

**American International Assurance Company (Bermuda) Limited
(Incorporated in Bermuda)**

SECTION I: DEFINITIONS

In the Policy where consistent with the contents the singular shall include the plural and the singular; and each of the following words and expressions shall have the following meanings.

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

“Acquired Immunodeficiency Syndrome” or **“AIDS”** shall have the meaning ascribed to such term by the World Health Organization from time to time.

“Aggregated Principal Sum” means the total of Principal Sum and Renewal Bonus given under Section III (6) of the General Provisions (if applicable).

“Angioplasty First Payment” means an amount equal to ten percent (10%) of the Principal Sum or Aggregated Principal Sum (if applicable), subject to the limitations under Section II Part I (3).

“Angioplasty Second Payment” means an amount equal to five percent (5%) of the Principal Sum, subject to the limitations under Section II Part I (3).

“Beneficiary” means the person or persons designated in the application form as the “Beneficiary” under this Policy (as may be amended from time to time in accordance with Section III (17)).

“Commencement Date” (a) in relation to an endorsement to this Policy, means the date shown on the relevant endorsement as the Commencement Date; and (b) in relation to a reinstatement of the Policy, means the date on which the Policy is reinstated in accordance with the terms of this Policy.

“Company”, “we”, “us” or “our” refers to American International Assurance Company (Bermuda) Limited.

“Critical Illness” shall mean an illness or surgery which fulfils the definitions, conditions and/or diagnostic requirements set out in the Schedule Of Critical Illness Conditions in respect of such illness or surgery provided that the signs or symptoms of the illness or the cause of (or otherwise the condition that results in) the surgery commence more than ninety (90) days following the later of the Issue Date or the latest Commencement Date of the Policy.

“Diagnosis” means the definitive diagnosis made by a Registered Medical Practitioner as hereinbelow defined, based upon such specific condition(s), as referred to the Schedule Of Critical Illness Conditions in the definition of the particular Critical Illness concerned or, in the absence of such specific condition(s), based upon radiological, clinical, histological or laboratory evidence acceptable to the Company. Such diagnosis must be supported by the Company’s Medical Director who may base his / her opinion on the medical evidence submitted by the Insured and / or Owner and / or any additional evidence he / she may require.

In the event of any dispute or disagreement regarding the appropriateness or correctness of the diagnosis, the Company shall have the right to call for an examination, of either the Insured or the evidence used in arriving at such diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by the Company and the opinion of such expert as to such diagnosis shall be binding on both the Insured and the Company.

“HIV Infection” shall be deemed to have occurred where, blood or other relevant test(s) indicate in the opinion of the Company either the presence of any Human Immunodeficiency Virus, Antigens or Antibodies to such a Virus.

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

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“Insured” means the person upon whose life this Policy is effected and who is not less than fifteen (15) days and not more than sixty-five (65) years of age at the time of applying for this Policy.

“Issue Date” means the date shown on the Policy Information Page as the “Issue Date” and the date on which the policy came into force.

“Owner”, “you” or “your” is the person who owns this Policy and shown on the Policy Information Page as the “Owner” (as may be amended from time to time in accordance with Section III (18)).

“Policy” means the application for it, this policy document, the Policy Information Page and any endorsement issued by the Company.

“Policy Anniversary Date” refers to the same date in each subsequent year as the Policy Date.

“Policy Date” means the date shown on the Policy Information Page as “Policy Date” and the date from which Policy Years, Policy Months, Policy Anniversary Dates and Premium Due Dates are determined.

“Policy Information Page” means the schedule to this Policy headed “Policy Information Page”.

“Premium Due Date” refers to the date when the premium payment is due and payable under this Policy and as described on the Policy Information Page or as stated on our written notification as may be amended from time to time.

“Principal Sum” means the amount shown on the Policy Information Page as the “Principal Sum” (as may be amended by endorsement from time to time).

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

“Schedule Of Critical Illness Conditions” means the Schedule Of Critical Illness Conditions appended to this Policy.

SECTION II: BENEFITS PROVISIONS

While this Policy is in force, the Company shall provide the benefits of this Policy when the Insured is diagnosed to be suffering from a Critical Illness as defined or dies, subject to the provisions, conditions and exclusions contained herein or which may be endorsed hereinafter.

PART I: CRITICAL ILLNESS BENEFIT

1. Critical Illness

In the event the Insured is diagnosed with or undergoes any Critical Illness, except in the case of “Angioplasty and Other Invasive Treatments for Coronary Artery Disease” or “Cerebral Aneurysm Requiring Surgery”, we shall pay a lump sum equal to one hundred percent (100%) of the Principal Sum or Aggregated Principal Sum (if applicable), less any Angioplasty First Payment and /or payment for Cerebral Aneurysm Requiring Surgery under Section II Part I (4) (if applicable).

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2. Special Critical Illness

If the Critical Illness payable under Section II Part I (1) is one of the following listed Critical Illnesses, in addition to the payment under Section II Part I (1), we shall pay a lump sum equal to fifty percent (50%) of the Principal Sum, less any Angioplasty Second Payment (if applicable):

- First Heart Attack
- Coronary Artery Surgery
- Other Serious Coronary Artery Disease
- Heart Valve Replacement
- Surgery to Aorta
- Pulmonary Arterial Hypertension
- Cardiomyopathy
- Major Organ Transplant (only applicable to heart transplant)
- Stroke

3. Angioplasty & Other Invasive Treatments for Coronary Artery Disease

- (a) In the event the Insured undergoes “Angioplasty and Other Invasive Treatments for Coronary Disease”, we shall pay a payment equal to the aggregate of:
- i) the Angioplasty First Payment; and
 - ii) the Angioplasty Second Payment.
- (b) Notwithstanding any other provisions of this Policy, the Critical Illness Benefit on “Angioplasty and Other Invasive Treatments for Coronary Disease” is payable once only under the Policy (regardless of reinstatement), and shall cease following a payment under Section II Part I (3)(a).
- (c) The aggregate of the Angioplasty First Payment, Angioplasty Second Payment and any and all similar payments paid and / or payable under other policies and supplementary contracts issued by the Company and / or American International Assurance Company, Limited (whether in Hong Kong or otherwise) in respect of any procedure or treatment within the meaning of “Angioplasty and Other Invasive Treatments for Coronary Artery Disease”, shall not exceed a per life maximum of HK\$/MOP 100,000.

4. Cerebral Aneurysm Requiring Surgery

- (a) In the event the Insured undergoes “Cerebral Aneurysm Requiring Surgery”, we shall pay a payment equal to 50% of the Principal Sum or Aggregated Principal Sum (if applicable).
- (b) Notwithstanding any other provisions of this Policy, the Critical Illness Benefit on “Cerebral Aneurysm Requiring Surgery” is payable once only under the Policy (regardless of reinstatement), and shall cease following a payment under Section II Part I (4)(a).

5. Limitation of Benefit

- (a) The maximum liability of the Company under Section II Part I (1) shall not exceed one hundred percent (100%) of the Principal Sum or the Aggregated Principal Sum (if applicable) less any Angioplasty First Payment and / or payment for Cerebral Aneurysm Requiring Surgery under Section II Part I (4). (if applicable).
- (b) The maximum liability of the Company under Section II Part I (2) shall not exceed fifty percent (50%) of the Principal Sum less the Angioplasty Second Payment (if applicable).

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- (c) The maximum liability of the Company under Section II Part I (3) shall not exceed the aggregate of the Angioplasty First Payment and Angioplasty Second Payment, subject to the limitations set out in Section II Part I (3).
- (d) The maximum liability of the Company under Section II Part I (4) shall not exceed fifty percent (50%) of the Principal Sum or Aggregated Principal Sum (if applicable).
- (e) If the Insured is diagnosed with or undergoes more than one Critical Illness (other than “Angioplasty and Other Invasive Treatments for Coronary Artery Disease” or “Cerebral Aneurysm Requiring Surgery”), the liability of the Company will be limited to the Critical Illness which entitles the Insured to the highest amount of benefit payable under Section II Part I.

6. Exclusions For Critical Illness Benefit

The Critical Illness Benefit shall not cover

- (a) any illness other than a Critical Illness as defined in the Schedule Of Critical Illness Conditions;
- (b) any Critical Illness which is caused directly or indirectly by self-inflicted Injury;
- (c) any Critical Illness resulting from a physical or mental condition which existed before the later of Issue Date and the latest Commencement Date which was not disclosed in the application for insurance or health statement;
- (d) Fulminant Viral Hepatitis or Cancer of the Insured which, in the Company’s opinion, is directly or indirectly due to AIDS or HIV Infection; or
- (e) any Critical Illness caused, directly or indirectly, by a congenital defect or disease which has manifested or was diagnosed before the Insured attains seventeen (17) years of age.

PART II: COMPASSIONATE DEATH BENEFIT

Subject to the following provisions, if the Insured dies for whatever reason while this Policy is in force, we will pay the Compassionate Death Benefit which is equal to one percent (1%) of the latest Principal Sum, provided that proof of death to our satisfaction is furnished to us.

Where the Insured is also covered by other policies issued by the Company or American International Assurance Company, Limited, whether in Hong Kong or otherwise, providing a Compassionate Death Benefit and the amount of which is stated to be subject to a maximum aggregate amount of Compassionate Death Benefits payable under all policies insuring the same life, the maximum aggregate amount of Compassionate Death Benefit payable under all such policies, including this Policy, is US Dollars One Thousand and Three Hundred (US\$1,300) or Hong Kong Dollars Ten Thousand (HK\$10,000) or Macau Pataca Ten Thousand (MOP10,000), depending on the currency as stated on the Policy Information Page.

For the avoidance of doubt, if the Insured is covered by policies issued by the Company or American International Assurance Company, Limited, the Compassionate Death Benefit of which is not stated to be subject to any maximum aggregate amount, any Compassionate Death Benefit payable under those policies shall not be affected by the limit stated above.

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SECTION III: GENERAL PROVISIONS

1. THE CONTRACT

Your Policy is a legally enforceable contract between you and us and is made in consideration of your application and payment of the required premium. This Policy comes into force on the Issue Date provided you have paid the full amount of the initial premium and have submitted and signed a dated application. All statements and answers made by you and/or the Insured in the application and/or any questionnaire shall, in the absence of fraud, be deemed representations and not warranties. If your application omits facts or contains materially incorrect or incomplete facts, we have the right to declare the Policy void.

2. CURRENCY OF PAYMENT

All amounts payable either to or by the Company shall be payable in the currency stated on the Policy Information Page. The Company has the discretion to accept payment in another currency.

3. PAYMENT OF PREMIUM

All premiums are payable on or before the Premium Due Dates to us. The amount of premium and mode of premium payment are stated on the Policy Information Page or as stated on our written notification as may be amended from time to time. For the avoidance of doubt, subject to Section III(21), premium must be paid in accordance with the provisions of this Policy in order for this Policy to remain in force notwithstanding any Diagnosis of, or payment for, the Critical Illness. Any premium(s) paid to us but not yet due ("Prepaid Premium") and/or any payment in excess of premium(s) currently due and payable ("Overpayment") shall, subject to any maximum amount as determined by us from time to time, accumulate interest at such interest rates as we may determine from time to time. We reserve the right to reject any Prepaid Premium and/or Overpayment paid to us in excess of such maximum amount. You may withdraw the Prepaid Premium or Overpayment and/or any interest thereon in accordance with our procedures. The balance of any Prepaid Premium, Overpayment and/or interest thereon that is not withdrawn shall be automatically used to offset any premium due and payable which is not paid within the grace period.

4. GRACE PERIOD

A grace period of thirty-one (31) days from the Premium Due Date shall be allowed for payment of each premium after the first premium during which period this Policy shall remain in force.

If a loss occurs within the grace period, the Company shall be entitled to deduct at its discretion any premium due and unpaid from the proceeds payable under this Policy.

5. RENEWAL

This Policy may be renewed on each Policy Anniversary Date prior to the Insured's seventy (70th) birthday by payment of the appropriate premium. The Company reserves the absolute right to revise the premium under this Policy according to our applicable premium rate on the date of such renewal.

6. RENEWAL BONUS

On each consecutive Policy Anniversary Date of this Policy up to the fifth (5th) Policy Anniversary, and provided that the Policy has been continuously in force throughout the relevant period, a Renewal Bonus of five percent (5%) of the latest Principal Sum will be automatically added to the latest Principal Sum upon renewal of this Policy each year, forming the Aggregated Principal Sum of this Policy. The Renewal Bonus of the next and upcoming Policy Year (if applicable) will be calculated based on the Principal Sum of that Policy Year, not the Aggregated Principal Sum.

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7. MISSTATEMENT OF AGE AND SEX

All ages referred to in this Policy shall be the age of the Insured's last birthday. Where the age or sex of the Insured has been misstated, the following rules shall apply:

- (a) if the premium paid as a result thereof is insufficient, any amount payable subject to the maximum limits provided under this Policy shall be prorated based on the correct premium to be charged for the year;
- (b) any excess premium paid as a result thereof, shall be refunded without interest; or
- (c) if it is found that at the correct age the Insured is not insurable under this Policy pursuant to the Company's underwriting rules, the Policy shall be void.

8. REINSTATEMENT

If any premium is in default beyond the grace period, the Policy may be reinstated with the consent of the Company within one hundred and twenty (120) days after (and excluding) the Premium Due Date in default subject to:

- (a) a written application for reinstatement;
- (b) production of evidence of insurability satisfactory to the Company; and
- (c) payment of all overdue premium with interest at a rate to be determined by the Company.

Such reinstatement shall only cover Critical Illness as defined in the Schedule Of Critical Illness Conditions occurring more than ninety (90) days after the latest Commencement Date.

9. NOTICE OF CLAIM

Written notice of claim must be given to the Company within sixty (60) days after the Diagnosis of Critical Illness or surgery as the case may be or within thirty (30) days after the date of the Accident resulting in a Critical Illness, whichever is earlier. In the event of death, immediate notice in writing must be given to the Company. Failure to give notice within such time shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as reasonably possible.

10. PROOF OF CRITICAL ILLNESS OR DEATH

The Company, upon receipt of such notice, shall furnish to the claimant forms for filing proof of Critical Illness or death. If the forms are not furnished within fifteen (15) days, the claimant, by submitting written proof covering the occurrence, character and extent of the Critical Illness, or the occurrence and circumstances of death for which the claim is made, shall be deemed to have complied with the requirement of this provision.

Where a claim is based upon Fulminant Viral Hepatitis or Cancer as defined in the Schedule Of Critical Illness Conditions, the Company shall be entitled to require the Insured to undergo a blood test including a test for the detection of any HIV as a condition precedent to any acceptance by the Company of due proof of such Critical Illness.

11. TIME FOR FILING PROOF OF CRITICAL ILLNESS

Affirmative proof of Critical Illness must be furnished to the Company during the lifetime of the Insured and within six (6) months after the Diagnosis of such illness or performance of surgery.

12. TIME FOR FILING PROOF OF DEATH

Affirmative proof of death must be furnished to the Company within ninety (90) days after date of death.

13. MEDICAL EXAMINATION

The Company shall have the right to require additional proof and request medical examination(s) of the Insured when and as often as it may reasonably require during the period when the claim is pending and to conduct an autopsy in case of death provided it is not forbidden by law.

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14. DEDUCTION OF PREMIUM

If a Critical Illness claim is payable, any balance of the premium due for the full Policy Year in which the Critical Illness occurs shall be deducted from the amount payable under this Policy.

15. TO WHOM INDEMNITIES ARE PAYABLE

Compassionate Death Benefit under Section II Part II is payable to the Beneficiary, if surviving the Insured, or otherwise to the estate of the Insured. All other benefits of this Policy are payable to the Owner.

16. INCONTESTABILITY CLAUSE

Subject to applicable law, this Policy shall be incontestable, except for fraud or non-payment of premiums, after it has been in force during the lifetime of the Insured for two (2) years from the later of the Issue Date or the latest Commencement Date.

17. RIGHTS OF BENEFICIARY

Consent of the Beneficiary shall not be required to surrender this Policy, or to change of Beneficiary, or to any other changes in this Policy. No change of Beneficiary under this Policy shall bind the Company, unless written notice has been filed with the Company during the lifetime of the Insured and endorsed.

18. RIGHTS OF OWNERSHIP

The Owner is stated on the Policy Information Page. No change of Owner under this Policy shall bind the Company, unless written notice has been filed with the Company during the lifetime of the Insured and is endorsed hereon the Policy. Only the Owner can during the lifetime of the Insured exercise all rights, privileges and options provided under this Policy. This is, however, subject to the right of any prior vested interest of any Beneficiary.

19. LIMITATIONS OF TIME FOR BRINGING SUIT

Subject to applicable law, no action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after proof of Critical Illness has been filed in accordance with the requirements of this Policy, nor shall such action be brought at all unless brought within two (2) years from the expiration of the time within which proof of Critical Illness is required by the Policy.

20. CANCELLATION

The Company reserves the absolute right to cancel this Policy at any time by giving a written notice stating when, not less than thirty (30) days after (but including) the date of such notice, such cancellation shall be effective. The mailing of the notice as aforesaid shall be sufficient proof of notice. The time of surrender or the effective date and hour of cancellation stated in the notice shall be considered the end of this Policy. Whenever this Policy is so cancelled, the unearned portion of the premium at the time of cancellation or surrender shall be refunded.

21. TERMINATION OF COVERAGE

This Policy shall automatically terminate on the earliest of the following dates:

- (a) the Premium Due Date in respect of which the premium remains unpaid after the grace period;
- (b) the Policy Anniversary Date of this Policy immediately following the seventy (70th) birthday of the Insured;
- (c) the date of death of the Insured; and
- (d) the date on which any lump sum payment under Section II Part I (1), or Part I (2) (if applicable), is payable.

Termination of this Policy shall be without prejudice to any claim arising prior to such termination. The payment to or acceptance of any premium hereunder subsequent to termination of this Policy shall not create any liability but the Company shall refund any such premium.

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22. MODIFICATIONS

The terms of this Policy cannot be waived by any agent or otherwise changed except by endorsement to this Policy signed by the Company's duly authorized officer.

23. CONFORMITY WITH LAW

Any provision of the Policy which on its Issue Date or Commencement Date, is in conflict with the laws of the country or place in which this Policy is delivered or issued for delivery is hereby amended to conform to the minimum requirements of such laws and shall not affect this Policy which shall remain in full force and effect.

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SPECIMEN
For Internal Use Only

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SCHEDULE OF CRITICAL ILLNESS CONDITIONS

DEFINITIONS

In this Schedule of Critical Illness Conditions:

“Activities of Daily Living” means the following:

- (a) Mobility: The ability to move from one (1) room to an adjoining room or from one (1) side of a room to another or to get in and out of bed or chair without requiring any physical assistance of another person;
- (b) Continence: The ability to voluntarily control bladder and bowel functions so as to be able to maintain personal hygiene;
- (c) Dressing: Putting on and taking off all necessary items of clothing without requiring assistance of another person;
- (d) Toileting: Getting to and from the toilet, transferring on and off the toilet and associated personal hygiene; and
- (e) Eating: All tasks of getting food into the body once it has been prepared.

1. AIDS due to Blood Transfusion

HIV Infection (Type 1 or 2) through a medically necessary blood transfusion, provided that all of the following conditions are met:

- (a) the infection is due to a medically necessary blood transfusion received after commencement of this Policy;
- (b) the institution which provided the transfusion admits liability for the HIV Infection; and
- (c) the Insured does not suffer from Thalassaemia Major or haemophilia.

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

2. Alzheimer’s Disease/Irreversible Organic Degenerative Brain Disorders

Deterioration or loss of intellectual capacity or abnormal behavior as evidenced by the clinical state and accepted standardized questionnaires or tests arising from Alzheimer’s Disease or irreversible organic degenerative brain disorders, excluding neurosis, psychiatric illness and any drug or alcohol related organic disorder, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Insured. The Diagnosis must be clinically confirmed by an appropriate Registered Medical Practitioner. The coverage for this illness will cease after age sixty-five (65).

3. Angioplasty and Other Invasive Treatments for Coronary Artery Disease

The actual undergoing by the Insured of balloon angioplasty, atherectomy or laser treatment to correct a narrowing (minimum of fifty percent (50%) stenosis) of two (2) or more major coronary arteries and shows a history of physical activity/exercise limiting symptomatology.

Such history shall consist of:

- (a) Symptoms which are sufficiently severe to indicate that the Insured’s future level of exercise tolerance would be restricted at a minimal level to prevent further episodes of chest pain.
- (b) A specialist medical opinion which defines the need to limit physical exercise so as to minimize moderate to severe anginal pain.

Medical evidence shall include all of the following:

- (a) Full report from attending Registered Medical Practitioner who is a cardiologist;
- (b) Evidence of significant and relevant ECG changes (ST segment depression of two (2) millimetres or more); and
- (c) Angiographic evidence to confirm the location and degree of stenosis of two (2) or more major coronary arteries.

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4. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. The definite Diagnosis must be confirmed by a Registered Medical Practitioner who is a neurologist. This condition has to be medically documented for at least one (1) month.

5. Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one (1) of the following:

- (a) blood product transfusion;
- (b) marrow stimulating agents;
- (c) immunosuppressive agents; and
- (d) bone marrow transplantation.

6. Bacterial Meningitis

Bacterial Meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit. The Diagnosis must be confirmed by a Registered Medical Practitioner who is a neurologist and evidence of permanent neurological deficit must be documented for at least three (3) months.

7. Benign Brain Tumour

A non-cancerous tumour in the brain which must be confirmed by imaging studies such as CT scan or MRI. Cysts, granulomas, malformations in, or of, the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are excluded.

8. Blindness

Total irreversible loss of sight in both eyes, duly certified by the report of a Registered Medical Practitioner who is an ophthalmologist, as a result of acute sickness or Accident.

9. Cancer

Cancer is defined as a focal autonomous new growth of abnormal cells which has resulted in the invasion of normal tissues. Such cancer must be positively diagnosed upon the basis of a microscopic examination of fixed tissues, or preparations from the haemic system. Such Diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspect tumour, tissue or specimen. Clinical diagnosis does not meet this standard. Cancer of the skin, except for Malignant Melanoma, and non-invasive carcinoma-in-situ and CIN lesion of whatever histology, grade or classification shall not be included.

10. Cardiomyopathy

The occurrence of a cardiomyopathy where the following conditions are met:

- (a) there is persistent impairment of left ventricular function (diastolic or systolic) for at least six (6) months, despite optimal treatment; and
- (b) physical impairment to the degree of class 4 of the New York Heart Association Classification of cardiac impairment.

Cardiomyopathy directly related to alcohol misuse is excluded.

11. Cerebral Aneurysm Requiring Surgery

The actual undergoing by the Insured of intracranial surgery via a craniotomy to clip or otherwise repair or remove an aneurysm of one (1) or more of the cerebral arteries. Catheter and intravascular technique are specially excluded from this condition.

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12. Chronic Liver Disease

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

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

Liver disease secondary to alcohol or drug misuse is excluded.

13. Coma

A state of unconsciousness with no reaction or response to external stimuli or internal needs persisting continuously with the use of a life support system which must include the use of a respirator for a period of at least ninety-six (96) hours. Permanent neurological deficit must be present.

Coma resulting directly from alcohol or drug abuse is excluded.

14. Coronary Artery Surgery

The actual undergoing of open chest surgery to one (1) or more coronary arteries due to disease of those arteries. Angioplasty, laser or other intra-arterial procedures, are excluded from this definition.

15. Creutzfeld-Jacob Disease

The occurrence of Creutzfeld-Jacob Disease or Variant Creutzfeld-Jacob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform two (2) or more Activities of Daily Living as defined in the Policy.

Disease caused by human growth hormone treatment is excluded.

The coverage for this illness shall cease after age sixty-five (65).

16. Ebola

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

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

17. Elephantiasis

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

Unequivocal Diagnosis of elephantiasis must be clinically confirmed by an appropriate Registered Medical Practitioner, including laboratory confirmation of microfilariae, and be supported by the Company's chief medical officer.

Lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

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18. Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) resulting in significant and serious permanent neurological deficit as certified by a Registered Medical Practitioner who is a neurologist. The permanent neurological deficit must be documented for at least four (4) weeks.

19. End-stage Lung Disease

End stage lung disease including interstitial lung disease, requiring extensive and permanent oxygen therapy as well as FEV 1 test result of less than one (1) litre obtained with the use of bronchial dilator.

20. First Heart Attack

Death of a portion of the heart muscle as a result of inadequate cardiac blood supply.

The diagnostic criteria to be met are:

- (a) A current history of typical chest pain;
- (b) Current elevation of cardiac enzymes; and
- (c) New electrocardiographic changes.

21. Fulminant Viral Hepatitis

This is defined as a submassive to massive necrosis of the liver caused by the Hepatitis virus leading precipitously to liver failure.

The diagnostic criteria to be met are:

- (a) a rapidly decreasing liver size;
- (b) necrosis involving entire lobules, leaving only a collapsed reticular framework;
- (c) rapidly degenerating liver function tests; and
- (d) deepening jaundice.

22. Heart Valve Replacement

The actual undergoing of open-heart surgery to replace and/or dilate cardiac valves as consequence of heart valve defects.

23. Hemiplegia

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

24. Kidney Failure

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

25. Loss of Hearing

Total, irreversible loss of hearing for all sounds as a result of acute sickness or Accident. Medical evidence to be supplied by an appropriate Registered Medical Practitioner who is an ear, nose and throat specialist and shall include audiometric and sound-threshold test.

26. Loss of One Limb and One Eye

Total, permanent and irrecoverable loss of sight of one (1) eye and loss by severance of one (1) limb at or above the wrist or ankle.

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27. Loss of Speech

Total and irrecoverable loss of the ability to speak which must be established for a continuous period of twelve (12) months. Medical evidence is to be supplied by an appropriate Registered Medical Practitioner who is an ear, nose and throat specialist and must confirm Injury or disease to the vocal chords. All psychiatric related causes are excluded. Loss of speech means inability to make a comprehensible word or understandable verbal language.

28. Loss of Two Limbs

Severance of two (2) limbs at or above wrist or ankle.

29. Loss of Independent Existence

Confirmation by a Registered Medical Practitioner of the loss of independent existence resulting in a permanent inability to perform three (3) or more Activities of Daily Living as defined in the Policy for a continuous period of six (6) months. For the purpose of this benefit, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The coverage of this benefit will automatically cease after age sixty-five (65). All psychiatric causes are excluded.

30. Major Burns

Third Degree Burns (full thickness skin destruction) covering at least twenty percent (20%) of the body surface.

31. Major Organ Transplant

Actually having undergone, as a recipient, a transplant procedure involving any of the following organs: kidney, heart, liver, lung, bone marrow or pancreas.

32. Major Head Trauma

Major trauma to the head with disturbance of the brain function confirmed by definite Diagnosis by a Registered Medical Practitioner who is a neurologist. The disturbance must result in a permanent bedridden situation or the inability to perform three (3) or more Activities of Daily Living as defined in the Policy. These conditions have to be medically documented for at least three (3) months.

33. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

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

34. Motor Neurone Disease

Unequivocal Diagnosis of Motor Neurone Disease by a Registered Medical Practitioner who is a neurologist supported by definitive evidence of appropriate and relevant neurological signs and investigation.

35. Multiple Sclerosis

Unequivocal Diagnosis by a Registered Medical Practitioner who is a neurologist confirming the following combination of:

- (a) Symptoms referable to tracts (white matter) involving the optic nerves, brain stem, and spinal cord, producing well-defined neurological deficits;
- (b) A multiplicity of discrete lesions; and
- (c) A well-documented history of exacerbations and remissions of said symptoms/neurological deficits.

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36. Muscular Dystrophy

In respect of this Policy, the Diagnosis of muscular dystrophy will require confirmation by a Registered Medical Practitioner who is a neurologist, and such will have to be based on a combination of three (3) out of four (4) of the following:

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

which in the opinion of the Company confirms the Diagnosis of muscular dystrophy.

37. Necrotising Fasciitis

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

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

38. Occupationally Acquired HIV

HIV Infection which resulted from an Accident occurring whilst the person insured was carrying out the normal duties of his or her usual occupation. No payment will be made unless all the following are proven to our satisfaction:

- (a) proof of the Accident giving rise to the infection;
- (b) proof that the Accident involved a definite source of the HIV infected fluids; and
- (c) proof of sero-conversion from HIV negative to HIV positive occurring during the one hundred and eighty (180) days after the documented Accident. This proof must include a negative HIV antibody test within five (5) days of the Accident.

HIV Infection resulting from any other means including sexual activity and the use of intravenous drug is excluded.

This benefit is only payable when the occupation of the Insured, who attains eighteen (18) years of age, is a medical practitioner, nurse, laboratory technician, dentist (surgeon and nurse) or an ambulance paramedical worker in a medical center or dental clinic.

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

39. Other Serious Coronary Artery Disease

The narrowing of the lumen of at least three (3) arteries by a minimum of sixty percent (60%), as proven by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.

40. Paralysis

The complete and permanent loss of use of both arms or both legs, or one (1) arm and one (1) leg, through paralysis, caused by illness or Injury, except when such Injury is self-inflicted.

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41. Parkinson's Disease

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

- (a) cannot be controlled with medication;
- (b) shows signs of progressive impairment; and
- (c) Activities of Daily Living assessment confirms the inability of the Insured to perform without assistance three (3) or more Activities of Daily Living as defined in this Policy.

Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are excluded. The coverage for this illness will automatically cease after age sixty-five (65).

42. Poliomyelitis

In respect of this Policy, polio shall be defined as an infection with the poliovirus, leading to paralytic disease. Cases not involving "paralysis" will not be eligible for benefit, and "paralysis" will require confirmation by a Registered Medical Practitioner who is a neurologist.

43. Pulmonary Arterial Hypertension (Primary)

This is defined as an increase in the blood pressure in the pulmonary arteries caused by either an increase in pulmonary capillary pressure, increase in pulmonary blood flow or pulmonary vascular resistance.

The following diagnostic criteria must be met:

- (a) Dyspnea and fatigue;
- (b) Increased left atrial pressure (at least 20 units more);
- (c) Pulmonary resistance of at least 3 units above normal;
- (d) Pulmonary artery pressures of at least 40mmHg;
- (e) Pulmonary wedge pressure of at least 6mmHg;
- (f) Right ventricular end-diastolic pressure of at least 8mmHg; and
- (g) Right ventricular hypertrophy, dilation and signs of right heart failure and decompensation.

44. Severe Rheumatoid Arthritis

Severe Rheumatoid Arthritis where the following criteria are met:

- (a) the diagnostic criteria of the American College of Rheumatology are met;
- (b) permanent inability to perform at least two Activities of Daily Living;
- (c) widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
- (d) the condition has been present for at least six (6) months.

45. Stroke

Any cerebrovascular incident, producing neurological sequelae, lasting more than twenty-four (24) hours and including infarction of brain tissue, cerebral haemorrhage, thrombosis or embolization from an extracranial source. Evidence of permanent neurological deficit must be produced.

46. Surgery to Aorta

The actual undergoing of surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

47. Terminal Illness

The Insured must be suffering from a condition, which in the opinion of an appropriate Registered Medical Practitioner is highly likely to lead to death within twelve (12) months.

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