

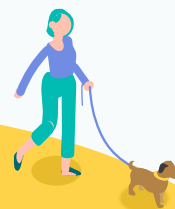


OneDegree Hong Kong Limited

# InfiniCare Policy

## Important Notes:


- This policy is underwritten by OneDegree Hong Kong Limited, which is authorized and regulated by the Insurance Authority of the Hong Kong SAR. OneDegree Hong Kong Limited will be responsible for providing your insurance coverage and handling claims under your policy.
- Your right to change your mind within 30 days
- If you are not completely satisfied with this policy, or you do not need this policy anymore, please inform us within 30 days of receipt of this policy by cancelling through the OneDegree website. We will cancel this policy and refund any premium you have paid. Otherwise, we will assume you have accepted this policy subject to its terms and conditions.





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The terms and conditions of your insurance with us, OneDegree Hong Kong Limited, are set out in this Policy. This Policy includes the Policy Schedule which may be accessed via our website. If we have agreed any amendments to the policy in writing (known as “endorsements”), they also form part of this Policy. Capitalized words used throughout this Policy are defined in Part 13 (“Definitions”).

## **PART 1: BENEFITS**

We will provide the following benefits, subject to the terms and conditions contained in this Policy:

### **1.1 Early Stage Critical Illness Benefit**

While this Policy is in force, if the Insured Person is Diagnosed to be suffering from an Early Stage Critical Illness listed in the Policy Schedule or undergoes an Early Stage Critical Illness Surgery listed in the Policy Schedule, upon receipt of due proof of the same, we shall pay the Early Stage Critical Illness Benefit shown in the Policy Schedule, subject to the following terms and conditions. The payment amount is expressed as a percentage of the Sum Assured (subject to a maximum dollar amount).

Our liability to pay Early Stage Critical Illness Benefit is limited to and shall cease upon payment of one Early Stage Critical Illness Benefit.

Our liability to pay Early Stage Critical Illness Benefit shall cease upon payment of the Critical Illness Benefit under Clause 1.2.

If more than one Early Stage Critical Illness is Diagnosed or Early Stage Critical Illness Surgery is performed in the same Event, we shall pay the Early Stage Critical Illness Benefit only once.

### **1.2 Critical Illness Benefit**

While this Policy is in force, if the Insured Person is Diagnosed to be suffering from a Critical Illness listed in the Policy Schedule or undergoes a Critical Illness Surgery listed in the Policy Schedule, upon receipt of due proof of the same, we shall pay the Critical Illness Benefit shown in the Policy Schedule, subject to the following terms and conditions. The payment amount is expressed as a percentage of the Sum Assured.

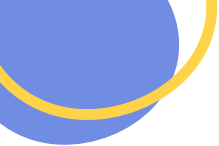
Our liability to pay Critical Illness Benefit is limited to and shall cease upon payment of one Critical Illness Benefit.

If more than one Critical Illness is Diagnosed or Critical Illness Surgery is performed in the same Event, we shall pay the Critical Illness Benefit only once.

If Early Stage Critical Illness Benefit has been paid under Clause 1.1 prior to the payment of Critical Illness Benefit, the Critical Illness Benefit shall be reduced by the amount of Early Stage Critical Illness Benefit that has been paid.

### **1.3 Multi-pay Benefit**

While the Policy is in force and one Critical Illness Benefit has been paid under Clause 1.2, if the Insured Person is Diagnosed to be suffering from a Critical Illness or undergoes a Critical Illness Surgery, upon receipt of due proof of the same, we shall pay the Multi-Pay Benefit shown in the Policy Schedule (if any), subject to the following



terms and conditions. The payment amount is expressed as a percentage of the Sum Assured.

For the Multi-pay Benefit to become payable, the Date of Diagnosis of Critical Illness or the date of performance of Critical Illness Surgery must be at least 12 months after the most recent Date of Diagnosis of Critical Illness or performance of Critical Illness Surgery, for which either Critical Illness Benefit under Clause 1.2 or Multi-pay Benefit under Clause 1.3 has been paid.

The Critical Illness and Critical Illness Surgery covered under the Multi-pay Benefit are the same as those covered under Clause 1.2 Critical Illness Benefit above, except that Loss of Independent Existence and Terminal Illness are not covered under Multi-pay Benefit.

If the Insured Person has been Diagnosed with a Critical Illness or has undergone a Critical Illness Surgery, and we have paid either the Critical Illness Benefit under Clause 1.2 or the Multi-pay Benefit under Clause 1.3 related to such Critical Illness or Critical Illness Surgery, such Critical Illness or Critical Illness Surgery shall no longer be covered under the Multi-pay Benefit.

If more than one Critical Illness is Diagnosed in the same Event, we shall pay the Multi-pay Benefit only once for the same Event.

## **PART 2: EXCLUSIONS**

This Policy does not apply to any of the following or any event which arises from any one or more of the following:

- 2.1 any illness other than a Diagnosis of Critical Illness, Early Stage Critical Illness, or any surgery other than a Critical Illness Surgery or Early Stage Critical Illness Surgery listed in the Policy Schedule;
- 2.2 any Critical Illness or Early Stage Critical Illness the signs or symptoms of which, or any Critical Illness Surgery or Early Stage Critical Illness Surgery the cause or triggering condition of which, first occurred prior to the Policy Effective Date;
- 2.3 any Critical Illness or Early Stage Critical Illness the signs or symptoms of which, or any Critical Illness Surgery or Early Stage Critical Illness Surgery the cause or triggering condition of which, first occurred within the Waiting Period following the Policy Effective Date;
- 2.4 any illness or surgery where in our opinion such disease was directly or indirectly due to AIDS or HIV Infection except "AIDS or HIV Infection due to Blood Transfusion" and "Occupationally Acquired HIV Infection" as defined in Part 9 ("Critical Illness").
- 2.5 any illness or surgery caused by a self-inflicted injury;
- 2.6 any illness resulting from a physical or mental condition which existed before the Policy Effective Date and was not disclosed in the application for insurance or health statement;
- 2.7 narcotics used by the Insured Person unless taken as prescribed by a Registered Medical Practitioner;
- 2.8 any alcohol or drug abuse by the Insured Person;
- 2.9 any Critical Illness or Early Stage Critical Illness Diagnosed after the death of the Insured Person; and
- 2.10 any illness or surgery which is a direct or indirect result of illegal activity, violation or attempted violation of the law, or resistance to arrest.

## **PART 3: CLAIM**

### **3.1 Proof of Claim**

We will only pay the relevant benefit described in Part 1 ("Benefits") upon receipt of written proof to our satisfaction of the occurrence, character and degree of a Diagnosis of a Critical Illness or an Early Stage Critical Illness, or the performance of Critical Illness Surgery or Early Stage Critical Illness Surgery, as the case may be.

Where necessary, we shall be entitled to require the Insured Person to undergo a blood test, including a test for the detection of HIV infection, before we are able to accept a claim based on such Critical Illness.

### **3.2 Claim Submission**

A claim must be submitted to us within six months of the Diagnosis of Critical Illness or Early Stage Critical Illness, or performance of Critical Illness Surgery or Early Stage Critical Illness Surgery.

We can only accept claims submitted later than this time if you provide evidence to us that it was not reasonably possible to submit the claim on time and that you submitted the claim as soon as it was reasonably possible to do so.

The claim submission documents must include particulars sufficient to identify the Insured Person.

After you have submitted your claim, we may request you to provide further proof or documents to support the claim.

#### **PART 4: PREMIUM**

- 4.1 The premium required to be paid for this Policy is based upon the attained age of the Insured Person shown in the Policy Schedule.
- 4.2 The premium shall be paid either annually or monthly, as set out in the Policy Schedule.
- 4.3 If the premium is to be paid monthly, the monthly premium shall be payable according to the Policy Schedule by direct debit to your designated credit card account or bank account.

#### **PART 5: RENEWAL**

- 5.1 This Policy shall automatically renew on each Policy Anniversary, unless terminated by either you or us in accordance with Part 7 (“Termination”).
- 5.2 We shall collect the renewal premium by direct debit to your designated credit card account or bank account.
- 5.3 While this Policy is in force it may be renewed without further evidence of insurability until the Policy Anniversary immediately following the Insured Person attaining the Maximum Coverage Age shown in the Policy Schedule. The premium charged shall be determined in accordance with the applicable premium rate for the attained age of the Insured Person at the time of such renewal. You accept the changes in the Plan Terms and Conditions for Renewal that we offer (if any) having regard to the prevailing terms and conditions that we apply to the entirety of all of our customers covered under a plan that is the same or substantially similar to this Plan.
- 5.4 We reserve the right not to Renew your policy and to revise the premium rate under this Plan and the Plan Terms and Conditions on the date of such Renewal.

#### **PART 6: GRACE PERIOD**

- 6.1 A period of 30 days from the premium due date (“Grace Period”) will be allowed for payment of each subsequent premium. The Policy will remain in force during this period. If any premium remains unpaid at the end of the Grace Period, the Policy shall automatically terminate.

#### **PART 7: TERMINATION**

- 7.1 This Policy shall automatically terminate on the occurrence of the earliest of the following:
  - a. the death of the Insured Person;
  - b. the Policy Anniversary immediately following the Insured Person attaining the Maximum Coverage Age shown in the Policy Schedule; or
  - c. expiry of the Grace Period as set out in Part 6 (“Grace Period”).
- 7.2 We may terminate this Policy, for either of the following reasons:
  - a. Your submission of any fraudulent claims;
  - b. Your threat of violence, foul or abusive language, or aggressive behaviour against us, our employees, contractors or properties.

7.3 You may terminate this Policy by giving a termination notice to us through OneDegree website and such termination shall become effective:

- a. If the Payment Mode is monthly, on the next premium due date immediately following our receipt of the termination notice.
- b. If the Payment Mode is annual, on the next day following our receipt of the termination notice, and we shall refund the partial premium as below:

Period covered in current Policy Year	Premium refund
Less or equal to 4 months	50% current year annual premium
Over 4 months, and less than or equal to 8 months	25% current year annual premium
Over 8 months	Nil

7.4 Termination of your Policy will not affect any claim arising prior to such termination unless otherwise stated.

## **PART 8: GENERAL PROVISIONS**

### **8.1 The Contract**

This Policy is a legally enforceable agreement between you and us which comes into force on the Policy Effective Date.

We rely on the information you provide in your application in deciding whether or not to enter into this Policy. We also rely on such information to decide at our sole and absolute discretion whether or not we need to apply Special Terms to this Policy. We will treat all statements made in your application (in the absence of fraud) to be representations and not warranties.

If your application omits facts or contains materially incorrect or incomplete facts, We have the right to declare this Policy void and Our liability under the Policy will be limited to return of premiums paid (without interest). Alternatively, we may impose Special Terms on this Policy that will apply from the date on which the cover commences.

If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.

### **8.2 Effective Smoking Habit**

This Policy is issued on the basis of the Insured Person's declared smoking habits. If the Insured Person is a smoker as at the date of the application but neither you nor the Insured Person has disclosed this to us, this Policy shall be voidable by us notwithstanding any other terms and conditions of the Policy.

### **8.3 Misstatement of Age and/or Gender**

If the Insured Person's age or gender was misstated in your application and a higher premium would have applied based on the correct age and gender, any amount payable by us under this Policy will be reduced by an amount equal to the difference between the premium paid and the premium that would have applied based on the correct age and gender.

We may also reduce the benefit payable to the benefit the premium paid would have provided had we known the Insured Person's correct age and gender.

Where a lower premium would have applied on the basis of the correct age and gender, we will refund any surplus premium paid without interest.

Where the Insured Person would not have satisfied our insurability requirements on the basis of the correct age and gender, we have the right to declare this Policy void and our liability under this Policy will be limited to return of premiums paid (without interest).

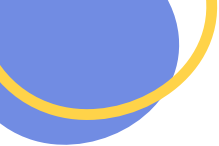
We have the right to require proof of the Insured Person's age to our satisfaction at the time of processing any claim or payment of any benefit under this Policy.

### **8.4 Modifications**

No variation to this Policy (or any waiver of any term or condition of this Policy) will be binding unless evidenced by an endorsement signed by us.

### **8.5 Currency of Payment**





All amounts payable under this Policy either to or by us shall be made in Hong Kong dollars.

#### 8.6 Ownership provisions

The Policyholder is the only person entitled to exercise any right or privilege provided under this Policy.

While this Policy is in force, you may change ownership of this Policy by filing a written notice on our prescribed form. Any change of ownership of this Policy shall be conditional upon the satisfaction of customer due diligence and other applicable guidelines, and any such change will not be effective until such change is evidenced by an endorsement issued by us.

If the Policyholder dies while the Insured Person is still alive, the Insured Person will become the Policyholder of the Policy.

#### 8.7 Payment of Benefits

All benefits payable under the Policy will be paid to the Policyholder if the Policyholder is alive, otherwise to the Policyholder's estate.

Payment of the benefits payable under this Policy to the above person(s) in the manner pursuant to this clause shall be deemed a good and full discharge of our obligations under this Policy.

#### 8.8 Assignment

Subject to the satisfaction of customer due diligence and other applicable requirements, you may assign your rights to the benefits under this Policy by filing a written notice on our prescribed form or such other form of written notification as agreed by us. We shall not be deemed to have any knowledge of any assignment unless we have acknowledged in writing receipt of the notice of assignment. We are not responsible for the validity or legality of any assignment of this Policy by the Policyholder.

#### 8.9 No Third Party Right

A person who is not a party to this Policy (including but not limited to the Insured Person) has no right to enforce any of the terms of this Policy.

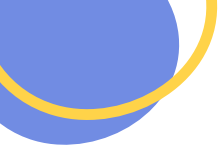
#### 8.10 Governing Law and Jurisdiction

This Policy is governed by and shall be construed in accordance with the laws of the Hong Kong SAR.

#### 8.11 Arbitration

Any dispute, controversy or difference arising out of or relating to this Policy, including the existence, validity, interpretation, performance, breach or termination of this Policy or any dispute regarding non-contractual obligations arising out of or relating to it shall be referred to and finally resolved by arbitration administered by the Hong Kong International Arbitration Centre (HKIAC) under the HKIAC Administered Arbitration Rules in force when the Notice of Arbitration is submitted. The seat of arbitration shall be Hong Kong SAR and proceedings shall be conducted in English.

#### 8.12 Legal action



No legal action shall be brought by you to recover any claim amount payable under this Policy within the first 60 days from the date we receive all proof of claims required by this Policy.

Subject to applicable law, any action at law or in equity to recover under this Policy shall only be brought within 2 years from the date of our final decision in respect of any claim herein.

#### 8.13 Sanction Limitation and Exclusion Clause

We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the People's Republic of China.

## PART 9: CRITICAL ILLNESSES

### 1. Acute Necrohemorrhagic Pancreatitis

Acute inflammation and necrosis of pancreas parenchyma, focal enzymic necrosis of pancreatic fat and hemorrhage due to blood vessel necrosis, where all of the following criteria are met:

- a. the necessary treatment is surgical clearance of necrotic tissue or pancreatectomy; and
- b. the Diagnosis is based on histopathological features and confirmed by a Registered Medical Practitioner who is a gastroenterologist.

Pancreatitis due to alcohol or drug abuse is excluded.

### 2. AIDS or HIV Infection due to Blood Transfusion

AIDS or HIV Infection due to a blood transfusion, provided that all of the following conditions are met:

- a. the blood transfusion was Medically Necessary;
- b. the blood transfusion was received by the Insured Person after the commencement of the Policy;
- c. the source of the infection is established to be contaminated blood provided for the blood transfusion, the origin of which can be traced through the institution providing such contaminated blood; and
- d. the Insured Person does not suffer from hemophilia.

This insurance will not apply and no benefit will be payable whenever a Cure is available. "Cure" means any treatment that renders the AIDS or HIV Infection inactive or non-infectious.

### 3. Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders

Deterioration or loss of intellectual capacity or abnormal behavior, as evidenced by the Insured Person's clinical state and accepted standardized questionnaires or tests, arising from Alzheimer's Disease or other irreversible organic degenerative brain disorders, which results in significant reduction in the Insured Person's mental and social functioning such that continuous supervision of the Insured Person is required. The Diagnosis of Alzheimer's Disease or other irreversible organic degenerative brain disorders must be clinically confirmed by a Registered Medical Practitioner who is a neurologist.

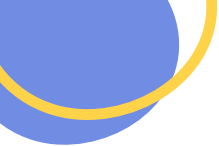
The following are excluded: (a) non-organic brain disorders such as neurosis and psychiatric illnesses; and (b) alcohol or drug abuse related organic brain disorder.

### 4. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. A definite Diagnosis of apallic syndrome must be confirmed by a Registered Medical Practitioner who is a neurologist, and the condition must be medically documented for at least one month.

### 5. Aplastic Anaemia

Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two of the following: (a) blood



product transfusion; (b) marrow stimulating agents; (c) immunosuppressive agents; or (d) bone marrow transplantation. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy.

## 6. Bacterial Meningitis

Bacterial Meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit. The Diagnosis of bacterial meningitis must be confirmed by: (a) a Registered Medical Practitioner who is a neurologist; and (b) a lumbar puncture confirming the presence of bacterial infection in the cerebrospinal fluid.

## 7. Benign Brain Tumour

A non-cancerous tumour in the brain or meninges within the cranium, giving rise to characteristic signs of increased intra-cranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. The presence of the underlying tumour must be confirmed by imaging studies such as a computed tomography (CT) scan or magnetic resonance imaging (MRI).

The following are not included:

- a. cysts;
- b. granulomas;
- c. malformations in, or of, the arteries or veins of the brain;
- d. haematomas;
- e. tumours in the pituitary gland or spine; and
- f. tumours of the acoustic nerve.

## 8. Blindness

Irreversible loss of sight in both eyes as a result of illness or Injury, where any one of the following conditions is met:

- a. the best corrected visual acuity in both eyes must be 2/60 or less using a Snellen Chart or equivalent test; or
- b. the best corrected visual field in both eyes must be 5 degrees or less.

The blindness must be confirmed by a Registered Medical Practitioner who is an ophthalmologist.

## 9. Cancer

Cancer means:

- a. Any malignant tumour positively Diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue; or
- b. Any occurrence of histologically confirmed leukemia, lymphoma or sarcoma.

The following are not included:

- (i) any cancer which is histologically classified as pre-malignant, non-invasive, or carcinoma in situ, or as having either borderline malignancy or low malignant potential;

- (ii) any tumour of the thyroid histologically classified as T1N0M0 or a lower stage according to the TNM classification system;
- (iii) any tumour of the prostate histologically classified as T1a or T1b or a lower stage according to the TNM classification system;
- (iv) chronic lymphocytic leukemia classified as less than RAI Stage III;
- (v) any cancer where HIV Infection is also present; and
- (vi) any skin cancer, other than malignant melanoma.

## 10. Cardiomyopathy

An impaired function of the heart muscle, unequivocally Diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class III or Class IV, or its equivalent, for at least six months based on the following classification criteria:

Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.

Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

The Diagnosis of Cardiomyopathy must be supported by echographic findings of compromised ventricular performance.

Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

## 11. Chronic Adrenal Insufficiency (Addison's Disease)

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life-long glucocorticoid and mineral corticoid replacement therapy. The Diagnosis of Chronic Adrenal Insufficiency (Addison's Disease) must be: (a) confirmed by a Registered Medical Practitioner who is an endocrinologist and an independent medical expert appointed by us; and (b) supported by ACTH stimulation tests.

Only chronic adrenal insufficiency caused by an autoimmune disorder is included. All other causes of adrenal insufficiency are excluded.

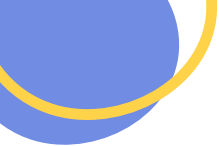
## 12. Chronic Liver Disease

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

- a. permanent jaundice;
- b. ascites; and
- c. hepatic encephalopathy.

Irrespective of the above, liver failure due or related to alcohol or drug abuse is excluded.

## 13. Chronic Relapsing Pancreatitis



A continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function, which is:

- a. unequivocally Diagnosed as Chronic Relapsing Pancreatitis by a Registered Medical Practitioner who is a gastroenterologist; and
- b. confirmed by pancreatic function tests and radiographic and imaging evidence.

Relapsing pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

#### 14. Coma

A state of unconsciousness with no reaction or response to external stimuli or internal needs, which is associated with a permanent neurological deficit, persists continuously for at least 96 hours, and requires the use of a life support system. The Coma must be confirmed by a Registered Medical Practitioner who is a neurologist.

Irrespective of the above, Coma resulting directly from self-inflicted injury, alcohol or drug abuse is excluded.

#### 15. Creutzfeldt-Jakob Disease

The occurrence of Creutzfeldt-Jakob Disease or variant Creutzfeldt-Jakob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform two or more Activities of Daily Living.

Disease caused by human growth hormone treatment is excluded.

#### 16. Crohn's Disease

A chronic, transmural inflammatory disorder of the bowel with evidence of continued inflammation in spite of optimal therapy, where all of the following have occurred: (a) stricture formation causing intestinal obstruction requiring admission to hospital; (b) fistula formation between loops of bowel; and (c) at least one bowel segment resection.

The Diagnosis of Crohn's Disease must be made by a Registered Medical Practitioner who is a gastroenterologist and be proven histologically in a pathology report and/or the results of sigmoidoscopy or colonoscopy.

#### 17. Dissecting Aortic Aneurysm

A condition where the inner lining of the aorta (intima layer) is torn so that blood enters the wall of the aorta and separates its layers.

For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

For the purpose of this definition, "Dissecting Aortic Aneurysm" refers to meeting all of the following conditions:

- a. Symptoms consistent with dissecting aortic aneurysm are present;

- b. Dissecting aortic aneurysm must be confirmed by computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiography (MRA) or angiogram; and
- c. Emergency surgical repair is required

The Diagnosis of Dissecting Aortic Aneurysm must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

#### 18. Ebola

Infection with the Ebola virus where the following conditions are met:

- a. presence of the Ebola virus has been confirmed by laboratory testing;
- b. there are ongoing complications of the infection persisting beyond 30 days from the onset of symptoms; and
- c. the infection does not result in death.

#### 19. Elephantiasis

The end-stage lesion of filariasis, characterised by massive swelling in the tissues of the body as a result of obstructed circulation in the blood or lymphatic vessels.

Unequivocal Diagnosis of elephantiasis must be:

- a. clinically confirmed by a Registered Medical Practitioner in the appropriate medical specialty;
- b. supported by laboratory confirmation of microfilariae; and
- c. concurred in by our medical director.

Lymphedema caused by infection with any other disease(s), trauma, post-operative scarring, or congestive heart failure is excluded.

#### 20. Encephalitis

Severe inflammation of brain substance, resulting in permanent neurological deficit which is documented for a minimum of 30 days. Diagnosis of Encephalitis must be confirmed by a Registered Medical Practitioner who is a neurologist.

Encephalitis as a result of HIV Infection is excluded.

#### 21. End-stage Lung Disease

End-stage lung disease causing chronic respiratory failure, where all of the following criteria are met:

- a. Permanent oxygen therapy is required;
- b. A consistent forced expiratory volume (FEV1) test value of less than one (1) liter (during the first second of a forced exhalation);
- c. Baseline arterial blood gas analysis showing arterial partial oxygen pressure at a level of fifty-five (55) mmHg or less; and
- d. Dyspnea at rest.

#### 22. Fulminant Viral Hepatitis

Sub-massive to massive necrosis of the liver by a hepatitis virus, leading precipitously to liver failure, where the following criteria are met:

- a. Rapid decrease in liver size associated with necrosis involving entire lobules;
- b. Rapid deterioration of liver enzymes;
- c. Deepening jaundice; and
- d. Hepatic encephalopathy. Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

### 23. Heart Attack

The death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply, where all of the following criteria are met:

- a. A history of typical chest pain;
- b. New characteristic electrocardiogram (ECG) changes indicating acute myocardial infarction at the time of the relevant cardiac incident; and
- c. Either
  - i. elevation of cardiac enzymes (CPK-MB) at levels above the generally accepted laboratory levels of normal, or
  - ii. troponins recorded at a level of Troponin I >0.5ng/ml or higher, or at a level of Troponin T >1.0ng/ml or higher.

Angina is specifically excluded.

### 24. Hemiplegia

The total and permanent loss of the use of one side of the body through paralysis caused by illness or Injury, except when such Injury is self-inflicted.

### 25. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- a. Positive result of the blood culture proving presence of the infectious organism(s);
- b. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- c. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Medical Practitioner who is a cardiologist.

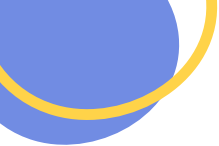
### 26. Kidney Failure

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

### 27. Loss of Hearing

Total and irreversible loss of hearing (involving the loss of at least 80 decibels in all frequencies of hearing) in both ears as a result of illness or Injury.





Medical evidence in the form of an audiometry and sound-threshold test must be provided, and the Diagnosis of Loss of Hearing must be confirmed by a Registered Medical Practitioner who is an ear, nose and throat (ENT) specialist.

#### 28. Loss of Independent Existence

Loss of Independent Existence refers to the total / complete inability to perform at least three of the six Activities of Daily Living even with the aid of special equipment, requiring the physical assistance of another person throughout the entire activity, for a continuous period of at least six months and leading to a permanent inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Registered Medical Practitioner.

The coverage for Loss of Independent Existence will automatically cease on the Policy Anniversary immediately following the 65th birthday of the Insured Person. All psychiatric related causes are excluded.

#### 29. Loss of One Limb and One Eye

Irreversible loss of sight in one eye and loss by severance of one limb at or above the wrist or ankle as a result of illness or Injury.

For the purpose of this definition, "loss of sight" refers to meeting any one of the following conditions:

- a. the best corrected visual acuity in one eye must be 2/60 or less using a Snellen Chart or equivalent test; or
- b. the best corrected visual field in one eye must be 5 degrees or less.

The loss of sight must be confirmed by a Registered Medical Practitioner who is an ophthalmologist.

#### 30. Loss of Speech

Total and irrecoverable loss of the ability to speak for a continuous period of 12 months as a result of illness or Injury. Medical evidence confirming damage to the vocal cords leading to loss of speech must be supplied by a Registered Medical Practitioner who is an ear, nose and throat (ENT) specialist.

All psychiatric related causes are excluded.

#### 31. Loss of Two Limbs

Severance of two limbs at or above wrist or ankle as a result of illness or Injury.

#### 32. Major Burns

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

### 33. Major Head Trauma

Physical head Injury causing significant permanent functional impairment which is documented for a minimum period of three months from the date of the Injury. The resultant permanent functional impairment must result in an inability to perform at least three of the Activities of Daily Living, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons. The Diagnosis of Major Head Trauma must be confirmed by a Registered Medical Practitioner who is a neurologist and supported by our medical director.

### 34. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

- a. the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- b. clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- c. the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

Isolated or benign kidney cysts are specifically excluded from this benefit.

### 35. Meningeal Tuberculosis

An infection of the meninges of the brain with tuberculosis bacterium causing severe inflammation and brain dysfunction, where all of the following criteria are met:

- a. there is proof of existence of tuberculosis bacteria;
- b. Diagnosis of Meningeal Tuberculosis is confirmed by a Registered Medical Practitioner who is a neurologist, and supported by analysis of the cerebrospinal fluid or neuro-imaging; and
- c. there is permanent residual neurological deficit with motor weakness or cranial nerve dysfunction that is present for at least three months after the Diagnosis.

### 36. Motor Neurone Disease (including Spinal Muscular Atrophy, Progressive Bulbar Palsy, Amyotrophic Lateral Sclerosis and Primary Lateral Sclerosis)

Progressive degeneration of the corticospinal tracts and anterior horn cells or bulbar efferent neurons resulting in a permanent neurological deficit and including the following forms of motor neurone disease: spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis.

The Diagnosis of Motor Neurone Disease must be confirmed by a Registered Medical Practitioner who is a neurologist.

### 37. Multiple Sclerosis

Unequivocal Diagnosis of multiple sclerosis by a Registered Medical Practitioner who is a neurologist, and which confirms the following:

- a. Symptoms referable to tracts (white matter) involving the optic nerves, brain stem, and spinal cord, producing well-defined neurological deficits;

- b. A multiplicity of discrete lesions; and
- c. A well-documented history of exacerbations and remissions of said symptoms/neurological deficits.

### 38. Muscular Dystrophy

Diagnosis of Muscular Dystrophy by a Registered Medical Practitioner who is a neurologist based on three out of four of the following conditions:

- a. Family history of other affected individuals;
- b. Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction;
- c. Characteristic electromyogram; or
- d. Clinical suspicion confirmed by muscle biopsy.

### 39. Myelofibrosis (Primary)

Normal bone marrow is replaced by fibrous tissue, causing anaemia, low levels of white blood cells and platelets and enlargement of the spleen.

For the purpose of this definition, "Myelofibrosis (Primary)" refers to meeting all of the following conditions:

- a. Progressed to the point that Myelofibrosis (Primary) is Permanent; and
- b. Life Insured Person requires a blood transfusion at least monthly.

The Diagnosis of Myelofibrosis (Primary) has to be supported by bone marrow biopsy and confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

### 40. Necrotising Fasciitis

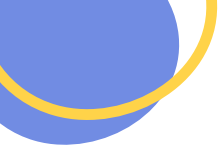
The occurrence of necrotising fasciitis where the following conditions are met:

- a. the usual clinical criteria of necrotising fasciitis are met;
- b. the bacteria identified is a known cause of necrotising fasciitis; and
- c. there is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part.

### 41. Occupationally Acquired HIV Infection

HIV Infection acquired as a result of an Accident occurring while the Insured Person is in the course of carrying out his normal occupational duties. Proof of sero-conversion to HIV Infection occurring within six months of the Accident is required, together with a negative HIV Infection test taken within seven days of the Accident. The Accident giving rise to the HIV Infection must be reported to us within 30 days of the Accident.

HIV Infection by any other means, including but not limited to HIV Infection resulting from sexual activity, blood transfusion(s) (except "2. AIDS or HIV Infection due to Blood Transfusion" defined as above) by the Insured Person as recipient, or recreational intravenous drug use, is specifically excluded.



This insurance will not apply and no benefit payment will be payable whenever a Cure is available. "Cure" means any treatment that renders the HIV Infection inactive or non-infectious.

#### 42. Optic Nerve Atrophy

The unequivocal Diagnosis of optic nerve atrophy affecting both eyes leading to a permanent best corrected visual acuity of 6/48 or less on the Snellen Chart in both eyes.

The Optic Nerve Atrophy and quantum of visual loss of sight has to be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

Optic nerve atrophy resulting from alcohol or drug abuse and hereditary disease are excluded.

#### 43. Other Serious Coronary Artery Disease

Severe coronary artery disease in which at least three major coronary arteries are individually occluded by a minimum of 60% or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).

For the purposes of this definition, "major coronary artery" refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

#### 44. Paralysis

Complete and permanent loss of use of both arms or both legs, or one arm and one leg, through paralysis caused by illness or Injury.

#### 45. Parkinson's Disease

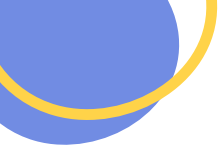
Unequivocal Diagnosis of Parkinson's Disease by a Registered Medical Practitioner who is a neurologist where the condition:

- a. cannot be controlled with medication;
- b. shows signs of progressive impairment; and
- c. Activities of Daily Living assessment confirms the inability of the Insured Person to perform at least three of the Activities of Daily Living, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons.

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

#### 46. Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour.



The Diagnosis of pheochromocytoma must be confirmed by a Registered Medical Practitioner who is an endocrinologist.

#### 47. Poliomyelitis

Infection with the poliovirus, leading to paralytic disease. Paralysis due to poliomyelitis must be confirmed by a Registered Medical Practitioner who is a neurologist, and cases not involving paralysis are excluded.

#### 48. Progressive Supranuclear Palsy

Progressive Supranuclear Palsy occurring independently of all other causes and resulting in a permanent neurological deficit, which is directly responsible for a permanent inability to perform at least two of the Activities of Daily Living. The Diagnosis of Progressive Supranuclear Palsy must be confirmed by a Registered Medical Practitioner who is a neurologist.

#### 49. Pulmonary Arterial Hypertension (Primary)

Primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, and which results in permanent irreversible physical impairment to the degree of New York Heart Association (NYHA) classification Class III or Class IV, based on the following classification criteria:

Class III – Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.

Class IV – Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

Pulmonary arterial hypertension which does not meet the above conditions is excluded.

#### 50. Severe Myasthenia Gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatiguability, where all of the following criteria are met:

- a. Presence of muscle weakness categorized as Class III, IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
- b. The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Registered Medical Practitioner who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:

Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere

Class II: Eye muscle weakness of any severity, mild weakness of other muscles

Class III: Eye muscle weakness of any severity, moderate weakness of other muscles

Class IV: Eye muscle weakness of any severity, severe weakness of other muscles  
Class V: Intubation needed to maintain airway

#### 51. Severe Idiopathic Pulmonary Fibrosis

Severe and diffuse type of pulmonary fibrosis requiring extensive and permanent oxygen therapy at least eight hours per day.

The unequivocal Diagnosis of Severe Pulmonary Fibrosis has to be supported by lung biopsy and confirmed by a Registered Medical Practitioner who is a specialist in respiratory medicine.

Hereditary disease is excluded.

#### 52. Severe Rheumatoid Arthritis

Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:

- a. Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- b. Permanent inability to perform at least two Activities of Daily Living;
- c. Widespread joint destruction and major clinical deformity of three or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
- d. The foregoing conditions have been present for at least six months.

#### 53. Severe Ulcerative Colitis

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances, where all of the following criteria are met:

- a. the entire colon is affected, with severe bloody diarrhoea;
- b. the necessary treatment is total colectomy and ileostomy; and
- c. Diagnosis of Severe Ulcerative Colitis is based on histopathological features and confirmed by a Registered Medical Practitioner who is a gastroenterologist.

#### 54. Stroke

Any cerebrovascular accident or incident producing neurological functional impairment, with objective neurological abnormal signs on physical examination, lasting at least four weeks. Infarction of brain tissue, hemorrhage and embolism from an extra-cranial source are included. The Diagnosis of Stroke must be based on changes seen in a computed tomography (CT) scan or magnetic resonance imaging (MRI) and such functional impairment must be confirmed by a Registered Medical Practitioner who is a neurologist.

The following are excluded:

- a. Cerebral symptoms due to transient ischaemic attacks;
- b. Cerebral symptoms due to migraine; and
- c. Vascular disease affecting the eye or optic nerve or vestibular functions.

## 55. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis

Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens.

For purposes of the definition of “Critical Illness”, SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology / Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.

Abbreviated ISN/RPS classification of lupus nephritis (2003):

Class I – Minimal mesangial lupus nephritis

Class II - Mesangial proliferative lupus nephritis

Class III - Focal lupus nephritis

Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis

Class V - Membranous lupus nephritis

Class VI - Advanced sclerosing lupus nephritis

## 56. Systemic Scleroderma

A systemic connective tissue disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs which reaches systemic proportions such that two of the following criteria are met:

- a. pulmonary involvement showing carbon monoxide diffusing capacity (DLCO) < 70% of the predicted value, or forced expiratory volume in 1 sec (FEV1), forced vital capacity (FVC) or total lung capacity (TLC) < 75% of the predicted value;
- b. renal involvement showing glomerular filtration rate (GFR) < 60 ml/min; and/or
- c. cardiac involvement showing evidence of either congestive heart failure, cardiac arrhythmia requiring medication, or pericarditis with moderate to large pericardial effusion.

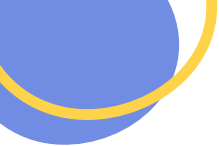
The following are excluded:

- a. Localised scleroderma (linear scleroderma or morphea); and
- b. Eosinophilic fasciitis; and
- c. CREST syndrome.

Unequivocal Diagnosis of Systemic Scleroderma must be confirmed by a Registered Medical Practitioner who is a rheumatologist.

## 57. Terminal Illness

Conclusive Diagnosis (with written confirmation) by a Registered Medical Practitioner in the appropriate medical specialty, of a condition that is expected to result in death of the Insured Person within 12 months. The Insured Person must no longer be



receiving active treatment other than that for pain relief or other conservative palliative measures.

Terminal Illness will be paid after the Insured Person survives a period of not less than fourteen days following Diagnosis of Terminal Illness.



## PART 10: CRITICAL ILLNESS SURGERIES

### 1. Cerebral Aneurysm Requiring Surgery

The actual undergoing by the Insured Person of intracranial surgery via a craniotomy to clip, repair or remove an aneurysm of one or more of the cerebral arteries. Catheter and intravascular technique are excluded from this condition.

### 2. Coronary Artery Surgery

The actual undergoing of open-chest surgery to correct or treat coronary artery disease by way of coronary artery by-pass grafting.

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

### 3. Heart Valve Replacement and Repair

The actual undergoing of open-heart surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.

Repair via intra-vascular procedure, key-hole surgery or similar techniques is specifically excluded.

### 4. Major Organ Transplant

The undergoing by the Insured Person as recipient of a transplant of any of the following:

- a. Transplant of human bone marrow using haematopoietic stem cells which is preceded by total bone marrow ablation; or
- b. Transplant of one of the following human organs to treat irreversible end-stage failure of the same: heart, lung, liver, kidney, or pancreas.

Other than as provided in (a) above, stem cell transplants and tissue or cell transplant of pancreas are excluded.

### 5. Surgery to Aorta

The actual undergoing of surgery via a thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta, a coarctation of the aorta or a dissection of the aorta. For the purpose of this definition, "aorta" shall mean the thoracic and abdominal aorta but not its branches.

Angioplasty and all other intra-arterial, catheter based techniques, keyhole or laser procedures are excluded from Surgery to Aorta.

## PART 11: EARLY STAGE CRITICAL ILLNESSES

### 1. Carcinoma-in-situ

A histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma. Cervical intraepithelial neoplasia grade III (CIN III) and prostatic intraepithelial neoplasia grade III (PIN III) are also included.

For the avoidance of doubt, Carcinoma-in-situ does not include any of the following:

- a. Cervical intraepithelial neoplasia grade II (CIN II) or below; and
- b. Prostatic intraepithelial neoplasia grade II (PIN II) or below; and
- c. Skin Carcinoma-in-situ.

For purposes of this Policy, Carcinoma-in-situ must be confirmed by a biopsy.

### 2. Early Stage Malignancy

The presence of one of the following malignant conditions:

- a. Tumour of the thyroid histologically classified as T1N0M0 according to the TNM classification;
- b. Tumour of the prostate histologically classified as T1a or T1b according to the TNM classification system;
- c. Chronic lymphocytic leukaemia classified as RAI Stage I or II; or
- d. Non melanoma skin cancer.

The Diagnosis must be based on histopathological features and confirmed by a Registered Medical Practitioner. Pre-malignant lesions and conditions, unless listed above, are excluded.

## **PART 12: EARLY STAGE CRITICAL ILLNESS SURGERY**

### **1. Angioplasty or Endarterectomy for Carotid Arteries**

Angioplasty or Endarterectomy for Carotid Arteries shall mean the treatment of stenosis of 50% or above, as proven by angiographic evidence, of one or more carotid arteries. Both criteria a. and b. below must be met:

- a. Either:
  - (i) Actual undergoing of endarterectomy to alleviate the symptoms; or
  - (ii) Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and
- b. The Diagnosis and medical necessity of the treatment must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

## PART 13: DEFINITIONS

“Accident” means an unforeseen and involuntary event that occurs while this Policy is in force.

“AIDS” shall have the meaning ascribed to such term by the World Health Organization from time to time.

“Activities of Daily Living” means the following:

- a. Transfer: The ability to get in and out of a chair, bed or wheelchair;
- b. Mobility: The ability to move from room to room on level surfaces;
- c. Continence: The ability to voluntarily control bladder and bowel functions so as to maintain personal hygiene;
- d. Dressing: The ability to put on and take off all necessary clothing, braces, artificial limbs or other surgical appliances;
- e. Bathing/washing: The ability to wash oneself in the bath or shower (including getting in or out of the bath or shower) or wash oneself by any other means; and
- f. Eating: The ability to feed oneself once food has been prepared and made available.

“Critical Illness” means each of the illnesses defined in Part 9 (“Critical Illnesses”).

“Critical Illness Surgery” means each of the operative procedures defined in Part 10 (“Critical Illness Surgeries”).

“Date of Diagnosis” means the date of the first Diagnosis of a Critical Illness or an Early Stage Critical Illness.


“Date of Surgery” means the date of the first surgical performance of a Critical Illness Surgery or an Early Stage Critical Illness Surgery.

“Diagnosis” or “Diagnosed” means the definitive diagnosis made by a Registered Medical Practitioner, based upon such specific condition(s), as referred to herein in the definition of the particular Critical Illness, Critical Illness Surgery, Early Stage Critical Illness or Early Stage Critical Illness Surgery concerned or, in the absence of such specific condition(s), based upon radiological, clinical, histological or laboratory evidence acceptable to us. Such Diagnosis must be supported by the our medical director who may base his / her opinion on the medical evidence submitted by the Insured Person and / or Policyholder and / or any additional evidence he / she may require. In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, we shall have the right to call for an examination, of either the Insured Person or the evidence used in arriving at such Diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by us and the opinion of such expert as to such Diagnosis shall be binding on both the Insured Person and us.

“Early Stage Critical Illness” means each of the illnesses defined in Part 11 (“Early Stage Critical Illnesses”).

“Early Stage Critical Illness Surgery” means the operative procedure defined in Part 12 (“Early Stage Critical Illness Surgery”).

“Event” means either (1) an Accident causing bodily injury or (2) an illness that results in more than one claimable Critical Illness, Early Stage Critical Illness, Critical Illness Surgery, or Early Stage Critical Illness Surgery with the Date of Diagnosis or Date of Surgery of such claimable Critical Illness, Early Stage Critical Illness, Critical Illness Surgery, or Early Stage Critical Illness Surgery being the same.



“HIV Infection” shall be deemed to have occurred where blood or other relevant tests indicate, in our opinion, either the presence of any human immunodeficiency virus, antigens or antibodies to such a virus.

“Injury” means any abnormal bodily condition caused solely by Accident and independent of any other causes and not therefore due to illness or disease.

“Insured Person” of the Policy is shown in the Policy Schedule.

“Medically Necessary” is a medical service, procedure or supply, which in our opinion:

- a. is consistent with generally accepted professional standards of medical practice;
- b. is required to establish a Diagnosis and/or to provide treatment; and
- c. cannot be safely delivered at a lower level of medical care. Experimental, screening and preventive services or supplies are not considered Medically Necessary.

“Policy Anniversary” means the same date of each subsequent year as the Policy Effective Date. If the Policy Effective Date is 29 February of a leap year, then the Policy Anniversary will be 28 February in non-leap years.

“Policy Effective Date” as shown in the Policy Schedule, means the date on which the Policy came into force, from which Policy Anniversaries, Policy Years, policy months and premium due dates are determined.

“Policy Schedule” means the schedule to the Policy headed “Policy Schedule”.

“Policy Year” means each twelve-month period starting on the Policy Effective Date or the latest Policy Anniversary, whichever is latest.

“Policyholder”, “you” or “your” is the person who owns this Policy and shown on the Policy Schedule as the “Policyholder”, subject to section 8.6 (“Ownership Provisions”) of this Policy, if applicable.

“Registered Medical Practitioner” means any person qualified by degree in and licensed to practice western medicine who is legally authorized in the geographical area of his practice to render medical or surgical services, but excluding a Registered Medical Practitioner who is the Insured Person himself, an insurance agent, business partner(s) or employer / employee of the Insured Person or a member of the Insured Person's immediate family, the Policyholder or any person related in similar fashion to the Policyholder.

“Special Terms” means the special terms you have agreed for your Policy, if any, (including, but not limited to, special terms to reflect increased risks in relation to health).

“Sum Assured” means the amount shown on the Policy Schedule as the “Sum Assured”, and is the basis for calculation of the Critical Illness Benefit and Early Stage Critical Illness Benefit when the Policy is issued, as amended by any subsequent increase or decrease in cover due to your request.

“Waiting Period” means the period set out in the Policy Schedule.

“We”, “us” or “our” means OneDegree Hong Kong Limited, a company incorporated in Hong Kong with limited liability.