form (if applicable) or as specified in Schedule A.

(b) Each Eligible Member shall be insured hereunder provided that the duly completed application form has been received by the Company from the Policyholder and the condition set forth in paragraph 7 of this Section A has been satisfied.

4. POLICYHOLDER

The Policyholder of this Policy is as designated on the first page of this Policy. During the lifetime of the Insured, only the Policyholder can exercise all rights and privileges available under this Policy, without affecting the rights of any trustee, any Certificate Owner or any assignee on record. For purposes of clarity, the exercise of all rights by the Policyholder shall not prejudice the rights of any Insured or any person entitled through such an Insured under Paragraph 11 (3) Schedule 8 of the Financial Services Act 2013.

5. ALTERATION

Alteration or waiver of the Policy provisions will not be valid unless made by a Policy or rider endorsement and duly authorised by an authorised person of the Company. Where the introduction, imposition or variation of any law, order, regulation or official directive renders it unlawful or impractical for the Company to continue this Certificate of Insurance, without breaching such law, order, regulation or official directive, the Company may alter and/or waive the Policy provisions in its sole and absolute discretion as necessary or appropriate to comply with such law, order, regulation or official directive upon serving an advance written notice to the Policyholder.

6. INCONTESTABILITY

Except for fraud, the terms and conditions of this Policy with respect to the Insured will be incontestable after it has been in force during the lifetime of the Insured for two (2) years from the Issue Date of the Certificate of Insurance.

7. COMMENCEMENT OF COVER

Insured will be covered under this Policy from the Issue Date of the Certificate of Insurance provided that the premium has been received by the Company.

8. NOTICE

Any notice or communication between the Company and the Policyholder under this Policy:

(a) must be sent in accordance with the address as stated in this Policy or any other address as notified by the Company and the Policyholder; and

(b) will be taken to have been given, in case of delivery in person or by post, when delivered, received or left at the Policyholder's address.

9. CHANGE OF OWNERSHIP AND ASSIGNMENT

While the Insured is living, the Certificate Owner may change the ownership of the Certificate of Insurance or assign the Certificate of Insurance by completing the form prescribed by the Company. The change will be effective only after the Certificate of Insurance is endorsed by the Company. The Company assumes no responsibility for the validity of any assignment.

If the Certificate Owner predeceases the Insured, the same rights, privileges and benefits exercised and enjoyed by the Certificate Owner shall vest in the Insured, subject to the rights of any assignee. Where the Insured is a minor, the rights, privileges and benefits shall vest in the legal guardian of the said Insured.

10. TERMINATION OF THE POLICY

The policy shall terminate when the Policyholder gives the Company ninety (90) days written notice requesting discontinuance; or vice versa.

Either party has the right to terminate this Policy within a mutually agreed timeframe if this Policy is prohibited or rendered impossible whether legally or in practice, for reasons which are of no fault of the party giving such notice.

Subject to paragraph 26 of this Section A, this policy will not terminate if the Company ceases the sale for new business of PHM Prime Life 48, and all in-force Certificates of Insurance shall continue to be renewed in accordance to Schedule A.

11. SUICIDE

If the Insured, whether sane or insane, commits suicide, within twelve (12) months after the Issue Date of the Certificate of Insurance, the coverage will become void and the Company will return the premiums paid in respect of the Insured without interest.

12. PRE-EXISTING CLAUSE

This Policy does not cover any claim arising from a Pre-existing Illness or Injury.

"Pre-existing Illness or Injury" means a disease or sickness or bodily injuries occurring prior to the Issue Date of the Certificate of Insurance, and advice or treatment for the disease or sickness or Injury was sought or obtained from a medical practitioner, chiropractor, naturopath or any other practitioner or a similar kind, prior to the Issue Date of the Certificate of Insurance.

13. FREE LOOK PERIOD

The Certificate Owner(s) may cancel the Certificate of Insurance by giving written notice of cancellation within fifteen (15) days from the date of receipt of the same. The Company will refund all premiums paid (less any medical examination fees incurred) to the Certificate Owner(s) and the Certificate of Insurance shall be cancelled.

14. PAYMENTS BY THE COMPANY

The Company will pay the benefits pursuant to the Certificate of Insurance at its Head Office or Regional Support Centres. In making any benefit payment, the Company reserves the right to deduct from the benefit payment any indebtedness, including any remaining premiums due for the Certificate Year but remain unpaid to the Company pursuant to the Certificate of Insurance. A receipt for any benefit proceeds under the Certificate of Insurance, signed by the designated nominee(s) / trustee(s)/ Public Trustee(s)/ any person the Company deems fit, will be a good and valid discharge to the Company. Such a receipt will be final and conclusive evidence that such proceeds have been duly paid to and received by those lawfully entitled to them and that all claims and demands against the Company with respect to them have been fully satisfied.

15. JUVENILE LIEN

If at the time of death, Disability or occurrence of Covered Event, the age (next birthday) of the Insured is less than four (4) years old, the benefit payable will be as follows:

Age of Insured (next birthday)	Percentage of Face Amount Payable
1 year old	20%
2 years old	40%
3 years old	70%
4 years old	100%

16. PAYMENT OF PREMIUMS

While the Insured is living, premiums are payable annually or monthly, as specified on the Certificate of Insurance or Endorsement Page. All premiums are payable on or before their due dates to the Company either at its Head Office or Regional Support Centres or to an institution authorised by the Company in exchange for an acknowledgement issued by the Company or the authorised institution.

The premium payable shall not be reduced after a claim event that pays the Basic Face Amount partially or pays the rider face amount partially.

The Company reserves the right to amend the premium rates and/or structure of this Policy by taking into consideration of factors such as age, gender, smoking status etc. The amended rates shall apply to all Certificates of Insurance upon renewal provided that the amendments have been notified at least ninety (90) days prior notice in writing to the Certificate Owner and the Policyholder which these rates are deemed to apply.

The Company will allow a grace period of thirty (30) days from the due date for the payment of each premium. During this period the benefits under the Certificate of Insurance shall continue to apply. If any premium remains unpaid at the end of the grace period, the Certificate of Insurance will then lapse and cease to be in force.

17. CANCELLATION OF CERTIFICATE OF INSURANCE

The insurance coverage will cease (i) upon the Certificate Owner, at any time, requesting discontinuance by giving a written notice of cancellation; or (ii) when the Certificate Owner is no longer a customer of PHM. Upon cancellation/termination, the Certificate of Insurance will continue to be in force and the benefit under the Certificate of Insurance shall continue to apply until the day immediately before the next premium due date. Thereafter, the coverage will completely cease and the Certificate of Insurance will not be renewed.

18. REINSTATEMENT

The Certificate of Insurance is not allowed to be reinstated if the Certificate of Insurance lapsed when premium remains unpaid at the end of grace period.

19. THE NOMINEE

The Nominee is as designated on the Endorsement Page and this designation will remain in effect unless subsequently changed.

20. CHANGE OF NOMINEE

While the Insured is living, the Certificate Owner may change the Nominee of the Certificate of Insurance by completing the form prescribed by the Company. The change will be effective only after the Certificate of Insurance is endorsed by the Company.

21. LAW

This Policy is issued under and will be construed in accordance with the laws of Malaysia.

22. CURRENCY

All payments to be made under this Policy to or by the Company shall be made in the legal currency of Malaysia.

23. CHANGE OF ADDRESS

The Company is to be notified of any change of address of the Certificate Owner, nominee(s), Trustee(s) or Assignee(s).

24. PROOF OF AGE

Satisfactory proof of age of the Insured must be furnished to the Company before any payment of benefits under the Policy is payable.

25. MISSTATEMENT OF AGE OR GENDER

If the age or gender of the Insured has been misstated, the Company's liability under the Certificate of Insurance will be such as the premiums paid would have purchased using the correct age and gender provided that the Company would have issued the Certificate of Insurance in accordance with its normal rules and regulations applicable at the time the Certificate of Insurance was issued. Otherwise, the Company will return all premiums paid without interest.

26. DISCONTINUANCE

The insurance coverage provided under this Policy in respect of an Insured shall terminate on the first occurrence of any of the following events:

(a) Upon the Company’s admission of liability of the Insured’s death;
(b) The Face Amount of the Certificate of Insurance is fully exhausted;
(c) Upon the full payment of benefit stipulated under Benefit Provision;
(d) Upon cancellation of Certificate of Insurance according to paragraph 17 of this Section A;
(e) Upon termination of this Policy;
(f) The premium remains unpaid at the end of the grace period of thirty (30) days;
(g) The date on which the Insured enters full-time military, naval or air service;
(h) The date of termination communicated to the Policyholder by the Company by virtue of war, act of war, where such date shall be at the discretion of the Company; or
(i) On the Expiry Date as shown on the Certificate of Insurance.

The termination shall be without prejudice to any claim arising prior to such termination.

27. NON-PARTICIPATING

This Policy does not participate in the divisible surplus of the Company.

SECTION B:
DEFINITIONS

For the purpose of this Policy the following Definitions apply unless the context otherwise dictates:

1. **"Accident"** or **"Accidental"** is defined as an event caused solely and independently of all other causes, and directly by violent, unexpected, external and visible means.

2. **"Activities of Daily Living"** are defined as:
   (a) Transfer
   Getting in and out of a chair without requiring physical assistance.

   (b) Mobility
   The ability to move from room to room without requiring any physical assistance.

   (c) Continence
   The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.

   (d) Dressing
   Putting on and taking off all necessary items of clothing without requiring assistance of another person.

   (e) 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.

   (f) Eating
   All tasks of getting food into the body once it has been prepared.

3. **"Assessment Period"** means the period during which the Company will assess a condition before deciding whether or not the condition qualifies as being Permanent. The assessment period will be for the minimum period time frame stated in the relevant definition and will not be longer than twelve (12) months (provided all required evidence has been submitted).

4. **"Certificate Owner"** is defined as the person whose name appears as the owner on the Certificate of Insurance.

5. **"Certificate Year"** is defined as a period of twelve (12) months from any anniversary of the Certificate of Insurance.

6. **"Congenital Conditions"** shall mean any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within six (6) months from the time of birth. They will include hernias of all types and epilepsy except when caused by a trauma which occurred after the date that the Insured was continuously covered under the Certificate of Insurance.

7. **"Disability"** shall mean a sickness, disease, illness or entire Injuries arising out of a single or continuous series of causes.

8. **"Eligible Member"** means Member who is eligible to apply for PHM Prime Life 48.

9. **"Face Amount"** means the benefit amount as stated in Certificate of Insurance or Endorsement, whichever is later.

10. **"Gainfully Employed"** is defined as being employed on a full-time or part-time basis and being able to produce documentary evidence of earnings which may include, but is not limited to KWSP (EPF) contribution statements and Income Tax returns.

11. **"Hospital"** is defined as an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons as paying bed-patients, and which:
   (a) has facilities for diagnosis and major surgery;
   (b) provides 24 hour a day nursing services by registered and graduate nurses;
   (c) is under the supervision of a Physician; and
   (d) is not primarily a clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.

12. **"Injury"** means bodily Injuries sustained directly and independently of all other causes by Accident for which, except in the case of drowning or of internal Injury revealed by an autopsy, there is evidence of a visible contusion or wound on the exterior of the body.

13. **"Irreversible"** means cannot be reasonably improved upon by medical treatment and/or surgical procedures consistent with the current standard of the medical services available in Malaysia.

14. **"Loss of one member"** is defined as:
    (a) Loss of a hand or foot by severance at or above wrist or ankle; or
    (b) Total and Permanent loss of use of the hand or foot as certified by a Physician, approved or appointed by the Company, at least six (6) months after the date of the Accident. Such certification is final and conclusive; or
    (c) Loss of sight in one eye.

15. **"Loss of sight"** is defined as 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 using a Snellen eye chart or equivalent test and the result must be certified by an ophthalmologist.

16. **"Member"** means a current customer of Pathlab Health Management (M) Sdn Bhd.

17. **"Not Gainfully Employed"** is defined as being unemployed, or being a full-time student, or working from the home and being unable to produce satisfactory documentary evidence of earnings which may include, but is not limited to KWSP (EPF) contribution statements and Income Tax returns.

18. **"Permanent"** means expected to last throughout the lifetime of the Insured.

19. **"Permanent neurological deficit with persisting clinical symptoms"** means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Insured. Symptoms that are covered include numbness, paralysis, localised 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.

20. **"Physician", "Doctor" or "Surgeon"** is defined as a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a doctor, physician or surgeon who is the Insured himself.

21. **"Policy"** means this **PHM Prime Life 48** master policy.

22. **"Policy Effective Date"** shall mean the date on which the Policy takes effect.

23. **"Presumptive Total and Permanent Disability"** is defined as:
    (a) Loss of sight of both eyes;
    (b) Loss of two or more members; or
    (c) Loss of all sight of one eye and Loss of one member.

24. **"Specialist"** is defined as a medical practitioner registered and licensed as such in the geographical area of his practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine, but excluding a physician or surgeon who is the Insured/ Certificate Owner himself.

25. **"Surgery"** shall mean any of the following medical procedures:
    (a) To incise, excise or electrocauterize any organ or body part, except for dental services.
    (b) To repair, revise, or reconstruct any organ or body part.
    (c) To reduce by manipulation a fracture or dislocation.
    (d) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.

26. **"The Company", "We", "Our" or "Us"** means **Manulife Insurance Berhad.**

27. **"Total and Permanent Disability"** or **"TPD"** is defined as:
    (a) If the Insured is Gainfully Employed and sixteen (16) years of age (next birthday) or above at the date of Disability, then "Total and Permanent Disability" is defined as Disability caused by Accidental bodily Injury, sickness or disease, and result in the complete and continuous inability of the Insured at the time of Disability and at any time thereafter to engage in any business, occupation, work or profession of any or every kind for profit, compensation, wage or remuneration. It is further provided that such Disability must last for a continuous period of not less than six (6) months in duration.
    (b) If the Insured is not Gainfully Employed but sixteen (16) years of age (next birthday) or above at the date of Disability, then "Total and Permanent Disability" is defined as being totally unable by reason of Accident or illness to perform independently at least four of the six Activities of Daily Living for a continuous period of at least six (6) months, without the frequent attention of a third party and, in the opinion of the Company such Disability will remain Permanent.
    (c) If the Insured is less than sixteen (16) years of age (next birthday) but above six (6) years of age (next birthday) at the date of Disability, then "Total and Permanent Disability" is defined as Disability such that the Insured is in need of constant care and attention and is confined by reason of Accident or illness to his home under medical supervision or in a Hospital or similar institution, and such Disability must last for at least six (6) months continuously, and in the opinion of the Company such Disability will remain Permanent.

SECTION C:
BENEFITS

1. DEATH BENEFIT

Upon death of the Insured(s) while this Certificate of Insurance is in force, the Company will pay in one lump sum based on the Schedule of Benefits and the Face Amount as stated on the Certificate of Insurance or Endorsement Page, whichever is issued later. Payout for death due to Accidental causes is only applicable before the Certificate of Insurance anniversary prior to Insured attaining age of seventy (70) years old next birthday. The coverage in respect of the Insured(s) shall be terminated after the Company has paid the Death Benefit.

2. NOTICE OF CLAIMS

Written notice of claim must be given to the Company within thirty (30) days after the date of death or within such longer periods as the Company may in writing allow.

3. CLAIM FORMS

The Company, upon receipt of a notice of claim, will furnish the claimant the claim form. Affirmative proof of death in such forms must be fully completed at claimant's own expense and returned to the Company within ninety (90) days of receipt of the same.

4. LEGAL PROCEEDINGS

No action in law or equity shall be brought against the Company to recover on this Provision prior to the expiration of nine (9) months after proof of loss has been filed in accordance with the requirements of the provisions herein.

5. MEDICAL EXAMINATION

The Company will have the right to examine the Insured whenever it may be reasonably required and to conduct an autopsy where it is not forbidden by Law.

6. RISKS EXCLUDED

For death caused directly or indirectly by Accidental causes, wholly or partly, there are additional exclusions whereby this Provision does not cover such death, by any one of the following occurrences:

(a) Any suicide, whether sane or insane, or any intentionally self-inflicted Injuries;
(b) War, declared or undeclared, revolution or any warlike operations;
(c) Military, air force, or naval service in time of declared or undeclared war or while under orders for warlike operations or restoration of public order;
(d) Commission of a criminal act;
(e) Any act in violation of law;
(f) Participation in any brawl;
(g) Participation in hazardous pursuits, such as, but not limited to, mountaineering, scuba diving, racing on horse or wheels;
(h) Taking of poison or inhaling of gas or fumes, whether voluntarily or otherwise;
(i) Chronic illness pre-existing to an accident;
(j) Accident occurring while or because the Insured is affected by alcohol or any substance abuse; or
(k) Aviation activities other than a fare paying passenger or crew on a commercial passenger airline.

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SCHEDULE A

Attaching to and forming a part of the PHM Prime Life 48 (Master Policy Number: GL5022):

Name/Address of Policyholder	:	**Pathlab Health Management (M) Sdn. Bhd.** (Company No. 199401013633 (299313-M)) A901, Pusat Dagangan Phileo Damansara 2, No.15, Jalan 16/11, Off Jalan Damansara, 46350 Petaling Jaya, Selangor Darul Ehsan.
Policy Effective Date	:	09 August 2022
Certificate Owner	:	Eligible Member, aged seventeen (17) years old next birthday and above.
Insured	:	Eligible Member, aged between thirty (30) days old and sixty-five (65) years old next birthday.
Certificate Coverage Term	:	One (1) Year
Renewal	:	Guaranteed Yearly Renewal up to Insured's age eighty (80) years old next birthday.
Face Amount	:	Refer to Certificate of Insurance
Benefits Coverage	:	Refer to Schedule B
Amount of Premium	:	Refer to Schedule C
Mode of Premium	:	Annually or Monthly
Currency Basis	:	Ringgit Malaysia
Country of Issue	:	Malaysia
Date of Issue	:	09 August 2022
Issuing Office	:	Kuala Lumpur

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SCHEDULE B

Attaching to and forming a part of the PHM Prime Life 48 (Master Policy Number: GL5022);

SCHEDULE OF BENEFITS

Benefit	Percentage (%) of Face Amount	
	Due to Accidental Causes	Due to Non-Accidental Causes
Death	200%	100%
TPD	200%	100%

Benefit	Percentage (%) of Face Amount
Accelerating Critical Illness	100%

PLAN TYPE

Plan	Total Benefits Payable (Face Amount)		
	Death or TPD due to Non-Accidental causes	Death or TPD due to Accidental causes	Accelerating Critical Illness
Silver	RM 50,000	RM 100,000	RM 50,000
Gold	RM 100,000	RM 200,000	RM 100,000
Platinum	RM 200,000	RM 400,000	RM 200,000
Diamond	RM 300,000	RM 600,000	RM 300,000

Benefits payable will be based on the Face Amount as shown on the Certificate of Insurance or Endorsement Page, whichever is issued later.

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SCHEDULE C

Attaching to and forming a part of the PHM Prime Life 48 (Master Policy Number: GL5022):

SCHEDULE OF PREMIUM

Package	Basic Face Amount (RM)	Annual Premium (RM)	Monthly Premium (RM)
Silver	50,000	270	25
Gold	100,000	540	50
Platinum	200,000	1,080	99
Diamond	300,000	1,620	149

The premiums may be subject to any taxes that may be introduced by the Government of Malaysia from time to time. The Company reserves the right to collect from the Certificate Owner an amount equivalent to the prevailing rate of taxes payable for the premium. Such tax, duties, levies or imposts payable shall be paid in addition to the applicable premiums and other charges. All provisions in this policy on payment of premiums and default thereof shall apply equally to any other duties, taxes levies or imposts.

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Supplementary Provision
Attaching to: Master Policy No. GL5022

DISABILITY BENEFITS

This Supplementary Provision is issued in conjunction with and forms part of the Policy to which it is attached.

SECTION A:
SUPPLEMENTARY PROVISIONS AND CONDITIONS

1. NOTICE OF CLAIMS
Written notice of claim must be given to the Company within one hundred and eighty (180) days after the date of commencement of Disability or within such longer periods as the Company may in writing allow.

2. CLAIM FORMS
The Company, upon receipt of a notice of claim, will furnish the claimant the claim form. Affirmative proof of Disability in such forms must be fully completed at claimant's own expense and returned to the Company within ninety (90) days of receipt of the said forms.

3. LEGAL PROCEEDINGS
No action in law or equity shall be brought against the Company to recover on this Supplementary Provision prior to the expiration of nine (9) months after proof of Disability has been filed in accordance with the requirements of this Supplementary Provision herein.

4. PROOF OF CONTINUANCE OF DISABILITY AND MEDICAL EXAMINATION
The Company will have the right to demand from the Insured proof of continuance of Disability at his own expense before any Disability Amount is paid. The Company reserves the right to have the Insured examined by a Physician approved or appointed by the Company, whenever it may be reasonably required. The opinion of such Physician so approved or appointed shall be deemed to be final and conclusive.

5. CESSATION OF DISABILITY
When the Certificate Owner fails to furnish proof of continuance of Disability or when the Disability is certified by a Physician approved or appointed by the Company as to have ceased to exist or the Insured becomes able to perform any business or work for profit or wage, the Company will cease paying the Disability Amount immediately and all premiums falling due thereafter shall be payable. The coverage then continues to be in force on the balance of the Face Amount and this Supplementary Provision continues to be in force on the balance of the Disability Amount.

6. PAYMENT OF DISABILITY BENEFIT
Full payment of the Disability Amount made under this Supplementary Provision with respect to the Insured shall release the Company of all liabilities under this Supplementary Provision.

7. DISCONTINUANCE

This Supplementary Provision with respect to an Insured shall terminate on the first occurrence of any of the following:

(a) Upon the Company's admission of liability of the Insured's death;
(b) After the Disability Amount, as shown on the Certificate of Insurance or Endorsement Page, whichever is issued later, has been paid in full;
(c) Upon cancellation of Certificate of Insurance according to paragraph 17 of Section A of the Master Policy; or
(d) The Certificate of Insurance lapses, expires, or is surrendered, cancelled or terminated.

The termination shall be without prejudice to any claim arising prior to such termination.

8. RISK EXCLUDED

This Supplementary Provision does not cover any Disability caused directly or indirectly, wholly or partly, by any one of the following occurrences:

(a) Pre-existing Illness or Injury as at the Issue Date;
(b) Any suicide attempt, whether sane or insane, or any intentionally self-inflicted Injuries;
(c) Military, air force or naval service in time of declared or undeclared war or while under orders for warlike operations or restoration of public order;
(d) Commission of a criminal act;
(e) Aviation activities other than as a fare paying passenger or crew on a commercial passenger airline;
(f) Under the influence of intoxicating liquor or as a result of substance abuse or while engaging in any hazardous speed or endurance contest; or
(g) Participation in any hazardous pursuits, such as, but not limited to, mountaineering, scuba diving, hang gliding, etc.

For Disability caused directly or indirectly by Accidental causes, wholly or partly, there are additional exclusions whereby this Supplementary Provision does not cover such Disability, by any one of the following occurrences:

(a) War, declared or undeclared, revolution or any warlike operations;
(b) Any act in violation of law;
(c) Participation in any brawl;
(d) Taking of poison or inhaling of gas or fumes, whether voluntarily or otherwise;
(e) Chronic illness pre-existing to an accident; or
(f) Accident occurring while or because of the Insured is affected by alcohol or any substance abuse.

SECTION B:
BENEFITS

If the Insured, prior to the Certificate of Insurance's anniversary before the Insured's seventieth (70^{th}) next birthday, suffers from Total and Permanent Disability (TPD), the Company will pay the benefit based on the Schedule of Benefits and the Disability Amount stated on the Certificate of Insurance or Endorsement Page, whichever is issued later. The payout is subject to the conditions herein contained and provided that any such Disability is certified to exist by a Physician approved or appointed by the Company.

1. TOTAL AND PERMANENT DISABILITY BENEFIT

Upon the Total and Permanent Disability of an Insured subject to the conditions herein contained and provided that any such Disability is certified to exist by a Physician approved or appointed by the Company, the Company will pay the Disability Amount to the Insured in one lump sum, up to a maximum of Ringgit Malaysia one million (RM1,000,000), after a six (6) month waiting period from the date of commencement of the Disability, provided that the Disability still persists. The Face Amount and Disability Amount will be reduced by the lump sum payment. Where the Disability Amount is more than Ringgit Malaysia one million (RM1,000,000), the remaining Disability Amount will be paid in another lump sum twelve (12) months from the date of commencement of the Disability, provided the Disability persists. The reduced Face Amount shall then be further reduced by the lump sum payment made in excess of the Ringgit Malaysia one million (RM1,000,000).

If the Disability is classified as Presumptive Total and Permanent Disability, subject to the conditions herein contained and provided that any such Disability is certified to exist by a Physician approved or appointed by the Company, the Company will pay the Disability Amount to the Insured in one lump sum, up to a maximum of Ringgit Malaysia one million (RM1,000,000). The Face Amount and Disability Amount will be reduced by the lump sum payment. Where the Disability Amount exceeds Ringgit Malaysia one million (RM1,000,000), the remaining Disability Amount will be paid in another lump sum, six (6) months from the date of commencement of the Disability, provided the Disability persists. The reduced Face Amount shall be further reduced by the lump sum payment made in excess of the Ringgit Malaysia one million (RM1,000,000).

The aggregate Disability Amount with respect to an Insured under this Certificate and all insurance on the same life with the Company shall not exceed Ringgit Malaysia ten million (RM10,000,000).

If death occurs during the six (6) months waiting period, the Company will pay balance of the Face Amount with respect to the Insured in one lump sum.

Manulife

Supplementary Provision
Attaching to: Master Policy No. GL5022

ACCELERATED CRITICAL ILLNESS

This Supplementary Provision is issued in conjunction with and forms part of the Policy to which it is attached.

SECTION A:
SUPPLEMENTARY PROVISIONS AND CONDITIONS

1. REQUIREMENTS OF A COVERED EVENT

The Company must be furnished in writing, at the Insured's own expense, a proof of Covered Event by a licensed Physician including documentation supported by clinical, radiological, histological, or laboratory evidence acceptable to the Company. The Company may require, at its own expense, an additional examination by a Physician of its choice. Proof of Cancer must be established according to the medically accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspected tumour, tissue, or specimen.

2. NOTICE OF CLAIMS

Written notice of claim must be given to the Company within ninety (90) days after the date of a Covered Event or within such longer periods as the Company may in writing allow.

3. CLAIMS FORMS

The Company, upon receipt of a notice of claim, will furnish the claimant with a claim form. Affirmative proof of the Covered Event in such forms must be fully completed at claimant's own expense and returned to the Company within ninety (90) days of receipt of the same.

4. LEGAL PROCEEDINGS

No action in law or equity shall be brought against the Company to recover on this Supplementary Contact prior to the expiration from nine (9) months after proof of Covered Event has been filed in accordance with the requirements herein.

5. RISKS EXCLUDED

No benefit is payable under this Supplementary Provision if the Covered Event is due to any one of the following occurrences:

(a) Any Pre-existing Illness as at the Issue Date;
(b) Covered Event caused, directly or indirectly, by alcohol or substance abuse, congenital abnormalities including physical defects present from birth, suicide attempt or intentional self-inflicted Injury; or
(c) The Covered Event is due to participation in any hazardous pursuit such as, but not limited to, mountaineering, scuba diving, hang gliding, racing on horse or wheels, etc.

6. WAITING PERIOD

The Company will pay the Critical Illness Benefit subject to the following Waiting Period:

(a) The Certificate of Insurance has been in force for at least sixty (60) days after the Issue Date of the Certificate of Insurance, whichever is the later for Covered Event Heart Attack, Cancer, Coronary Artery By-Pass Surgery, Serious Coronary Artery Disease or Angioplasty and Other Invasive Treatments for Coronary Artery Disease; and
(b) For all other Covered Events not stated above, the Certificate of Insurance has been in force for at least thirty (30) days after the Issue Date of the Certificate of Insurance.

7. DISCONTINUANCE

This Supplementary Provision shall automatically terminate on the first occurrence of any of the following:

(a) Upon cancellation of Certificate of Insurance according to paragraph 17 of Section A of the Master Policy;
(b) The Certificate of Insurance lapses, expires, or is surrendered, cancelled, or terminated;
(c) Upon death of the Insured; or
(d) Upon payment of a Covered Event such that the cumulative payments made equal to the Face Amount of this Supplementary Provision.

The termination shall be without prejudice to any claim arising prior to such termination.

SECTION B:
BENEFITS

If the Insured qualifies under the first ever occurrence of a Covered Event prior to the Certificate of Insurance's anniversary before the Insured's age sixty-five (65) years old, the Company will, upon admission of liability, pay the following:

1. In one lump sum the Face Amount of this Supplementary Provision based on the Schedule of Benefits, for a Covered Event as stated in Definition Of A Covered Event. PROVIDED ALWAYS that payment shall not be made in respect of more than one Covered Event under Section C, Schedule I.

2. A limited payment equal to ten percent (10%) of the Face Amount of this Supplementary Provision but not exceeding Ringgit Malaysia twenty-five thousand (RM25,000) shall be paid in one lump sum for a Covered Event as stated in Schedule II of the Definition Of A Covered Event. Payment under this benefit is payable once only on the first occurrence of the Covered Event. Upon payment of this limited payment, the Face Amount of this Supplementary Provision and the Certificate of Insurance will be reduced by the payments made and will remain in force with no change in premium. This reduced Face Amount will be endorsed in the Certificate of Insurance.

The Face Amount of this Supplementary Provision and the basic policy shall be automatically reduced by any payments made and the reduced Face Amount shall be endorsed on the policy.

At any time, the Face Amount of this Supplementary Provision shall not be more than the Face Amount of the Certificate of Insurance.

SECTION C:
DEFINITION OF A COVERED EVENT

A Covered Event means an event where a person is suffering from one of the following illnesses as herein defined.

SCHEDULE I

1. STROKE

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 three (3) months applies.

The following are not covered:
(a) transient ischemic attacks
(b) cerebral symptoms due to migraine
(c) traumatic Injury to brain tissue or blood vessels
(d) vascular disease affecting the eye or optic nerve or vestibular functions

2. HEART ATTACK

The death of the 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:
    i. ST elevation or depression
    ii. T wave inversion
    iii. 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.

The following are not covered:
(a) occurrence of an acute coronary syndrome including but not limited to unstable angina
(b) a rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease

3. KIDNEY FAILURE

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.

4. CANCER

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.

The following are not covered:
(a) all cancers which are histologically classified as any of the following:
    i. pre-malignant
    ii. non-invasive
    iii. carcinoma in situ
    iv. having borderline malignancy
    v. 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

5. 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.

The following are not covered:
(a) angioplasty
(b) other intra-arterial or catheter-based techniques
(c) keyhole procedures
(d) laser procedures

6. 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 sixty percent (60%) in each artery as proven by coronary arteriography (non-invasive diagnostic procedures are not covered). A narrowing of sixty percent (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.

7. 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.

8. FULMINANT VIRAL HEPATITIS

A sub-massive to massive necrosis (death of liver tissue) caused by any virus as evidenced by all 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.

9. COMA

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least ninety-six (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 thirty (30) days applies. Confirmation by a neurologist must be present. Coma resulting directly from alcohol or drug abuse is not covered.

10. BENIGN BRAIN TUMOUR

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
(g) Tumours of the acoustic nerve

11. 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.

12. BLINDNESS

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.

13. DEAFNESS

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.

14. THIRD DEGREE BURNS

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

15. 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 Certificate of Insurance;
(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 Insured does not suffer from hemophilia; and
(e) the Insured is not a member of any high risk groups including but not limited to intravenous drug users.

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 Insured must have a CD4 cell count of less than two hundred (200) /µL and one or more of the following criteria are met:

(a) weight loss of more than ten percent (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 one-thousand (1000) lymphocytes/µL
(g) malignant Lymphoma

17. 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 one (1) liter during first second;
(c) shortness of breath at rest; and
(d) Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less.

18. ENCEPHALITIS

Severe inflammation of brain substance, resulting in Permanent functional impairment. The Permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies. The Covered Event must be certified by a neurologist.

Encephalitis in the presence of HIV infection is not covered.

19. 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.

20. 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 specialist.

All psychiatric related causes are not covered.

21. 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.

The following are not covered:

(a) repair via intra-arterial procedure
(b) repair via key-hole surgery or any other similar techniques.

22. LOSS OF INDEPENDENT EXISTENCE

Confirmation by an appropriate specialist of the loss of independent existence and resulting in a Permanent inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of six (6) months applies.

23. BACTERIAL MENINGITIS

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 three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies.

The diagnosis must be confirmed by:

(a) an appropriate specialist;
(b) the presence of bacterial infection in the cerebrospinal fluid by lumbar puncture.

Other forms of meningitis, including viral meningitis are not covered.

24. MAJOR HEAD TRAUMA

Physical head Injury resulting in Permanent functional impairment verified by a neurologist. The Permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of three (3) months applies.

25. CHRONIC APLASTIC ANAEMIA

Irreversible Permanent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring at least two (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.

26. MOTOR NEURON DISEASE

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.

27. PARKINSON'S DISEASE

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 Insured to perform without assistance three (3) or more of the Activities of Daily Living.

Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are not covered.

28. 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 Insured. The diagnosis must be clinically confirmed by a neurologist.

The following are not covered:

(a) non organic brain disorders such as neurosis
(b) psychiatric illnesses
(c) drug or alcohol related brain damage

29. 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 Insured has reached the age of 12 years next birthday.

30. 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.

The following are not covered:

(a) angioplasty
(b) other intra-arterial or catheter-based techniques
(c) other keyhole procedures
(d) laser procedures

31. 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.

32. PRIMARY PULMONARY ARTERIAL HYPERTENSION

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:-

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.

33. MEDULLARY CYSTIC DISEASE

A progressive hereditary disease of the kidney characterized by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anemia, polyuria and renal loss of sodium, progressing to chronic kidney failure. Diagnosis must be supported by a renal biopsy.

34. CARDIOMYOPATHY

A definite diagnosis of cardiomyopathy by a cardiologist which results of 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:-

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.

Cardiomyopathy directly related to alcohol or drug abuse is not covered.

35. SYSTEMIC LUPUS ERYTHEMATOSUS WITH SEVERE KIDNEY COMPLICATIONS

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

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 hematological or joint involvement are not covered.

WHO Lupus Classification:
Type III - Focal Segmental glomerulonephritis
Type IV - Diffuse glomerulonephritis
Type V - Membranous glomerulonephritis

36. OCCUPATIONALLY ACQUIRED HIV INFECTION

Infection with the Human Immunodeficiency Virus (HIV) where it was acquired as a result from an Accident occurring whilst the Insured is carrying out normal occupational duties with seroconversion to HIV infection occurring within six (6) months of the Accident. Any Accident giving rise to a potential claim must be reported to the Company within thirty (30) days of the Accident taking place supported by a negative HIV test taken within seven (7) days of the Accident.

This benefit is only payable when the occupation of the Insured is a Medical Staff. “Medical Staff” is defined as doctors (General Physicians and Specialists), traditional practitioners, nurses, paramedics, laboratory technicians, dentists, dental nurses, ambulance workers who are working in a medical centre or Hospital or dental clinic/polyclinic in Malaysia. Doctors, traditional practitioners, nurses and dentists must be registered with the Ministry of Health of Malaysia.

37. BRAIN SURGERY

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

The following are not covered:
(a) Burr hole procedures
(b) Transphenoidal procedures
(c) Endoscopic assisted procedures or any other minimally invasive procedures
(d) Brain surgery as a result of an Accident

38. TERMINAL ILLNESS

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

39. APALLIC SYNDROME

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one (1) month.

40. CHRONIC RELAPSING PANCREATITIS

More than three (3) attacks of pancreatitis resulting in Permanent pancreatic dysfunction causing malabsorption needing enzyme replacement therapy.

The diagnosis must be made by a consultant gastroenterologist and confirmed by Endoscopic Retrograde Cholangiopancreatography (ERCP).

Chronic Relapsing Pancreatitis caused by alcohol or drug abuse is excluded.

41. CREUTZFELDT-JAKOB DISEASE (MAD COW DISEASE)

The occurrence of Creutzfeldt-Jakob Disease (Mad Cow Disease) or Variant Creutzfeldt-Jakob Disease (Mad Cow Disease) where there is an associated neurological deficit, which is solely responsible for the life insured's Permanent inability to perform at least three (3) of the listed Activities of Daily Living. These conditions have to be medically documented for at least six (6) months and confirmed by a consultant neurologist with appropriate testing such as conclusive Electroencephalography (EEG) and Cerebrospinal Fluid (CSF) findings as well as Computerized Tomography (CT) scan and Magnetic Resonance Imaging (MRI).

"Sickness" caused by human growth hormone treatment is excluded.

42. ELEPHANTIASIS

Elephantiasis is the result and complication of filariasis, characterized by massive swelling in the tissues of the body as a result of Permanent obstructed circulation in lymphatic vessels, resulting in Permanent inability of the Insured to perform at least three (3) of the listed Activities of Daily Living.

Unequivocal Diagnosis of Elephantiasis must be clinically confirmed by a Specialist in infectious disease or Specialist in the relevant field, including laboratory confirmation of microfilariae.

Lymphoedema caused by infection with a sexually transmitted disease, trauma, postoperative scarring, congestive heart failure, or congenital lymphatic system abnormalities are excluded.

43. POLIOMYELITIS

The occurrence of Poliomyelitis where the following conditions are met:
(a) Poliovirus is identified as the cause,
(b) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least three (3) months.

44. PROGRESSIVE SCLERODERMA

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:
(a) Localised scleroderma (linear scleroderma or morphea);
(b) Eosinophilic fascitis; and
(c) CREST syndrome.

45. CHRONIC AUTOIMMUNE HEPATITIS

A chronic necro-inflammatory liver disorder of unknown cause associated with circulating auto-antibodies and a high serum globulin level. The diagnosis must be based on all of the following criteria:
(a) Hypergammaglobulinaemia
(b) the presence of at least one (1) of the following auto-antibodies:
    i. Anti-nuclear antibodies;
    ii. Anti-smooth muscle antibodies;
    iii. Anti-actin antibodies;
    iv. Anti-LKM-1 antibodies;
    v. Anti-LC1 antibodies; or
    vi. Anti-SLA/LP antibodies
(c) Liver Biopsy confirmation of the diagnosis of auto-immune hepatitis.

This is only covered if the Insured has been put on continuous Immunosuppressive therapy for a period of at least six (6) months and the diagnosis must be confirmed by a specialist in gastroenterology or hepatology.

46. CROHN'S DISEASE WITH FISTULA

Crohn's disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:
(a) Stricture formation causing intestinal obstruction requiring admission to hospital;
(b) Fistula formation between loops of bowel; and
(c) At least one (1) bowel segment resection.

The diagnosis must be based on histopathological features and confirmed by a specialist in the relevant field.

47. SEVERE EISENMENGER'S SYNDROME

Eisenmenger's Syndrome shall mean the occurrence of a reversed or bidirectional shunt as a result of pulmonary hypertension, caused by a heart disorder.

All of the following criteria must be met:
(a) presence of Permanent physical impairment classified as NYHA IV; and
(b) the diagnosis of Eisenmenger's Syndrome and the level of physical impairment must be confirmed by a registered medical practitioner who is a cardiologist.

SCHEDULE II

1. ANGIOPLASTY AND OTHER INVASIVE TREATMENTS FOR CORONARY ARTERY DISEASE

The actual undergoing for the first time of Coronary Artery Balloon Angioplasty, atherectomy, 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 ten percent (10%) of the Critical Illness coverage under the Certificate of Insurance subject to a maximum of RM25,000. This Covered Event is payable once only and shall be deducted from the amount of the Certificate of Insurance, thereby reducing the amount of the lump sum payment for all benefits which may be payable herein.

The Company reserves the right to revise the definitions of a Covered Event by giving ninety (90) days prior written notice to the Policyholder and the Certificate Owner. Only an event sustained by the Insured that is herein defined will be considered a Covered Event.