

TERMS AND CONDITIONS OF ENDOWMENT WITH EARLY CI BENEFITS

(Approved according to Official Correspondence No. 786/ QLBH-NT dated 25th October, 2016)

PART I. GENERAL POLICY PROVISIONS

1. EXPLANATION ON TERMS

Terms appeared in these Terms and Conditions are understood as follows:

- 1.1. **Prudential:** refers to Prudential Vietnam Assurance Private Limited Company, which has a business license of 15 GP/KDBH issued by Ministry of Finance.
- 1.2. **Policyholder:** refers to any organization established and operating legally in Vietnam, or any individual who is full eighteen (18) years old or above, currently resides in Vietnam, has fully legal capacity, requests for coverage, pays Insurance Premiums and perform rights and duties provided in Policy.

In case that Life Assured is not Policyholder, Policyholder must obtain the consent in writing of Life Assured.

- 1.3. **Life Assured:** refers to any individual who currently resides in Vietnam and is accepted by Prudential for insurance under these Terms and Conditions herein.

Life Assured must be from fifteen (15) to sixty (60) years old. Besides, maximum age at maturity of Policy is seventy-five (75) years old.

- 1.4. **Insurance age:** refers to the age Life Assured at Policy Effective Date after the last birthday of Life Assured or the previous Policy Anniversary Date. All "age" terms used in these Terms and Conditions are understood as "Insurance age".
- 1.5. **Beneficiary:** refers to any organization or individual nominated by Policyholder in order to receive insurance benefits according to these Terms and Conditions.
- 1.6. **Issue Date of Life Insurance Certificate:** refers to the date that Prudential issues the Life Insurance Certificate to Policyholder and that is specified in the Life Insurance Certificate (hereafter refers to as "Insurance Certificate").
- 1.7. **Policy Effective Date:** refers to the date on which Policyholder duly completes the insurance application dossier and has paid the full amount of the initial premium in accordance with these Terms and Conditions, provided that Policyholder and Life Assured must be still alive at the moment Prudential accepts for insurance and issues Life Insurance Certificate. Policy Effective Date is stated in Insurance Certificate.
- 1.8. **Policy Year:** is one (1) year commencing from Policy Effective Date to the first Policy Anniversary Date or any one-year duration between the latest Policy Anniversary Date and the subsequent Policy Anniversary Date.

- 1.9. **Policy Anniversary Date:** means the annual anniversary of Policy Effective Date.
- 1.10. **Policy maturity date:** is the last day of Policy Term and is specified in Insurance Certificate if Policy still be inforce at that time.
- 1.11. **Premium:** refers to the amount that Policyholder must pay to Prudential on regular basis for the whole policy. Premium is specified in Insurance Certificate and/or in the latest Alteration Confirmation Letter, if any.
- 1.12. **Initial Premium:** refers to Premium of Insurance Policy and attached Rider(s), if any, paid by Policyholder together with Insurance Application dossier.
- 1.13. **Sum Assured:** refers to an amount that is accepted for Insurance coverage by Prudential and specified in Insurance Certificate or the latest Alteration Confirmation Letter, if any.
- 1.14. **Surrender Value:** the amount that Policyholder is entitled to receive, if any, at any point during the effective period of Policy Policyholder requests to cancel Insurance Policy. Surrender Value shall be payable on a Policy after the relevant Premiums have been fully paid for the first twenty four (24) Policy months and Insurance Policy has been enforced for the first two (2) years. Surrender Value already includes present value of Reversionary Bonus, if any.
- 1.15. **Reduction of Investment Earning (interest):** refers to decrease in the proceeds gained from the investment activities as a result of cash advance from Surrender Value of Policy or late premium payment during lapse period. The Reduction of Investment Earning is percentage to the cash advances from Surrender Value on the basis of the technical interest rate or late payment Premium and late payment term.
- 1.16. **Reversionary Bonus:** means the share of profits (non-guaranteed) to be notified to Policyholder at the beginning of each Calendar year. The Reversionary Bonus notified annually shall be received in full amount by insurance benefit receiver upon insurance benefit payment from Prudential in accordance with these Terms and Conditions.
- 1.17. **Terminal Bonus:** an extra benefit (non-guaranteed) which shall be paid out at policy maturity date or at the date Prudential accepts to pay the second Late stage Critical Illness benefit or Death benefit as stipulated in these Terms and Conditions.
- 1.18. **Critical Illness:** refers to one (1) of the illnesses as defined in the Appendix of these Term and Conditions.
- 1.19. **Critical Illness group:** refers to a group includes one (1) or more Critical Illnesses which are stated in the Appendix of the Terms and Conditions.
- 1.20. **Diagnosis of a Critical Illness:** refers to the last definitive diagnosis of one or more Critical Illnesses made by a Doctor or a group of Doctors of Hospital.

The diagnosis result must be accepted by Prudential based on the medical evidence submitted by the claimant. Prudential reserves the right to request further medical examination done by Life Assured if necessary.

In the event of a dispute or disagreement regarding the diagnosis result, Prudential reserves the right to request Life Assured to undergo another medical examination process done by a mutually agreed independent expert in the field of medicine concerned. The opinion of the expert regarding the diagnosis of Critical Illness suffered by Life Assured shall be final and binding on both the claimant and Prudential. All medical expenses at Prudential's request in case of dispute shall be borne by Prudential.

- 1.21. **Hospital/Medical Center:** refers to an organization which is established and operates as regulated by the laws of Vietnam or host countries. The organization must be licensed as a hospital / medical facilities as prescribed by the law of Vietnam or the host country.

For hospitals in the territory of Vietnam, the hospital's legal entity must be expressed by the letter "hospital" in its seal. For hospitals outside the territory of Vietnam, the hospital's legal entity must be expressed by language of such country/ territory which is understood as "hospital" in Vietnamese.

For the purpose of Insurance Policy, Hospital shall not include:

- Prevention medical center;
- Medical appraisal center;
- Clinic;
- Specialized clinics, Family doctor;
- Traditional medicine hospital/Institute/Clinic;
- Maternity;
- Diagnostics facility;
- Medical service facility;
- Communal health station and equivalences;
- Convalescent, Rehabilitation, Palliative home;

no matter if such institutions and facilities operate independently or under a Hospital.

- 1.22. **Doctor:** refers to a qualified medical professional person and legally licensed or recognized to legally practice to render medical services. Doctor does not include delegated Beneficiary(ies), spouses, parents, children, sibling of the Life Insured/ Policyholder. :
- a. .

- 1.23. **Exclusion Period:** refers to a period of ninety (90) days commencing from Policy Effective Date or from the latest Policy Reinstatement Date, whichever is later.

- 1.24. **Pre-existing Disease:** refers to means illness or injury of Life Assured checked, diagnosed or treated by Doctor before Policy Effective Date or Policy Reinstatement Date. Medical records, medical history filed in legally established

hospital/ medical center or information self-declared by Life Assured is considered as sufficient and legitimate proof of Pre-existing Disease.

- 1.25. **Accident:** refers to a single or an uninterrupted sequence of events occurring within the validity period of Insurance Policy caused by external and violent force or object without Life Assured's intention onto the body of Life Assured. Such event or uninterrupted sequence of events must be the sole and direct cause, and independent of all other causes, of the covered injury or death of Life Assured within one hundred and eighty (180) days from the date of occurring such single or an uninterrupted sequence of events.
- 1.26. Six "**Activities of daily living**" include:
- Ability to change clothes: refers to the ability to wear and to take off clothes, accessories, prosthetic leg/hand or others that are installed after surgical;
 - Ability to walk from room to room inside the house and on the flat;
 - Ability to move from bed to chair or wheel-chair; and vice versa;
 - Ability to control the urination and defecation;
 - Ability to bring prepared food from dish or bowl to mouth;
 - Ability to bathe and maintain personal hygiene.
- 1.27. **Permanent neurological deficit:**
Symptoms of dysfunction in the nervous system those are present on clinical examination and expected to last throughout Life Assured's life. Symptoms that are covered include weakness, paralysis, dysarthria (difficulty with speech), aphasia (inability to speak), and visual impairment, difficulty in walking, lack of coordination, seizures, lethargy, delirium and coma.
- 1.28. **Debt:** amount of money that Policyholder owes Prudential including but not limited to the following amounts:
- Unpaid due Premium; and
 - Cash advance from Policy's Surrender Value; and
 - Any amount of Reduction of Investment Earning relating to the cash advances from Surrender Value

2. **INSURANCE POLICY**

- 2.1. **An Insurance Policy includes documents as follows:**
- Insurance Application Form;
 - Life Insurance Certificate,
 - Alteration Confirmation Letter(s), if any;
 - These Terms and Conditions;
 - The Terms and Conditions of attached rider(s), if any;
 - Sales illustration materials; amendments and supplements (if any) within the process of agreeing and implementing Insurance Policy.
- 2.2. **Policy term and Premium Term:**
- Policy Term** is the period from Policy Effective Date until Policy Anniversary Date right after Life Assured's attained age of seventy-five (75). Policy term is also the assurance coverage term and specified in the Life Insurance Certificate or the latest Alteration and Confirmation Letter, if any.

- b. **Premium Term:** is the period during which Policyholder has to pay Premium completely as frequency that is stipulated in the Life Certificate or the latest Alteration and Confirmation Letter, if any.

If Life Assured is younger or at fifty (50) years old, Premium Term is fifteen (15) years.

If Life Assured is fifty one (51) years old and up, Premium Term is equivalent to sixty five (65) minus the entry age of Life Assured.

3. INTERIM COVERAGE

If Life Assured of the main product dies due to an Accident during Interim Coverage Period, Prudential shall pay the lower of:

- One hundred million (VND 100,000,000) dongs; or
- Total Basic Plan Sum Assured of new policy(cies) at the time of assurance participation regardless of how many Application Forms applied.

Interim Coverage Period starts from the date that Policyholder submits a legitimate Insurance Application Form and pays the Initial Premium. Interim Coverage Period terminates at the time Prudential issues the Life Insurance Certificate, postpones or refuses insurance.

Interim Coverage Period mentioned above shall not be paid if death of Life Assured is a direct or indirect result of following causes:

- Suicide regardless of whether Life Assured is in a normal or insane state; or
- Using drugs or stimulators, abusively using alcohol or driving vehicle under influence of alcohol as defined in current Laws and Regulations; or
- Criminal acts (according to the conclusion of an authorized governmental agency) committed by Life Assured, Policyholder, and/or Beneficiary(ies).

Once Interim Coverage benefit has been paid, Initial Premium which has been collected shall not be returned by Prudential. If the paid Initial Premium is larger than one hundred million (VND 100,000,000) dongs, Prudential shall return the Initial Premium back to Policyholder (without interest) instead of Interim Coverage benefit mentioned above.

4. FREE-LOOK PERIOD

Within twenty one (21) days from the date when Policyholder receives the Life Insurance Certificate and subject to no insurable events happened or no claim request submitted, Policyholder has rights to refuse to continue with Insurance Policy by sending Prudential a written announcement to request for policy cancellation. In this case, Insurance Policy shall be terminated starting from the moment Prudential receives the above request. In this case, Insurance Policy shall be terminated started from the moment Prudential receive the above request, Prudential shall then return to Policyholder:

- i) All Initial Premiums paid for Insurance Policy and attached rider(s), if any, without interest; less
- ii) Related medical examination fees if any.

5. MISSTATEMENT OF AGE AND GENDER

5.1 In case Life Assured's age or gender is misinformed, Sum Assured or Premium of this main product and attached rider(s), if any, shall be adjusted correspondingly to the one subject to the accurate age and/or gender based on Sum Assured and Premium Term, as follow:

- a. If the paid Premiums are less than Premium subject to the accurate age and/or gender, Prudential shall adjust Sum Assured correspondingly to the one subject to the paid Premium and the accurate age or/and gender and Policyholder will continue to pay the current Premium amount.
- b. If the paid Premium is higher than Premium subject to the accurate age and/or gender, Prudential shall return Policyholder Premium balance without interest.

5.2 If with the accurate age of Life Assured is rejected for being provided coverage by Prudential under these Terms and Conditions, then Insurance Policy shall be terminated and Prudential shall return Policyholder the higher of:

- a. The total paid Premiums for Insurance Policy, without interest; or
- b. Surrender Value.

after deducting of medical examination fees, all of Critical Illness benefits, Cash Benefit accepted to be paid out, and any outstanding Debt(s), if any.

6. INCONTESTABILITY

6.1 when Life Assured is still alive, inaccurate or omitted information expressed in the Application dossier and all related documents shall not be contested after Policy has been in effect for a continuous period of twenty-four (24) months from Policy Effective Date or the latest Reinstatement date.

6.2 The provision mentioned above shall not be applicable in cases Policyholder has intentionally declared untruthful information that if Prudential knew such information, Prudential would not accept to provide coverage or accept to provide coverage with attached conditions.

7. INHERITANCE OF AN INSURANCE POLICY

7.1 In case Policyholder is not Life Assured, upon death of Policyholder within the validity period of Policy, Policyholder's legitimate inheritor reserves the right to inherit all the right and obligations of Policyholder relating to Policy, provided as

this legitimate inheritor meets all the requirement for insurance under this Terms and Conditions.

If the above conditions are not satisfied, Policy shall be terminated before maturity and Prudential shall pay the higher of:

- a. The paid Premium of the whole Policy, without interest; or
- b. Surrender Value,
after deducting all of Critical Illness benefits, Cash Benefit accepted to be paid out, and any outstanding Debt(s) (if any), if any.

- 7.2 In case that Policyholder is an organization that is disbanded, bankrupted, or terminated its operations when Insurance Policy is still in force and has not been assigned yet, Life Assured will become the new Policyholder and has all the rights and obligations relating to Insurance Policy. Beneficiary(ies) nominated by the original Policyholder shall be automatically revoked.

PART II. INSURANCE PROVISIONS

8. INSURANCE BENEFIT

8.1. Critical Illness benefit

a. Early stage Critical Illness benefit:

- i) While Policy is in force, if Life Assured is diagnosed of early stage Critical Illness in the Critical Illness list stipulated in Appendix of Terms and Conditions according to the diagnosis specified in Article 1.20, Prudential shall pay the benefit for the maximum two early stage Critical Illnesses as below:
 - 30% of Sum Assured for the first Early stage Critical Illness; and
 - 30% of Sum Assured for the second Early stage Critical Illness provided that the second Early stage Critical Illness is not belonged to Critical Illness group of the first Early stage Critical Illness which is accepted to be paid by Prudential.
- ii) If Life Assured is diagnosed more than one (01) Early stage Critical Illness caused by the same Accident, Prudential shall only pay benefit for one Early stage Critical Illness.
- iii) The total Early stage Critical Illness benefit payable per illness for all policies of one Life Assured is not more than five hundred million Vietnam Dong (VND 500,000,000). In case Life Assured has more than one (01) policy with the same Early stage Critical Illness benefit and the total benefit payable are more than the limit above, this benefit will be payable according to the benefit proportion of each policy.
- iv) Early stage Critical Illness benefit is payable if Life Assured is alive at least fourteen (14) days since the date of diagnosis of Early Stage Critical Illness.

b. Late stage Critical Illness benefit:

- i) While Policy is in force, if Life Assured is diagnosed of Late stage Critical Illness in the Critical Illness list stipulated in Appendix of Terms and Conditions according to the diagnosis specified in Article 1.20, Prudential shall pay the benefit for the maximum two Late stage Critical Illness as follows:
- The first Late stage Critical Illness benefit: 100% of Sum Assured deducts Early stage Critical Illness benefit which is accepted to be paid out if Early stage Critical Illness accepted to be paid out is at the same Critical Illness group with the first Late stage Critical Illness.
 - The second late stage Critical Illness benefit: 200% Sum Assured plus accumulated Reversionary Bonuses and Terminal bonus, if any, calculated at the point of time of diagnose of the second late stage Critical Illness, after deducting all of Critical Illness benefits, Cash Benefit accepted to be paid out, and any outstanding Debt(s) (if any) at the point of time of diagnose of the second late stage Critical Illness, provided that:
 - i.1) the second late stage Critical Illness is not belonged to the Critical Illness group of the first Late stage Critical Illness; and
 - i.2) the second late stage Critical Illness is diagnosed after twelve (12) months from the date of the first late stage Critical Illness is diagnosed; and
 - i.3) The diagnosis of second late stage Critical Illness is not directly or indirectly related to or doesn't have the same cause of the first late stage Critical Illness which is accepted to be paid out.
- ii) If Life Assured is diagnosed more than one (01) Critical Illness (including Early stage Critical Illness and/or Late stage Critical Illness) caused by the same Accident, Prudential shall only pay benefit for one Critical Illness which has the highest benefit amount.
- iii) The Late stage Critical Illness benefit is payable if Life Assured is alive at least 14 days since the date of Diagnosis of Late stage Critical Illness.
- iv) Right after the second late stage Critical Illness benefit is accepted to be paid out, Policy shall automatically terminate and Prudential will not be responsible for any other benefits of Insurance Policy.

c. Critical Illness Waiver of Premium

Upon the first late stage Critical Illness claim is approved, all remaining Premiums of this main product will be waived, starting from the date the first late stage Critical Illness is diagnosed and Policy still remains in-force.

Policyholder may continuously make payment of premium of Rider(s) (if any) to keep them being in force.

8.2. **Death Benefit**

- a. Upon death of Life Assured during in-force period of Policy, Prudential will pay 200% Sum Assured plus accumulated Reversionary Bonuses and Terminal bonus calculated at the point of time of death of the Life Assured, if any, after deducting all of Critical Illness benefits, Cash Benefit accepted to be paid out, and any outstanding Debt(s) (if any) at the point of time of death of the Life Assured.
- b. During in-force period of Policy, if Life Assured dies due to Accident, Prudential will pay additional 100% Sum Assured.
- c. Policy shall automatically terminate upon death of Life Assured. In case Death Benefit is accepted to be paid out, Prudential will not be responsible for any other benefits of Insurance Policy.

8.3. **Cash Benefit**

During the in-force period of Policy and if Life Assured is still alive, Prudential will pay 30% Sum Assured at Policy Anniversary Date right after Life Assured reaches the age of 65.

8.4. **Maturity benefit:**

if Life Assured is still alive until Policy Maturity Date, Prudential will pay 200% Sum Assured plus accumulated Reversionary Bonuses and Terminal bonus calculated, if any, after deducting all of Critical Illness benefits, Cash Benefit accepted to be paid out, and any outstanding Debt(s) (if any) at the point of time of Policy Maturity Date.

9. **PROCEDURE AND TIMELINE OF INSURANCE BENEFIT PAYMENT**

9.1. **In case of Critical Illness benefits**

- a. The claimant must provide Prudential as soon as possible the following documents:
 - i) a Insurance Claim Form (as Prudential stipulated) which is fully, truthfully and accurately fulfilled; and
 - ii) Proof of diagnosis Critical Illness issued by Hospital; and
 - iii) Other confirmatory proof as required by Prudential including, but not limited to: required diagnosis document and/or clinical proof, hospital discharge note, medical report, surgery certification, radiation therapy, if any, histological and laboratory evidence, radiological, cytological, laboratory test results as required by Doctor; and

- iv) Documents related to Accident such as Accident report, scene examination report, investigation report, investigation result report which is provided by authorized police departments, if any, as regulated by current laws; and
 - v) Proof of Total and Permanent Dismemberment such as medical records confirmed by Hospital for cases of physical loss or Confirmation of loss of working capability by medical authority/medical examination council from provincial, city or above under central authority for cases of total paralyzed and irreversing the capacity of one or more body part(s); and
- b. In case of dispute or disagreement on the Critical Illness's diagnosis result submitted by the claimant, Prudential reserves the right to require Life Assured to re-conduct medical check-up, including but not limited to providing evidence of medical history, re-diagnosis, re-undergo medical tests, or irradiation, if needed, at another laboratory. The costs for provision of such documents or evidences shall be borne by Prudential. Beneficiary must comply with these final results/ evidences.

9.2. In case of Death claim

The claimant must provide Prudential as soon as possible the following documents:

- a. an Insurance Claim Form (as Prudential stipulated) which is fully, truthfully and accurately fulfilled; and
- b. Proof of the right to receive the insurance benefits specified in these Terms and Conditions such as an authorization document, a will, a document of agreement on distribution of inheritance or a document of confirmation on receiving an inheritance, upon each circumstance, which is certified by an authorized governmental organization; and
- c. Death certificate or Death announcement as regulated by current laws; and
- d. Documents such as a hospital discharge note, copy of hospitalization medical report and all related laboratory test result(s) as requested by Doctor, surgery certification (if have surgery) involving treatment record of the Hospital in which Life Assured dies and documents or information relating to the diagnosis or treatment as specified in the claim documentations; and
- e. Documents related to Accident such as Accident report, scene examination report, investigation report, investigation result report which is provided by authorized police departments, if any, as regulated by current laws; and
- f. An original copy of the Life Certificate and all alteration confirmation letter(s), if any.

9.3. In case of Cash benefit or Maturity benefit

Policyholder must provide Prudential a Insurance Claim Form (as Prudential stipulated) which is fully, truthfully and accurately fulfilled as soon as possible.

- 9.4. The time limit for requesting payment of insurance benefits is twelve (12) months from the occurrence of the insurance event.

All costs relating to obtaining the documents as stipulated in Article 9.1 and Article 9.2 shall be borne by the person whom is entitled to insurance benefit payable. Failure to provide such notice and proof as stipulated in Article 9.1 and Article 9.2 shall not invalidate any claim if it was due to reasonable reasons accepted by Prudential.

Prudential is responsible to assess the Insurance Claim Form within five (05) working days for maturity benefit and cash benefit request and 30 days for other insurance benefit requests following the date of receiving a complete and legitimate Insurance Claim documentation as stated in Article 9.1 to 9.2.

If the claim is accepted but Prudential fails to make payment on time due to Prudential's fault, Prudential shall then pay, in addition to the amount of the insurance benefits, an amount of interest. The interest rate applicable to overdue payment is interest rate of cash advance from Surrender Value of Policy, announced from time to time on the website of Prudential

- 9.5. Insurance Benefit Receiver: the payment of insurance benefits shall be made according to the following descending order:
- a. Policyholder; or
 - b. Beneficiary as nominated in the Application Form or in the latest verified note of Beneficiary change (if any). If there are more than one Beneficiary nominated and one of whom is not alive or does not exist at the occurrence of insured event, the benefit according to this person shall be payable to Policyholder's legitimate inheritor; or
 - c. Policyholder's legitimate inheritor if no Beneficiary has been nominated.

10. EXCLUSION

10.1. Exclusion in case of Death:

Prudential will not pay any benefit as stated in the Article 8.2 if death of Life Assured is the result of any of the following:

- a. suicide of self-inflicted injury whether sane or insane, within two (2) years after Policy Effective Date or the effective date of any reinstatement of Insurance Policy, whichever is later; or
- b. Due to an intentional act of Policyholder, Beneficiary against Life Assured; or
- c. Any Human Immunodeficiency Virus (HIV) and/or any HIV-related illnesses including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivation or variations thereof (except for case of Occupationally Acquired HIV defined in the Appendix of these Terms and Conditions) ; or
- d. Deaths due to the execution of the death sentence.

10.2. **Critical Illness Exclusion**

a. **Pre-existing disease or Exclusion period**

Prudential shall not pay any benefit as stated in Article 8.1 if signs or symptoms of illness exist:

- i) prior to Policy Effective Date or the latest Reinstatement Date, whichever is later; or
- ii) within 90 days following Policy Effective Date or the latest Reinstatement Date, whichever is later, whether the Critical Illness is diagnosed or not (except that the Critical Illness is a result of an Accident and Life Assured is diagnosed of suffering from Critical Illness within 90 days from the date of Accident).

b. **Other Exclusions**

Prudential shall not pay any benefits stated in Article 8.1 if illness of Life Assured is the direct results of:

- iii) suicide of self-inflicted injury whether sane or insane, within 2 years after Policy Effective Date or the latest reinstatement date of policy, whichever is later; or
- iv) Any Human Immunodeficiency Virus (HIV) and/or any HIV-related illnesses including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivation or variations thereof except for case of Occupationally Acquired HIV stated and HIV Infection Due to Blood Transfusion in Appendix ; or
- v) Under the impact of the use of narcotics, psychotropic drugs, alcohol, poisons, gas or similar substances, or drugs, unless the substance is used as a drug prescription issued by a Doctor and this influence is the cause of Accident; or
- vi) Participate in flying aircrafts or any aviation activities except for as a fare-paying passenger of scheduled and licensed commercial aircrafts; or
- vii) War whether declared or not, insurrection, rebellion, or mutiny; or
- viii) Engage or take part in dangerous activities of Life Assured such as scuba diving, bungee jumping, mountain climbing, racing of any kind, hang gliding, ballooning, parachuting and sky diving; or
- ix) Any event giving rise to a claim on an insured caused directly or indirectly by the intentional act of Policyholder, Life Assured and/or anyone who is entitled to the benefit payable.

10.3. In case Life Assured suffers from Critical Illness under exclusion cases mentioned in Article 10.2, if Policyholder keeps paying premiums to keep Policy

in force and continue to be insured for other cases differing from exclusion cases, Policy will remain in-force under these Terms and Conditions.

In case of Life Assured's death under exclusion cases mentioned in Article 0 or Policyholder decides to terminate Insurance Policy in case Life Assured suffers from Critical Illness under exclusion cases mentioned in Article 10.2, Prudential shall pay the higher of:

- a. The Total premiums paid for the main plan, without interest; or
- b. Surrender Value, if any, calculated at the time of death or diagnosis of Critical Illness.

after deducting all of Critical Illness benefits, Cash Benefit accepted to be paid out, and any outstanding Debt(s), medical examination fees (if any).

- 10.4. In case there are more than one Beneficiary, and one or some of them intentionally causes criminal acts against Life Assured, Prudential shall still be liable to pay insurance benefits to the other Beneficiaries a percentage of the insurance benefit corresponding to the percentage indicated by Policyholder following these Terms and Conditions.

11. POLICYHOLDER'S RIGHTS AND OBLIGATIONS

11.1. Policyholder's rights

During the in-force period of Insurance Policy, Policyholder reserves the following rights:

a. Receiving information

Policyholder has a right to be supplied with information as provided by current law and to be explained on these Terms and Conditions when making Application form.

b. Changing Sum Assured

Policyholder has a right to reduce Sum Assured of this product and/or change Sum Assured of the attached rider(s) in accordance with Prudential's regulation from time to time. In case of decreasing Sum Assured, if Policy already has Surrender Value, a portion of Surrender Value corresponding to the difference in Sum Assured shall be returned to Policyholder when this Sum Assured reduction is carried out.

Insurance Premium and other related conditions relating to Policy shall be adjusted according to the new Sum Assured.

c. Adding or terminating rider(s)

Policyholder has a right to terminate rider(s) at any time; and/ or to add rider(s) at any time after twenty-one (21) days of Free-look period.

The effective date of addition or termination of rider(s) is specified in the letter of notification for addition or termination of related rider(s).

d. Take advance from Surrender Value

After Policy has a Surrender Value, Policyholder may request an advance of no more than 80% of Surrender Value from Prudential. The Reduction of Investment Earning shall be deducted from Surrender Value starting from the date of receiving the Advance amount from Surrender Value.

Policyholder can return the received advances from Surrender Value and The Reduction of Investment Earning at anytime. Prudential shall deduce the relevant advances and The Reduction of Investment Earning from any amount that Prudential have to pay out following these Terms and Conditions.

Where the advances from Surrender Value and The Reduction of Investment Earning exceed Surrender Value, Insurance Policy (including main product and all attached rider(s), if any) shall be lapsed. In this case, Policyholder shall not be entitled to receive any other insurance benefits.

e. Reversionary Bonus Surrender

After fully paying Premium for first twenty – four (24) months of Policy and Insurance Policy has been enforced for the first two (2) years, Policyholder may request to surrender all or a part of the accumulated declared Reversionary Bonus of Policy. The Bonus which can be surrendered is calculated based on the present value of this Bonus at the time of surrender and survivorship of Life Assured.

f. Stop paying Premiums

After Policy has Surrender Value, Policyholder may choose to stop paying Premium and maintain Policy for a lower Sum Assured called Paid Up Sum Assured. Policyholder shall send a written notice to Prudential requesting to stop paying premium and maintain Policy for a Paid up Sum Assured at least thirty (30) days prior to the next Premium Payment Due Date. Within thirty (30) days of receipt of such request of Policyholder, Prudential shall issue a written notice specifying the amount of Paid Up Sum Assured as of the time Policyholder stops paying premiums and the relevant modifications.

In case Policy is maintained for a Paid up Sum Assured:

- Policyholder shall not be entitled to take advances of Surrender Values; and
- all riders attaching to Insurance Policy shall automatically terminate; and
- Policy shall not be entitled to any future Reversionary Bonus and Terminal Bonus, if any from the effective date of Paid Up Sum Assured; and
- Critical Illness benefit specified under Article 0, Death benefit specified under Article 8.2 and Maturity benefit specified under Article 8.3 (in case no Death benefit has been claimed previously) still remain payable and subject to be decreased accordingly.

g. Assignment

During the in-force period of Policy, Policyholder may request to assign Policy by a written notice to Prudential. The assignee must have insurable interest with Life Assured(s) and satisfies all conditions for Policyholder as provided for in these Terms and Conditions. Such assignment is effective upon approval in writing of Prudential.

Prudential is not responsible for the validity or legality of the assignment between Policyholder and the assignee.

Following the assignment of Policy, the Assignee shall become entitled to all the rights and obligations under Policy. Beneficiary(ies) nominated by the original Policyholder shall be revoked automatically. However, Life Assured shall still remain Life Assured as named in the Life Insurance Certificate.

h. Nomination or replacement of Beneficiary nomination

Policyholder has a right to nominate Beneficiary in the Insurance Application Form. During inforce period of Insurance Policy and the lifetime of Life Assured, Policyholder may request to change Beneficiary nomination by a written notice to Prudential.

Beneficiary nomination and its changes are valid upon approval in writing of Prudential.

Prudential is not responsible for the legality or validity of nomination of Beneficiary as well as any dispute related to Policyholder or any parties relating to nomination or replacement of Beneficiary nomination.

i. Early termination of Insurance Policy (Policy surrender)

Policyholder may request to surrender Insurance Policy at any time by notifying Prudential in writing.

The effective date of Policy surrender is the date Prudential accepts request for surrender from Policyholder in writing. After such request is approved by Prudential, Policy and all of its coverage shall be terminated and Policyholder shall receive Surrender Value (if any) at the point of time of cancellation of Insurance Policy after deducting Critical Illness benefits, Cash Benefit accepted to be paid out, and any outstanding Debt(s) (if any).

j. Reinstatement of Insurance Policy

i) Should Insurance Policy lapse under condition specified in Article 11.1.d) and Article 14.1, Policyholder may request to reinstate Policy, if:

- Policyholder makes a reinstatement request within twenty-four (24) months from the lasted date Policy is lapsed but not later than Policy maturity date; and
- Policyholder pays all unpaid Premiums in the past and all Reduction of Investment Earning, if any as regulated by Prudential;
- Policyholder and Life Assured are still eligible to be covered as regulated by Prudential;
- Policyholder and Life Assured have an obligation to disclose completely, correctly and truthfully all information related to personal ID, health, occupation in the request for reinstatement and comply with all requirement stated in these Terms and Conditions. In case of violation of condition specified in this term, the request of

reinstatement should be void according to Article 11.2.a) specified in these Terms and Conditions.

- ii) If Prudential accepts the reinstatement of Policy, the reinstatement shall come into effect from the day Prudential issues Policy Reinstatement Certificate, provided that Policyholder and Life Assured must be still alive at the issuance of Policy Reinstatement Certificate (the date indicated in Policy Reinstatement Certificate). Prudential will not cover for any insurance events happening in the lapsing period.
- iii) Policyholder has the obligation to comply with all the Terms and Conditions as agreed in the signed policy. If Policyholder fails to comply with any Terms and Conditions within this Article, reinstatement request shall be considered void and Prudential shall refund the entire Premium paid (without interest) at the time submitting the Reinstatement Application Form after deducting all medical examination fees and other related expenses, if any.

11.2. **Obligations of Policyholder and Life Assured**

a. Provide accurate required information

- i) Policyholder/Life Assured have an obligation to disclose completely, correctly and truthfully all required information for Prudential to evaluate the possibility of coverage acceptance for Insurance Policy. Medical check-up, if any, may not replace obligation of Policyholder/Life Assured to disclose completely, correctly and truthfully all information as regulated in this Article.
- ii) If Policyholder/Life Assured intentionally not to disclose completely, correctly and truthfully all required information at the request of Prudential, in which, with the correct information, Prudential would not accept to provide coverage, Prudential will not be responsible to pay the insurance benefits and have the right to unilaterally suspend Insurance Policy upon the discovery of breaches of Policyholder/Life Assured but pay Policyholder after deducting medical examination fees, all of Critical Illness benefits, Cash Benefit accepted to be paid out, and any outstanding Debt(s), if any at the point of time of suspending Insurance Policy.
- iii) If Policyholder/Life Assured violated its obligation to provide accurate information and such violation did not making any effects on Prudential's acceptance to provide coverage or to reinstate Insurance Policy as regulated by Prudential from time to time, Prudential will pay out the insurance benefits upon happened insurance events according to these Terms and Conditions.
- iv) If Policyholder/Life Assured violated its obligation to provide accurate information but Prudential still accepted to provide coverage and remained Insurance Policy in-force, Prudential has the right to:

- Be paid an extra premium corresponding to potential risk increase risk, if any; or
- Adjust the Sum Assured accordingly;
- Exclude the responsibility for coverage for the injuries, diseases, disabilities which were not provided/declared fully, truthfully, accurately.

b. Payment of taxes

Beneficiary who receives the Insurance Benefits is responsible for payment of taxes, if any, related to Premium payment, Insurance Policy's issuance, and receipt of insurance benefits, if any, specified in Insurance Policy as regulated by current law. On behalf of Beneficiary, Prudential shall execute the taxes deduction and payment provided for by law.

c. Personal information update

If Life Assured or Policyholder changes his/her residence place, Policyholder and/or Life Assured must inform Prudential in writing. If Life Assured no longer lives in Vietnam, Prudential shall have a right to continue providing insurance coverage with an unchanged Premium, increasing Premium or terminating Insurance Policy and paying Surrender Value back to Policyholder after deducting all of Medical exam fee, Critical Illness benefits, Cash Benefit accepted to be paid out, and any outstanding Debt(s), if any.

12. PRUDENTIAL'S RIGHTS AND OBLIGATIONS

12.1. Prudential's rights

Apart from other rights regulated by the law, upon cases, Prudential may require Life Assured to proceed a medical check-up with the involved cost to be borne by Prudential. However, the underwriting process, if any, may not replace the obligation to disclose completely, correctly and truthfully all information required by Prudential specified under Article 11.2.a) of these Terms and Conditions.

12.2. Prudential's obligations

Apart from the other obligations provided for by law, during the validity period of Policy, Prudential is obliged to explain clearly to Policyholder every terms in the Terms and Conditions of this product and other attached rider(s), to inform relevant information on the signed Policy and other information as required by law.

13. PREMIUM AND PREMIUM PAYMENT

13.1 Policyholder has an option of paying Premium in a monthly, quarterly, semiannually and annually basis, and reserves the right to change Premium Frequency on every Policy Anniversary Date. Request for Premium frequency changing should be forwarded to Prudential in written no later than thirty (30) days before Policy Anniversary Date. Upon approval of the request, Prudential shall issue a Premium frequency Change Confirmation Letter.

- 13.2 To maintain the validity of the Insurance Policy, premium must be paid on time regardless of whether receiving a premium payment reminding letter from Prudential or not. Proof of the on-due payment of premiums is the date specified in the valid Premium Collection Receipt issued by Prudential corresponding to each premium collection..
- 13.3 Upon receiving insurance benefit or Surrender Value, if Policyholder has not yet fully paid Premium for the full year, then the outstanding Premiums shall be deducted from the received insurance benefits.
- 13.4 Policyholder may delegate others to pay Premium.

14. GRACE PERIOD– POLICY LAPSE – AUTOMATIC PREMIUM PAYMENT

- 14.1 The Grace period of sixty (60) days shall begin where Policyholder fails to pay Premium at Premium Due Date. Within Grace period, Policy is still in effect.

In case the insurance events happen within the Grace period and are approved by Prudential, Insurance Benefit shall be payable after deducting all outstanding Debt(s), if any.

Upon expiry of Grace period, if Policyholder fails to make premium payments and does not request to terminate Policy, Policy will be lapsed with Lapse Date starting from Premium Due Date, except for the fact Policy has Surrender Value, then Prudential shall automatically make an advance from Surrender Value with an amount equal to Premium due in order to pay premium by frequency determined in Policy or shorter frequency according to the remaining of Surrender Value. Policy validity, the refund or deduction of the above received advances from Surrender Value and Policy Advances shall be applied as the same practice with taking advance from Surrender Value as specified in Article 11.1.d) of these Terms and Conditions.

- 14.2 Policyholder may request to reinstate Policy and all attached rider(s) following practice specified in Article 0.j.
- 14.3 Prudential shall not make an advance from Surrender Value to automatically pay Premium for Riders (if any) after Premium term of the basic plan.

15. TERMINATION OF AN INSURANCE POLICY

Insurance Policy terminates upon occurrence of the following events, whichever comes first:

- a. Insurance Policy is terminated before maturity provided by these Terms and Conditions; or
- b. Insurance Policy is lapsed for more than twenty-four (24) months continuously; or
- c. On the Maturity date of Insurance Policy; or
- d. Second late stage Critical Illness benefit is accepted to be paid; or
- e. Death of Life Assured; or

- f. Others situation as stipulated by the existing law.

16. SETTLEMENT OF DISPUTES

Any dispute arising in connection with insurance Policy, if failing to be settled through conciliation between the parties, shall be referred by either party to the court where Prudential's head office is located or the court of Life Assured's official residence or where his/her head office is located in Viet Nam, for settlement. Court fees shall be borne by the losing party. The statutory time limits for initiating a lawsuit shall be within three (3) years from the date of dispute.

FOR REFERENCE ONLY

Appendix: list of CRITICAL ILLNESSES and GROUPS OF CRITICAL ILLNESSES

Upon approval of the Ministry of Finance, Prudential has the right to adjust the Critical Illness list and/ or definition. The changes, if any, will be informed to the Policyholder 3 months in advance in writing.

Critical Illness Condition	EARLY STAGE CRITICAL ILLNESS	LATE STAGE CRITICAL ILLNESS
GROUP 1		
<p>1. Cancer:</p>	<p>Carcinoma in situ (CIS) of specified organ:</p> <p>Carcinoma in situ of the following sites: Breast, uterus, ovary, fallopian tube, vulva, vagina, cervix uteri, colon, rectum, penis, testis, lung, liver, stomach or nasopharynx or bladder.</p> <p>Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.</p> <p>Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN)</p>	<p>Life-threatening cancer:</p> <p>The diagnosis of a malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue.</p> <p>The cancer must be confirmed by histological evidence of malignancy by a qualified oncologist or pathologist and specified by Medical committee pointed by Prudential, including at least 3 qualified medical practitioners as its members. The following are excluded:</p> <ul style="list-style-type: none"> • “Carcinoma in Situ”, cervical dysplasia, CIN-1, CIN-2 & CIN-3, and all pre-malignant conditions or non-invasive cancers. • Early prostate cancer TNM Classification T1 (including T1a and T1b) or equivalent classification. • Melanomas of the skin of less than 1.5mm Breslow thickness,

	<p>classification which reports CIN I, CIN II, and CIN III (severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically excluded. Carcinoma in situ of the biliary system is also specifically excluded.</p> <p>When an Early stage critical illness claim in respect of Early Cancer has been made under this policy, the benefit of Carcinoma in situ (CIS) of specified organs is no longer payable.</p>	<p>or less than Clark Level 3.</p> <ul style="list-style-type: none"> • Hyperkeratosis, basal cell and squamous skin cancers. • Any tumour of the thyroid histologically classified as T1N0M0 or a lower stage according to the TNM classification system. • Early localized bladder cancers that are histologically described as TaN0M0 according to TNM Classification system.
	<p>Early Cancer: Early Cancer means any of the following:</p> <ul style="list-style-type: none"> • Early Prostate Cancer: prostate Cancer that is histologically described using the TNM Classification as T1a or T1b or Prostate cancers described using another equivalent classification. • Early Thyroid Cancer: thyroid Cancer that is histologically described using the TNM Classification as T1N0M0 Papillary microcarcinoma of thyroid where the tumour is less than 1cm in diameter. • Early Bladder Cancer: papillary microcarcinoma of Bladder histologically described as TaN0M0 according to TNM Classification system. • Early Chronic Lymphocytic Leukaemia: chronic Lymphocytic 	<ul style="list-style-type: none"> • Chronic Lymphocytic Leukaemia less than Rai stage 3. • All tumours in the presence of HIV infection.

	<p>Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded.</p> <ul style="list-style-type: none"> • Early Melanoma: invasive melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3. Non-invasive melanoma histologically described as “in-situ” is excluded. <p>When an Early stage critical illness claim in respect of Carcinoma in situ (CIS) of specified organs has been made under this policy, the benefit of Early Cancer is no longer payable.</p>	
<p>2. Liver disease</p>	<p>Liver Surgery:</p> <p>Partial hepatectomy of at least 1 entire left or entire right lobe of the liver that has been found necessary as a result of illness or accident as suffered by the Insured.</p> <p>Liver surgery required due to disease or disorder caused by alcohol and/or drug abuse and liver donation are all excluded.</p>	<p>End-stage Liver disease:</p> <p>Severely advanced liver disease which has to be confirmed by a specialist and evidenced by Stage B or Stage C based on Child-Pugh classification.</p>
<p>3. Lung disease</p>	<p>Surgical Removal of One Lung:</p> <p>Surgical Removal of the entire right or left lung shall mean complete surgical removal of a lung as a result of an illness or Accident of the Insured. Partial removal of a lung is not included in this benefit.</p> <p>When an Early stage critical illness claim in respect of Insertion of a Veno-cava Filter has been made under this policy, the benefit of</p>	<p>End-stage Lung disease:</p> <p>End-stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> • FEV1test results which are consistently less than 1 liter; • Permanent supplementary

	<p>Surgical Removal of One Lung is no longer payable.</p> <p>Insertion of a Veno-cava Filter:</p> <p>The surgical insertion of a veno-cava filter after there has been documented proof of recurrent pulmonary emboli. The need for the insertion of a venocaval filter must be certified to be absolutely necessary by a specialist in the relevant field.</p> <p>When an Early stage critical illness claim in respect of Surgical Removal of One Lung has been made under this policy, the benefit of Insertion of a Veno-cava Filter is no longer payable.</p>	<p>oxygen therapy for hypoxemia;</p> <ul style="list-style-type: none"> • Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ ≤ 55mmHg);and • Dyspnea at rest. <p>The diagnosis must be confirmed by a respiratory physician and specified by Medical committee pointed by Prudential, including at least 3 qualified medical practitioners as its members.</p>
<p>4. Kidney disease</p>	<p>Surgical removal of one kidney:</p> <p>The complete surgical removal of one kidney necessitated by any illness or accident. The need for the surgical removal of the kidney must be certified to be absolutely necessary by a nephrologist. Kidney donation is excluded.</p>	<p>End-stage Kidney failure:</p> <p>Means end-stage renal failure presenting chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated, or renal transplant is carried out.</p>
<p>5. Organ Transplantation</p>	<p>Small bowel transplant:</p> <p>The receipt of a transplant of at least 1 metre of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.</p> <p>When an Early stage critical illness claim in respect of Corneal Transplant has been made under this policy, the benefit of Small bowel transplant is no longer payable.</p>	<p>Major Organ Transplantation:</p> <p>The actual undergoing of, as a recipient, a transplant of a kidney, liver, heart, lung, pancreas. This transplantation must have been deemed medically necessary to treat the irreversible end-stage failure of the relevant organ. Islet cell transplants are excluded.</p>

	<p>Corneal Transplant:</p> <p>The receipt of a transplant of a whole cornea due to irreversible scarring with resulting reduced visual acuity, which cannot be corrected with other methods.</p> <p>When an Early stage critical illness claim in respect of Small bowel transplant has been made under this policy, the benefit of Corneal Transplant is no longer payable.</p>	
<p>6. Bone Marrow Transplant</p>		<p>The actual undergoing of, as a recipient, transplant of human bone marrow using hematopoietic stem cells which is preceded by total bone marrow ablation. This transplantation must have been deemed medically necessary to treat the irreversible end-stage failure of the bone marrow. Other stem cell transplants are excluded.</p>
<p>7. Aplastic Anaemia</p>		<p>Means bone marrow failure which results in anaemia, neutropenia, and thrombocytopenia requiring treatment with at least one of the following:</p> <ul style="list-style-type: none"> • Blood product transfusion • Marrow stimulating agents • Immunosuppressive agents • Bone marrow transplant
<p>8. Biliary Tract Reconstruction or Fulminant Viral</p>	<p>Biliary Tract Reconstruction Surgery:</p> <p>Biliary tract reconstruction surgery involving choledochoenterostomy</p>	<p>Fulminant Viral Hepatitis:</p> <p>Means a sub massive to massive necrosis of the liver caused by the hepatitis virus, leading precipitously to liver</p>

<p>Hepatitis</p>	<p>(choledochojejunostomy or choledochoduodenostomy) for the treatment of biliary tract disease, including biliary atresia, that is not amenable to other surgical or endoscopic measures.</p> <p>The procedure must be considered the most appropriate treatment by a specialist in hepatobiliary disease. This benefit is not payable for the consequences of gall stone disease or cholangitis.</p>	<p>failure. The diagnosis in respect of this illness must be based on the meeting of all the following criteria:</p> <ul style="list-style-type: none"> • A rapidly decreasing liver size • Necrosis involving entire lobules, leaving only a collapsed reticular framework • Rapidly degenerating liver function tests • Deepening jaundice <p>Excluding the diagnosis of this illness if such diagnosis is directly or indirectly caused by attempted suicide, poisoning, drug overdose and excessive alcohol ingestion.</p>
<p>9. Medullary Cystic Disease</p>	<p>FOR REFERENCE ONLY</p>	<p>Diagnosis of medullary cystic disease by a specialist physician and specified by Medical committee pointed by Prudential, including at least 3 qualified medical practitioners as its members and evidenced by end stage renal disease with the Life Assured undergoing regular peritoneal dialysis or haemodialysis.</p>
<p>10. Systemic Lupus Erythematosus With Lupus Nephritis</p>	<p>FOR REFERENCE ONLY</p>	<p>Refer to a multi-system autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. Within the context of this policy, SLE is restricted to only those forms of systemic lupus Erythematosus, which involve</p>

		<p>the kidneys (Type III to Type V Lupus Nephritis, established by renal biopsy). Other forms such as discoid lupus and those forms with haematological and joint are specifically excluded.</p> <p>WHO Lupus nephritis classification: Class I: Minimal change of glomerulonephritis. Class II: Mesangial glomerulonephritis. Class III: Focal Segmental glomerulonephritis. Class IV: Diffuse glomerulonephritis. Class V: Membranous glomerulonephritis.</p>
<p>11. Chronic Relapsing Pancreatitis</p>		<p>Chronic Relapsing Pancreatitis shall mean repeated attacks of inflammation of the pancreas, which has resulted in progressive fibrosis leading to loss of exocrine and endocrine tissue. All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. Medical record of at least three attacks of inflammation of the pancreas; 2. Evidence of pancreatic insufficiency causing malabsorption, where continuous pancreatic enzyme or insulin replacement therapy has been instituted, and the therapy is expected to last for the whole life of the Insured; 3. The diagnosis of Chronic

		<p>Relapsing Pancreatitis must be confirmed by a registered medical practitioner who is a gastroenterologist.</p> <p>Chronic pancreatitis due to alcohol or drug abuse is excluded.</p>
<p>12. Progressive Scleroderma</p>		<p>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.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Localized scleroderma (linear scleroderma or morphea); • Eosinophilic fasciitis; and • CREST syndrome
<p>GROUP 2</p>		
<p>1. Cardiomyopathy</p>		<p>Cardiomyopathy as diagnosed by a specialist cardiologist and specified by Medical committee pointed by Prudential, including at least 3 qualified medical practitioners as its members characterized by impaired ventricular function of unknown aetiology with permanent and irreversible physical impairment to the degree of class 4 of the</p>

		<p>New York Heart Association Classification of cardiac impairment. For the claim to be admissible for this condition, the impairment must have persisted for at least 6 continuous months.</p> <p>The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance.</p> <p>The benefit does not cover Cardiomyopathy directly related to alcohol or drug usage.</p>
<p>2. Coronary Artery Disease Requiring Surgery:</p>	<p>Minimally Invasive Direct Coronary Artery Bypass Grafting (MIDCAB): Coronary Artery Bypass Grafting Coronary or coronary arterectomy performed by port access procedures or MIDCAB procedures (where median sternotomy is not required) to correct blockages in the coronary arteries. All intravascular procedures are excluded. All percutaneous intravascular techniques are excluded.</p> <p>When an Early stage critical illness claim in respect of Angioplasty has been made under this policy, the benefit of MIDCAB is no longer payable.</p>	<p>The undergoing of open-chest surgery with a median sternotomy to correct narrowing or blockage of one or more coronary arteries with bypass grafts in persons with limiting anginal symptoms.</p> <p>Angioplasty and all other intra-arterial, catheter-based techniques, keyhole, minimally invasive or laser procedures, are excluded.</p>
<p>3. Cardiac Arrhythmia or Heart Attack /</p>	<p>Cardiac pacemaker Insertion: Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia</p>	<p>The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle, as</p>

<p>Myocardial Infarction:</p>	<p>which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be medically necessary by a Registered Specialist in the relevant field. This benefit includes pacemakers deployed for cardiac resynchronisation therapy.</p> <p>When an Early stage critical illness claim in respect of Cardiac defibrillator Insertion has been made under this policy, the benefit of Cardiac pacemaker Insertion is no longer payable.</p>	<p>a result of an acute interruption of blood supply to the myocardium. The diagnosis must be supported by at least three of the following criteria:</p> <ul style="list-style-type: none"> • Typical chest pain for which the insured is admitted to hospital, and • Proof on sequential EKGs of new hyper-acute ST segment changes that evolve into new Q-waves • Diagnostic elevation of cardiac enzyme CK-MB, • Diagnostic elevation of Troponin, • Left ventricular ejection fraction less than 50% measured 3 months or more after the event. <p>All other acute ischaemic incidents and angina are specifically excluded.</p>
<p>4. Heart Valve Surgery</p>	<p>Percutaneous Valvuloplasty or Valvotomy:</p> <p>The actual undergoing of simple percutaneous balloon valvuloplasty or valvotomy necessitated by damage of the heart valve as confirmed by a cardiologist and established by a cardiac</p>	<p>The actual undergoing of open heart valve surgery for the first time, performed to replace or repair one or more heart valves, as a consequence of defects that cannot be repaired by intra-arterial catheter procedures alone.</p> <p>The surgery must be performed</p>

	<p>echocardiogram.</p> <p>Any procedure on heart valves that involves opening or entering the chest by any thoractotomy incision is excluded.</p>	<p>after a recommendation by a consultant cardiologist and supported by appropriate investigations such as Echocardiography, MRI.</p> <p>Repair via intra-vascular procedure, key-hole surgery or similar techniques are specifically excluded.</p>
<p>5. Primary Pulmonary Arterial Hypertension</p>		<p>Primary pulmonary arterial hypertension associated with right ventricular enlargement established by investigations including catheterization resulting in significant permanent physical impairment to the degree of at least Class 4 of the New York Heart Association classification of cardiac impairment.</p> <p>*NYHA Class 4 cardiac impairment means that the patient is symptomatic during ordinary daily activities despite the use of medication and dietary adjustment, and there is evidence of abnormal ventricular function on physical examination and laboratory studies.</p>
<p>6. Surgery To The Aorta</p>	<p>Minimally invasive surgery to Aorta:</p> <p>The actual undergoing of surgery via minimally invasive or intra-arterial techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by a cardiac echocardiogram or any</p>	<p>The actual undergoing of major surgery of the thoracic or abdominal aorta for life threatening vascular disease. This includes coarctation repair, surgical grafts for aortic aneurysms or aortic dissections but minimally invasive stent</p>

	<p>other appropriate diagnostic test that is available and confirmed by a consultant cardiologist.</p> <p>For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.</p>	<p>grafting is excluded.</p> <p>Surgery on the branches of the aorta is also excluded. Surgery performed using catheter techniques only are specifically excluded.</p>
<p>7. Other serious Coronary Artery Diseases</p>	<p>Angioplasty:</p> <p>The actual undergoing of balloon angioplasty to correct a narrowing (minimum of 70% stenosis) of 2 or more major coronary arteries with a history of physical activity/exercise limiting symptomatology.</p> <p>Such history shall consist of:</p> <p>(a) Symptoms which are sufficiently severe to indicate that the life insured's future level of exercise tolerance would be restricted at a minimal level to prevent further episodes of chest pain.</p> <p>(b) A Specialist Medical Practitioner's opinion which defines the need to limit physical exercise so as to minimize moderate to severe angina pain.</p> <p>Medical evidence shall include all of the following:</p> <p>(a) Full report from attending Cardiologist;</p> <p>(b) Evidence of significant and relevant ECG Changes (ST segment depression of 2 millimeters or more); and</p> <p>(c) Angiographic evidence to confirm the location and degree of stenosis of</p>	<p>Severe coronary artery disease in which at least 3 major coronary arteries are individually occluded by a minimum of 60% or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).</p> <p>For 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).</p>

	<p>2 or more major coronary arteries.</p> <p>Major coronary arteries are defined as left main stem, left anterior descending, circumflex and right coronary artery.</p> <p>The amount of benefit payout is subject to a nominal cap of VND 200,000,000.</p> <p>Diagnostic procedure with angiography is excluded.</p> <p>When an Early stage critical illness claim in respect of MIDCAB has been made under this policy, the benefit of Angioplasty is no longer payable.</p>	
GROUP 3		
<p>1. Severance Of Limbs</p>	<p>Loss of One Limb:</p> <p>The irreversible severance of one entire limb where severance is above the elbow or the knee. This condition must be confirmed by a specialist in the relevant field.</p> <p>Self-inflicted injuries are excluded.</p>	<p>The irreversible severance of 2 or more limbs where severance is above the elbow or the knee.</p>
<p>2. Bacterial Meningitis</p>		<p>Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and Permanent neurological as stated in the Article 1.27. The neurological deficit must persist for at least 6 weeks.</p> <p>This diagnosis must be confirmed by:</p> <ul style="list-style-type: none"> • The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and • A consultant neurologist and specified by Medical committee

		<p>pointed by Prudential, including at least 3 qualified medical practitioners as its members.</p> <p>Bacterial Meningitis in the presence of HIV infection is excluded.</p>
<p>3. Benign Brain Tumour</p>	<p>Surgical Removal of Pituitary Tumour (by Transphenoidal / Transnasal Hypophysectomy):</p> <p>The actual undergoing of surgical removal of a pituitary tumour by transphenoidal / transnasal hypophysectomy necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour or where surgical removal is considered necessary upon the advice of a consultant endocrinologist. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI.</p>	<p>A non-cancerous tumour in the brain.</p> <p>Your benefit does not cover cysts, granulomas, malformations in, or of, the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine.</p>
<p>4. Brain Surgery</p>		<p>The actual undergoing of surgery to the brain under general anaesthesia, during which a craniotomy is performed.</p> <p>Brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist.</p> <p>Burr Hole surgery, transphenoidal surgery and other minimally invasive procedures are excluded.</p>
<p>5. Coma</p>	<p>Coma for 48 hours:</p> <p>Coma that persists for at least 48</p>	<p>A state of unconsciousness with no reaction or response to external stimuli or internal</p>

	<p>hours. This diagnosis must be supported by evidence of all of the following:</p> <p>(a) no response to external stimuli for at least 48 hours,</p> <p>(b) the use of life support measures to sustain life, and</p> <p>(c) brain damage resulting in Permanent neurological deficit as stated in the Article 1.27 which must be assessed at least 30 days after the onset of the coma.</p> <p>Coma resulting directly from alcohol or drug abuse is excluded. Medically induced coma also does not fulfil this definition.</p>	<p>needs, persisting continuously with the use of life support systems, for a period of at least 96 hours.</p> <p>The coma must result in significant neurological deficit which leads to the permanent inability to perform 3 out of the 6 “Activities of daily living” as stated in the Article 1.26 without the assistance of another person or is determined to be permanently disability or permanently loss of working capability of at least 81% according to the current regulation of the appropriate authorized party.</p> <p>Permanency must be diagnosed no sooner than 6 months after the first diagnosis.</p>
<p>6. Encephalitis</p>		<p>Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in Permanent neurological deficit as stated in the Article 1.27. This diagnosis must be certified by a consultant neurologist and specified by Medical committee pointed by Prudential, including at least 3 qualified medical practitioners as its members and the Permanent neurological deficit as stated in the Article 1.27 must be documented for at least 6 weeks.</p> <p>Encephalitis in the presence of or as a result of HIV infection is excluded.</p>

<p>7. Major Head Trauma</p>		<p>Accidental head injury resulting in Permanent neurological deficit as stated in the Article 1.27 to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and specified by Medical committee pointed by Prudential, including at least 3 qualified medical practitioners as its members and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Spinal cord injury; and • Head injury due to any other causes.
<p>8. Increased Cranial Pressure / Carotid Artery Disease or Stroke</p>	<p>Cerebral shunt insertion:</p> <p>The actual undergoing of surgical implantation of a permanent shunt (such as a ventriculo atrial or ventriculo abdominal shunt) from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a consultant neurologist.</p> <p>When an Early stage critical illness claim in respect of Carotid Artery surgery has been made under this policy, the benefit of Cerebral shunt insertion is no longer payable.</p>	<p>Stroke:</p> <p>A cerebrovascular incident which results in one of the following types of conditions, persisting for at least 6 months after the incident:</p> <ul style="list-style-type: none"> • Permanent Neurological Deficit as stated in the Article 1.27 with persisting clinical symptoms; or • Permanent inability to perform 3 out of the 6 “Activities of daily living” as stated in the Article 1.26 without the assistance of

	<p>Carotid Artery surgery:</p> <p>The actual undergoing of Endarterectomy of the carotid artery which has been necessitated as a result of at least 80% narrowing of the carotid artery <i>or 70% narrowing of the carotid artery with evident symptom (TIA, minor stroke)</i> as diagnosed by an arteriography or any other appropriate diagnostic test that is available.</p> <p>Endarterectomy of blood vessels other than the carotid artery are specifically excluded.</p> <p>When an Early stage critical illness claim in respect of Cerebral shunt insertion has been made under this policy, the benefit of Carotid Artery surgery is no longer payable.</p>	<p>another person.</p> <ul style="list-style-type: none"> • Determined to be permanently disability or permanently loss of working capability of at least 81% according to the current regulation of the appropriate authorized party. <p>The Diagnosis of Stroke must be based on changes seen on imaging studies such as a CT scan or MRI and must be confirmed by a consultant neurologist.</p> <p>Infarction of brain tissue, intracranial bleeding as a result of external injury and neurological deficit resulting from illness or infection are specifically excluded. Transient ischaemic attacks are also excluded.</p>
<p>9. Paralysis</p>		<p>Total and irreversible loss of use of at least 2 entire limbs due to injury or disease. This condition must be confirmed by a consultant neurologist and</p>

		<p>specified by Medical committee pointed by Prudential, including at least 3 qualified medical practitioners as its members.</p> <p>Permanency must be diagnosed no sooner than 6 months after the first diagnosis.</p> <p>Self-inflicted injuries are excluded.</p>
10. Motor Neurone Disease		<p>Unequivocal diagnosis of Motor Neurone Disease by a consulting neurologist and specified by Medical committee pointed by Prudential, including at least three (3) qualified medical practitioners as its members supported by definitive evidence of appropriate and relevant neurological signs.</p> <p>The motor neurone disease must result in the permanent inability to perform 3 out of the 6 “Activities of daily living” as stated in the Article 1.26 without the assistance of another person or is determined to be permanently disability or permanently loss of working capability of at least 81% according to the current regulation of the appropriate authorized party.</p> <p>Permanency must be diagnosed no sooner than 6 months after the first diagnosis.</p>

11. Multiple Sclerosis		<p>Areas of demyelination of the central nervous system. The diagnosis must be made by a consultant neurologist and specified by Medical committee pointed by Prudential, including at least 3 qualified medical practitioners as its members. Diagnosis should be confirmed by CT or MRI evidence of lesions of the central nervous system.</p> <p>Disease of the central nervous system due to other causes (e.g. diseases of blood vessels or bacterial or viral diseases) must be unequivocally excluded. Documentation of the disease by the neurologist must show irreversible neurological deficiencies; irreversibility must be diagnosed no sooner than 6 months after the first diagnosis.</p>
12. Muscular Dystrophy		<p>Means a group of genetic degenerative myopathies characterised by weakness and atrophy of muscle without involvement of the nervous system.</p> <p>The diagnosis must be confirmed by a neurologist and specified by Medical committee pointed by Prudential, including at least 3 qualified medical practitioners as its members and activities of daily living assessment confirms the inability of the Life Assured to perform 3 out of the 6</p>

		<p>“Activities of daily living as stated in the Article 1.26 without the assistance of another person or is determined to be permanently disability or permanently loss of working capability of at least 81% according to the current regulation of the appropriate authorized party.</p> <p>Permanency must be diagnosed no sooner than 6 months after the first diagnosis.</p>
<p>13. Parkinson’ disease</p>		<p>Slowly progressive degenerative disease of the central nervous system as a result of loss of pigment containing neurons of the brain.</p> <p>Unequivocal diagnosis of Parkinson’s Disease by a specialist neurologist and specified by Medical committee pointed by Prudential, including at least 3 qualified medical practitioners as its members where the condition:</p> <ul style="list-style-type: none">• cannot be controlled with medication; and• shows signs of progressive impairment; and• inability of the Life Assured to perform 3 out of the 6 “Activities of daily living” as stated in the Article 1.26 without the assistant of another person or is determined to be permanently disability or permanently loss of working capability of at least 81% according to the current regulation of the appropriate

		<p>authorized party.</p> <p>Permanency must be diagnosed no sooner than 6 months after the first diagnosis.</p> <p>Only idiopathic Parkinson's Disease is covered. Your benefit does not cover any other forms of Parkinsonism.</p>
<p>14. Elephantiasis</p>		<p>The result and complication of filariasis, characterized by massive swelling in the tissues of the body as a result of obstructed circulation in lymphatic vessels.</p> <p>Unequivocal diagnosis of elephantiasis must be clinically confirmed by an appropriate specialist and specified by Medical committee pointed by Prudential, including at least 3 qualified medical practitioners as its members, including laboratory confirmation of microfilariae, and must be supported by our medical adviser.</p> <p>The benefit does not cover Lymphoedema caused by infection with a sexually transmitted disease, trauma, postoperative scarring, congestive heart failure, or congenital lymphatic system abnormalities.</p>
<p>15. Alzheimer's disease</p>		<p>Deterioration or loss of intellectual capacity, due to irreversible global failure of brain functioning, as confirmed by clinical evidence of</p>

		<p>Alzheimer's disease and dementia.</p> <p>The diagnosis must be confirmed by a consultant neurologist and specified by Medical committee pointed by Prudential, including at least 3 qualified medical practitioners as its members.</p> <p>The disease must result in significant cognitive impairment which results in the need for permanent and continuous supervision of the Life Assured or the permanent inability to perform 3 out of the 6 "Activities of daily living" as stated in the Article 1.26 without the assistance of another person or is determined to be permanently disability or permanently loss of working capability of at least 81% according to the current regulation of the appropriate authorized party.</p> <p>Permanency must be diagnosed no sooner than 6 months after the first diagnosis.</p> <p>Dementia relating to alcohol, drug abuse, AIDS, neurosis illnesses or psychiatric illnesses is excluded.</p>
<p>16. Pheochromocytoma</p>		<p>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.</p>

		<p>The Diagnosis of Pheochromocytoma must be confirmed by a Registered Medical Practitioner who is an endocrinologist.</p>
<p>17. Creutzfeldt- Jacob Disease</p>		<p>The occurrence of Creutzfeldt-Jacob Disease or Variant Creutzfeldt-Jacob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform 2 out of the 6 “Activities of daily living” as stated in the Article 1.26 without the assistance of another person or is determined to be permanently disability or permanently loss of working capability of at least 81% according to the current regulation of the appropriate authorized party.</p> <p>Permanency must be diagnosed no sooner than 6 months after the first diagnosis.</p> <p>Disease caused by human growth hormone treatment is excluded.</p>
<p>18. Amyotrophic Lateral Sclerosis</p>		<p>Characterised by muscular weakness and atrophy, evidence of anterior horn cell dysfunction, visible muscle fasciculations, spasticity, hyperactive deep tendon reflexes and exterior plantar reflexes, evidence of corticospinal tract involvement, dysarthria and dysphagia. The diagnosis must be made by a</p>

		<p>Specialist with appropriate neuromuscular testing such as Electromyogram (EMG). The disease must result in significant physical impairment (as evidenced by the Insured's permanent inability to perform at least 3 of the 6 ADLs or is determined to be permanently disability or permanently loss of working capability of at least 81% according to the current regulation of the appropriate authorized party).</p> <p>Permanency must be diagnosed no sooner than 6 months after the first diagnosis.</p>
<p>19. Myasthenia Gravis</p>		<p>An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:</p> <ul style="list-style-type: none">a) Presence of permanent muscle weakness categorized as Class III, IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; andb) The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Registered Medical Practitioner who is a neurologist. <p>Myasthenia Gravis Foundation of America Clinical Classification:</p> <p>Class I: Any eye muscle weakness, possible ptosis, no</p>

		<p>other evidence of muscle weakness elsewhere</p> <p>Class II: Eye muscle weakness of any severity, mild weakness of other muscles</p> <p>Class III: Eye muscle weakness of any severity, moderate weakness of other muscles</p> <p>Class IV: Eye muscle weakness of any severity, severe weakness of other muscles</p> <p>Class V: Intubation needed to maintain airway.</p>
GROUP 4		
1. Burns	<p>Mild Severe Burns:</p> <p>Less Severe Burns to Body due to Accident shall mean third degree (i.e. full thickness skin destruction) burns covering at least 10% of the total body surface area (as measured by The Rule of Nines or the Lund and Browder Body Surface Chart) directly resulting from an Accident. Skin grafting to the defined burn area must have been undertaken.</p>	<p>Major Burns:</p> <p>Third degree burns covering at least 20 percent of the surface area of the Life Assured's body, as measured by The Rule of Nines or the Lund and Browder Body Surface Chart.</p>
2. Blindness	<p>Loss of Sight in One Eye:</p> <p>Total permanent and irreversible loss of sight in one eye:</p> <p>(a) as a result of illness or accident,</p> <p>(b) must be certified by an ophthalmologist, and the corrected visual acuity must be less than 6/60 or 20/200 using e.g. Snellen test, or visual field restriction to 20° or less</p>	<p>Total permanent and irrecoverable loss of sight in both eyes as a result of sickness or accident. The corrected visual acuity must be less than 6/60 or 20/200 using e.g. Snellen test, or visual field restriction to 20° or less in both eyes.</p> <p>Permanency must be</p>

	<p>in the affected eye.; and</p> <p>(c) is not due to alcohol or drug misuse.</p> <p>Permanency must be diagnosed no sooner than 6 months after the first diagnosis.</p>	<p>diagnosed no sooner than 6 months after the first diagnosis.</p> <p>Diagnosis has to be confirmed by a specialist (best by an ophthalmologist) and evidenced by specific test results.</p>
<p>3. Cavernous Sinus Thrombosis / Cochlear or Auditory Nerve Damage or Deafness</p>	<p>Cavernous Sinus Thrombosis Surgery:</p> <p>The actual undergoing of a surgical drainage for Cavernous Sinus Thrombosis. The presence of Cavernous Sinus Thrombosis as well as the requirement for surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field.</p> <p>When an Early stage critical illness claim in respect of Cochlear Implant Surgery has been made under this policy, the benefit of Cavernous Sinus Thrombosis Surgery is no longer payable.</p> <hr/> <p>Cochlear Implant Surgery:</p> <p>The actual undergoing of a surgical cochlear implant as a result of permanent damage to the cochlea or auditory nerve. The surgical procedure as well as the insertion of the implant must be certified to be absolutely necessary by an Ear, Nose, Throat (ENT) specialist.</p> <p>When an Early stage critical illness claim in respect of Cavernous Sinus Thrombosis Surgery has been made under this policy, the benefit of Cochlear Implant Surgery</p>	<p>Deafness:</p> <p>Total permanent and irreversible loss of hearing in both ears (with or without hearing aid) due to acute disease or accident.</p> <p>Permanency must be diagnosed no sooner than 6 months after the first diagnosis.</p> <p>Medical evidences, including hearing checked test and sound-threshold test resulting in loss of at least 80 decibels in all frequencies of hearing should be confirmed by a Specialist Consultant and specified by Medical committee pointed by Prudential, including at least 3 qualified medical practitioners as its members.</p>

	is no longer payable.	
4. Loss Of Speech		<p>Total permanent and irrecoverable loss of the ability to speak due to physical damage to the vocal cords which must be established for a continuous period of 12 months.</p> <p>Medical evidences such as damage to or disease of the voice cords should be confirmed by a Specialist Consultant and specified by Medical committee pointed by Prudential, including at least 3 qualified medical practitioners as its members.</p> <p>Excluding the diagnosis of this illness if loss of speech due to mental disease.</p>
5. Poliomyelitis		<p>Unequivocal diagnosis by a specialist neurologist and specified by Medical committee pointed by Prudential, including at least 3 qualified medical practitioners as its members, of infection by the polio virus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. Cases not involving paralysis and other causes of</p>

		<p>paralysis are not eligible for this benefit.</p>
<p>6. Occupationally Acquired HIV</p>		<p>Infection with HIV where it was acquired as a result of an accident during the course of carrying out normal occupational duties with sero-conversion to Positive HIV antibody occurring within 6 months of the accident. Any accident giving rise to a potential claim must be reported to us within 30 days of the incident and be supported by a negative HIV antibody test taken immediately after the incident.</p> <p>This coverage shall cease in the event of an efficient and effective vaccine being found for the prevention of HIV/AIDS.</p> <p>The benefit does not cover sexually transmitted HIV infection.</p>
<p>7. HIV Infection Due to Blood Transfusion</p>		<p>HIV infection due to a blood transfusion provided that all of the following conditions are met:</p> <p>(a) the blood transfusion was Medically Necessary;</p> <p>(b) the blood transfusion was received by the Insured after the commencement of the Policy;</p> <p>(c) the source of the infection is established to be contaminated blood provided for the blood</p>

		<p>transfusion, the origin of which can be traced through the institution providing such contaminated blood; and</p> <p>(d) the Insured does not suffer from hemophilia. This coverage shall cease in the event of an efficient and effective vaccine being found for the prevention of HIV/AIDS.</p>
8. Severe Rheumatoid Arthritis		<p>Widespread joint destruction with major clinical deformity of 3 or more of the following joint areas: hands, wrists, elbows, spine, knees, ankles, feet.</p> <p>The diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none">• Morning stiffness• Symmetric arthritis• Presence of rheumatoid nodules• Elevated titres of rheumatoid factors• Radiographic evidence of severe involvement <p>The diagnosis must be confirmed by a Consultant Rheumatologist and specified by Medical committee pointed by Prudential, including at least 3 qualified medical practitioners as its members.</p>

<p>9. Osteoporosis (U to age 70)</p>	<p>Osteoporosis with Fractures:</p> <p>The occurrence of Osteoporosis with minimal trauma fractures where all of the following conditions are met:</p> <ul style="list-style-type: none">- either fracture of the neck of femur or fracture of at least 2 vertebral body following minimal trauma; and- bone mineral density measured in at least 2 sites by dual-energy x-ray densitometry (DEXA) or quantitative CT scanning is consistent with severe osteoporosis (T-score of less than -2.5). <p>Actual undergoing of internal fixation or replacement of the fractured femur bone; or actual surgical treatment for vertebral body is required.</p> <p>Coverage for Osteoporosis with Fractures will automatically cease after the Insured attains 70 years of age.</p>	<p>Severe Osteoporosis:</p> <p>Osteoporosis is a degenerative bone disease that results in loss of bone. The diagnosis must be supported by a bone density reading which satisfies the World Health Organization (WHO) definition of osteoporosis with a bone density reading T-score of less than -2.5. There must also be a history of 3 or more osteoporotic fractures involving femur, wrist or vertebrae. These fractures must directly cause the Insured's permanent inability to perform at least 3 of the following 6 "Activities of daily living" as stated in the Article 1.26 or is determined to be permanently disability or permanently loss of working capability of at least 81% according to the current regulation of the appropriate authorized party.</p> <p>The severity of the disease shall be such that there will be at least 3 of the 6 "Activities of Daily Living" as stated in the Article 1.26 or is determined to be permanently disability or permanently loss of working capability of at least 81% according to the current regulation of the appropriate authorized party which the Insured will, for a continuous period of at least 6 months, have been unable to perform without the assistance of</p>
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		<p>another person.</p> <p>At Prudential's discretion, confirmation of the Diagnosis and the degree of disability may be required through an independent medical examination by Prudential's Medical Officer.</p> <p>Coverage for Severe Osteoporosis will automatically cease after the Insured attains 70 years of age.</p>
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