

The coverage under this Annexure is provided to the Person Covered as named in the e-CIP of Takaful myClick Term (hereinafter referred to as 'Basic Certificate') managed by Us to which this Annexure is attached.

This Annexure forms part of the Basic Certificate and is valid only if the Basic Certificate is valid. In addition, this Annexure is subject to the terms and conditions of the Basic Certificate unless stated otherwise in this Annexure.

## 1. DEFINITIONS

### 1.1 "ACTIVITIES OF DAILY LIVING" or "ADL" are as follows:

- (a) Transfer  
Getting in and out of a chair without requiring physical assistance.
- (b) Mobility  
The ability to move from room to room without requiring any physical assistance.
- (c) Continence  
The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.
- (d) Dressing  
Putting on and taking off all necessary items of clothing without requiring assistance of another person.
- (e) Bathing / Washing  
The ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means.
- (f) Eating  
All tasks of getting food into the body once it has been prepared.

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

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

**1.4 "MEDICAL PRACTITIONER"** means a person who is qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a doctor, physician or surgeon who is the Participant or the Person Covered.

**1.5 "NEUROLOGIST"** means a Medical Practitioner who is board certified in neurology and a Fellow of the Neurological Society in either the United Kingdom, the United States of America, Canada or Australia.

**1.6 "PERMANENT"** means expected to last throughout the lifetime of the Person Covered.

**1.7 "PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS"** means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Person Covered. Symptoms that are covered include numbness, paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

**1.8 "TABARRU"** means a donation for the purpose of which is not commercial and is used to help other participants.

**1.9 "WAITING PERIOD"** means the first thirty (30) days from the Effective Date or Reinstatement Date, whichever is the later, for Critical Illnesses other than Cancer. For Cancer, the Waiting Period means the first sixty (60) days from the Effective Date or Reinstatement Date, whichever is the later.

## 2. DESCRIPTION OF CONTRIBUTION AND CHARGES

This Annexure is issued in consideration of Your application and the payment of the additional Contribution specified in e-CIP or in a subsequent endorsement issued by Us at the same interval and on the same due date as the contribution under the Basic Certificate starting from the Effective Date of this coverage up to and including the due date immediately prior to the Expiry Date.

All Contributions are to be paid in advance on the due date based on the Attained Age and gender of the Person Covered. The Contribution payable under this Annexure after deducting the Wakalah Fee, will be credited into the GFTA as Tabarru', subject to the terms and conditions of this Annexure.

The Contribution rates are not guaranteed. We may revise the Contribution rates in the future in the event of adverse claims experience. Revision of rates will apply to all Persons Covered regardless of their claims experience. If there is any rate revision, You will be notified by Us at least thirty (30) days before it takes effect. The revised Contribution rates will only apply at the next Certificate Anniversary.

## 3. EVENTS UPON WHICH THE BENEFITS ARE TO BE PAID

### 3.1 CRITICAL ILLNESS BENEFIT

While this Annexure is in force and subject to its terms, conditions and the Waiting Period, in the event the Person Covered is diagnosed with a Critical Illness as defined in Clause 3.2 below prior to the Expiry Date, We will pay the Sum Covered as shown in the e-CIP.

Provided that:

- 3.1.1** The Critical Illness for which a claim is made must be diagnosed by a Medical Practitioner and supported by acceptable clinical, radiological, histological and laboratory evidence satisfactory to us.
- 3.1.2** If a valid Critical Illness claim has been made under this Annexure, no future benefit will be payable for the same Critical Illness.
- 3.1.3** The aggregate amount of benefits paid under this Annexure taken together should not exceed a total of one hundred percent (100%) of the Sum Covered regardless of the number of Critical Illnesses that the Person Covered has suffered at any time.
- 3.1.4** A claim made under this Annexure will reduce the sum covered of the Basic Certificate for the same amount paid under this Annexure.

### 3.2 DEFINITION OF CRITICAL ILLNESSES / CONDITIONS

#### 3.2.1 HEART ATTACK - OF SPECIFIED SEVERITY

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- (a) A history of typical chest pain;
- (b) New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block; and
- (c) Elevation of the cardiac biomarkers , inclusive of CPK-MB above the generally accepted normal laboratory levels or Troponins recorded at the following levels or higher:  
Cardiac Troponin T or Cardiac Troponin I > / = 0.5 ng/ml.

The evidence must show the occurrence of a definite acute myocardial infarction which should be confirmed by a cardiologist or physician.

For the above definition, the following are not covered:

- (i) occurrence of an acute coronary syndrome including but not limited to unstable angina
- (ii) a rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease.

**3.2.2 STROKE – RESULTING IN PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS**

Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolization from an extra cranial source resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a Neurologist. A minimum Assessment Period of three (3) months applies.

For the above definition, the following are not covered:

- (a) Transient ischemic attacks
- (b) Cerebral symptoms due to migraine
- (c) Traumatic injury to brain tissue or blood vessels
- (d) Vascular disease affecting the eye or optic nerve or vestibular functions.

**3.2.3 CANCER - OF SPECIFIED SEVERITY AND DOES NOT COVER VERY EARLY CANCERS**

Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

- (a) All cancers which are histologically classified as any of the following:
  - pre-malignant
  - non-invasive
  - carcinoma in situ
  - having borderline malignancy
  - having malignant potential
- (b) All tumours of the prostate histologically classified as T1N0M0 (TNM classification)
- (c) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification)
- (d) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)
- (e) Chronic Lymphocytic Leukemia less than RAI Stage 3
- (f) All cancers in the presence of HIV
- (g) Any skin cancer other than malignant melanoma.

**3.2.4 CORONARY ARTERY BY-PASS SURGERY**

Refers to the actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of coronary artery by-pass grafting.

For the above definition, the following are not covered:

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

**3.2.5 SERIOUS CORONARY ARTERY DISEASE**

The narrowing of the lumen of Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD) and Circumflex Artery (not inclusive of their branches) occurring at the same time by a minimum of sixty percent (60%) in each artery as proven by coronary arteriography (non-invasive diagnostic procedures are not covered). A narrowing of sixty percent (60%) or more of the Left Main Stem will be considered as a narrowing of the Left Anterior Descending Artery (LAD) and Circumflex Artery.

This covered event is payable regardless of whether or not any form of coronary artery surgery has been performed.

### **3.2.6 ANGIOPLASTY AND OTHER INVASIVE TREATMENTS FOR CORONARY ARTERY DISEASE**

The actual undergoing for the first time of Coronary Artery Balloon Angioplasty, artherectomy, laser treatment or the insertion of a stent to correct a narrowing or blockage of one or more coronary arteries as shown by angiographic evidence.

Intra-arterial investigative procedures are not covered. Payment under this clause is limited to ten percent (10%) of the Critical Illness coverage under this certificate subject to a maximum of RM25,000. This covered event is payable once only and shall be deducted from the amount of this certificate, thereby reducing the amount of the lump sum payment which may be payable.

### **3.2.7 CARDIOMYOPATHY – OF SPECIFIED SEVERITY**

A definite diagnosis of cardiomyopathy by a cardiologist which results in permanently impaired ventricular function and resulting in permanent physical impairment of at least Class III of the New York Heart Association's classification of cardiac impairment. The diagnosis has to be supported by echocardiographic findings of compromised ventricular performance.

The New York Heart Association Classification of Cardiac Impairment for Class III and Class IV means the following:

- (a) Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.
- (b) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

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

### **3.2.8 HEART VALVE SURGERY**

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

For the above definition, the following are not covered:

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

### **3.2.9 SURGERY TO AORTA**

The actual undergoing of surgery via a thoracotomy or laparotomy (surgical opening of thorax or abdomen) to repair or correct an aortic aneurysm, an obstruction of the aorta or a dissection of the aorta. For this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

For the above definition, the following are not covered:

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

### **3.2.10 PRIMARY PULMONARY ARTERIAL HYPERTENSION – OF SPECIFIED SEVERITY**

A definite diagnosis of primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent physical impairment to the degree of at least Class III of the New York Heart Association (NYHA) classification of cardiac impairment.

Pulmonary arterial hypertension resulting from other causes shall be excluded from this benefit.

The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:

- (a) Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.
- (b) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

### **3.2.11 MULTIPLE SCLEROSIS**

A definite diagnosis of multiple sclerosis by a Neurologist. The diagnosis must be supported by all of the following:

- (a) Investigations which confirm the diagnosis to be Multiple Sclerosis;
- (b) Multiple neurological deficits resulting in impairment of motor and sensory functions occurring over a continuous period of at least six (6) months; and
- (c) Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

### **3.2.12 ALZHEIMER'S DISEASE / SEVERE DEMENTIA**

Deterioration or loss of intellectual capacity confirmed by clinical evaluation and imaging tests arising from Alzheimer's Disease or Severe Dementia as a result of Irreversible organic brain disorders. The covered event must result in significant reduction in mental and social functioning requiring continuous supervision of the Person Covered. The diagnosis must be clinically confirmed by a Neurologist.

From the above definition, the following are not covered:

- (a) Non organic brain disorders such as neurosis;
- (b) Psychiatric illnesses;
- (c) Drug or alcohol related brain damage.

### **3.2.13 MOTOR NEURON DISEASE – PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS**

A definite diagnosis of motor neuron disease by a Neurologist with reference to either spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be permanent neurological deficit with persisting clinical symptoms.

### **3.2.14 PARKINSON'S DISEASE – RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING**

A definite diagnosis of Parkinson's Disease by a Neurologist where all the following conditions are met:

- (a) Cannot be controlled with medication;
- (b) Shows signs of progressive impairment; and
- (c) Confirmation of the permanent inability of the Person Covered to perform without assistance three (3) or more of the Activities of Daily Living.

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

### **3.2.15 ENCEPHALITIS – RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING**

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

Encephalitis in the presence of HIV infection is not covered.

### **3.2.16 BACTERIAL MENINGITIS - RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING**

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent functional impairment. The permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies.

The diagnosis must be confirmed by:

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

For the above definition, other forms of meningitis, including viral meningitis are not covered.

### **3.2.17 BENIGN BRAIN TUMOR - OF SPECIFIED SEVERITY**

A benign tumour in the brain or meninges within the skull, where all of the following conditions are met:

- (a) It is life threatening;
- (b) It has caused damage to the brain;
- (c) It has undergone surgical removal or has caused permanent neurological deficit with persisting clinical symptoms; and
- (d) Its presence must be confirmed by a Neurologist or neurosurgeon and supported by findings on MRI, CT or other reliable imaging techniques.

The following are not covered:

- (i) Cysts
- (ii) Granulomas
- (iii) Malformations in or of the arteries or veins of the brain
- (iv) Hematomas
- (v) Tumours in the pituitary gland
- (vi) Tumours in the spine
- (vii) Tumours of the acoustic nerve.

### **3.2.18 BRAIN SURGERY**

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

For the above definition, the following are not covered:

- (a) Burr hole procedures
- (b) Transphenoidal procedures
- (c) Endoscopic assisted procedures or any other minimally invasive procedures
- (d) Brain surgery as a result of an accident.

### **3.2.19 MAJOR HEAD TRAUMA - RESULTING IN PERMANENT INABILITY TO PERFORM ACTIVITIES OF DAILY LIVING**

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

### **3.2.20 FULMINANT VIRAL HEPATITIS**

A sub-massive to massive necrosis (death of liver tissue) caused by any virus as evidenced by all of the following diagnostic criteria:

- (a) A rapidly decreasing liver size as confirmed by abdominal ultrasound;
- (b) Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- (c) Rapidly deteriorating liver functions tests; and
- (d) Deepening jaundice.

Viral hepatitis infection or carrier status alone (inclusive but not limited to Hepatitis B and Hepatitis C) without the above diagnostic criteria is not covered.

### **3.2.21 END-STAGE LIVER FAILURE**

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

- (a) Permanent jaundice;
- (b) Ascites (excessive fluid in peritoneal cavity); and
- (c) Hepatic encephalopathy.

Liver failure secondary to alcohol or drug abuse is not covered.

### **3.2.22 END-STAGE LUNG DISEASE**

End-stage lung disease causing chronic respiratory failure.

All of the following criteria must be met:

- (a) The need for regular oxygen treatment on a permanent basis;
- (b) Permanent impairment of lung function with a consistent Forced Expiratory Volume (FEV) of less than 1 liter during the first second;
- (c) Shortness of breath at rest; and
- (d) Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less.

### **3.2.23 CHRONIC APLASTIC ANEMIA - RESULTING IN PERMANENT BONE MARROW FAILURE**

Irreversible permanent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring at least two (2) of the following treatments:

- (a) Regular blood product transfusion;
- (b) Marrow stimulating agents;
- (c) Immunosuppressive agents; or
- (d) Bone marrow transplantation.

The diagnosis must be confirmed by a bone marrow biopsy.

### **3.2.24 MUSCULAR DYSTROPHY**

The definite diagnosis of a Muscular Dystrophy by a Neurologist which must be supported by all of the following:

- (a) Clinical presentation of progressive muscle weakness;
- (b) No central / peripheral nerve involvement as evidenced by absence of sensory disturbance; and
- (c) Characteristic electromyogram and muscle biopsy findings.

No benefit will be payable under this covered event before the Person Covered has reached the age of twelve (12) years next birthday.

**3.2.25 KIDNEY FAILURE - REQUIRING DIALYSIS OR KIDNEY TRANSPLANT**

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

**3.2.26 BLINDNESS – PERMANENT AND IRREVERSIBLE**

Permanent and Irreversible loss of sight as a result of accident or illness to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test and the result must be certified by an ophthalmologist.

**3.2.27 DEAFNESS – PERMANENT AND IRREVERSIBLE**

Permanent and Irreversible loss of hearing as a result of accident or illness to the extent that the loss is greater than 80 decibels across all frequencies of hearing in both ears. Medical evidence in the form of an audiometry and sound-threshold tests result must be provided and certified by an Ear, Nose, and Throat (ENT) specialist.

**3.2.28 LOSS OF SPEECH**

Total, permanent and Irreversible loss of the ability to speak as a result of injury or illness. A minimum Assessment Period of six (6) months applies. Medical evidence to confirm injury or illness to the vocal cords to support this disability must be supplied by an Ear, Nose, and Throat specialist.

All psychiatric related causes are not covered.

**3.2.29 THIRD DEGREE BURNS – OF SPECIFIED SEVERITY**

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

**3.2.30 MAJOR ORGAN / BONE MARROW TRANSPLANT**

The receipt of a transplant of:

- (a) Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or
- (b) One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from Irreversible end-stage failure of the relevant organ.

Other stem cell transplants are not covered.

**3.2.31 PARALYSIS OF LIMBS**

Total, permanent and Irreversible loss of use of both arms or both legs, or of one arm and one leg, through paralysis caused by illness or injury. A minimum Assessment Period of six (6) months applies.

**3.2.32 COMA - RESULTING IN PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS**

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least ninety six (96) hours, requiring the use of life support systems and resulting in a permanent neurological deficit with persisting clinical symptoms. A minimum Assessment Period of thirty (30) days applies. Confirmation by a Neurologist must be present.

The following is not covered:

- (a) Coma resulting directly from alcohol or drug abuse.

**3.2.33 SYSTEMIC LUPUS ERYTHEMATOSUS WITH SEVERE KIDNEY COMPLICATIONS**

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



For this definition, the covered event is payable only if it has resulted in Type III to Type V Lupus Nephritis as established by renal biopsy. Other forms such as discoid lupus or those forms with only hematological or joint involvement are not covered.

WHO Lupus Classification:

Type III - Focal Segmental glomerulonephritis

Type IV - Diffuse glomerulonephritis

Type V - Membranous glomerulonephritis

### **3.2.34 LOSS OF INDEPENDENT EXISTENCE**

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

### **3.2.35 HIV INFECTION DUE TO BLOOD TRANSFUSION**

Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

- (a) The blood transfusion was medically necessary or given as part of a medical treatment;
- (b) The blood transfusion was received in Malaysia or Singapore after the commencement of this Annexure;
- (c) The source of the infection is established to be from the institution that provided the blood transfusion and the institution is able to trace the origin of the HIV tainted blood;
- (d) The Person Covered does not suffer from hemophilia; and
- (e) The Person Covered is not a member of any high risk groups including but not limited to intravenous drug users.

### **3.2.36 FULL-BLOWN AIDS**

The clinical manifestation of AIDS (Acquired Immuno-deficiency Syndrome) must be supported by the results of a positive HIV (Human Immuno-deficiency Virus) antibody test and a confirmatory test. In addition, the Person Covered must have a CD4 cell count of less than two hundred (200)/ $\mu$ L and one or more of the following criteria are met:

- (a) Weight loss of more than 10% of body weight over a period of six (6) months or less (wasting syndrome)
- (b) Kaposi Sarcoma
- (c) Pneumocystis Carinii Pneumonia
- (d) Progressive multifocal leukoencephalopathy
- (e) Active Tuberculosis
- (f) Less than one-thousand (1000) Lymphocytes/ $\mu$ L
- (g) Malignant Lymphoma

### **3.2.37 OCCUPATIONALLY ACQUIRED HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION**

Infection with the Human Immunodeficiency Virus (only if the Person Covered is a Medical Staff as defined below), where it was acquired as a result of an accident occurring during the course of carrying out normal occupational duties with seroconversion to HIV infection occurring within six (6) months of the accident. Any accident giving rise to a potential claim must be reported to Us within thirty (30) days of the accident taking place supported by a negative HIV test taken within seven (7) days of the accident.

“Medical Staff” is defined as doctors (general physicians and specialists), traditional practitioners, nurses, paramedics, laboratory technicians, dentists, dental nurses, ambulance workers who are working in a medical centre or hospital or dental clinic/polyclinic in Malaysia. Doctors, traditional practitioners, nurses and dentists must be registered with the Ministry of Health of Malaysia.

### **3.2.38 TERMINAL ILLNESS**

The conclusive diagnosis of a condition that is expected to result in death of the Person Covered within twelve (12) months. The Person Covered must no longer be receiving active treatment other than that for pain relief. The diagnosis must be supported by written confirmation from an appropriate specialist and confirmed by the Our appointed doctor.

### **3.2.39 MEDULLARY CYSTIC DISEASE**

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

## **4. EXCLUSIONS**

We will not be liable to pay any benefit under this Annexure for Critical Illness resulting directly or indirectly from any of the following causes:

- 4.1** Critical Illness which has existed at the Effective Date or at any Reinstatement Date, whichever is later.
- 4.2** Critical Illness for which:
  - 4.2.1** Any condition which existed or was diagnosed during the Waiting Period or after the expiry of the Waiting Period but which is related to a condition which existed or was diagnosed during the Waiting Period, except for Critical Illness contracted due to injury; or
  - 4.2.2** signs and symptoms existed before or during the Waiting Period which would prompt a reasonable person to seek medical care or attention, though the resulting diagnosis may occur before or after the expiry of the Waiting Period.
- 4.3** A claim for a Critical Illness described in 4.2.1 and/or 4.2.2 above will not be admissible only because notification of the said claim was given to Us after the expiry of the Waiting Period.
- 4.4** Any diseases directly or indirectly, caused by or contributed to by nuclear weapons material, ionising, radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. Solely for the purpose of this exclusion, combustion will include any self-sustaining process of nuclear fission.
- 4.5** Self-inflicted injuries, while sane or insane.

## **5. GENERAL PROVISIONS**

### **5.1 SURRENDER**

You may request to surrender this Annexure to Us to effect the surrender accordingly. You will not be entitled for refund of Contribution and Your coverage will cease on the next Contribution due date.

Surrender of this Annexure will not have any adverse effect or any impact to the validity of the claim which has duly admitted by Us before the effective date of surrender of this Annexure.

### **5.2 ALTERATION**

We reserve the right to amend the terms and provisions of this Annexure by giving You thirty (30) days advance notice. Such alteration will be applicable from the next Certificate Anniversary immediately following the expiry of the thirty (30) days advance notice. No alteration to this Annexure will be valid unless being approved, endorsed and signed by Our authorised officer.

**5.3 TERMINATION OF THIS ANNEXURE**

The coverage under this Annexure shall automatically terminate upon occurrence of any of the following:

- (a) upon surrender or termination of the Basic Certificate or this Annexure; or
- (b) when the Sum Covered of this Annexure is fully paid; or
- (c) on the Expiry Date; or
- (d) upon death or TPD of the Person Covered; or
- (e) on the date when the Basic Certificate or this Annexure is lapsed due to non-payment of contribution;  
or
- (f) when there is fraud or misrepresentation of material fact during application.

Any Contribution receipt by Us after the termination of this Annexure will not create any liability to Us but We will refund such Contribution to You without profit.