Critical illness plans
Your guide to your cover
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Understanding your cover

It’s important you understand the critical illness cover you’re buying from us. This booklet sets out the medical conditions and operations covered by the Decreasing Mortgage Cover Plan and the Level Protection Plan.

In some places we’ve had to use medical terms, but where this is the case we’ve included additional background information to give you a better understanding of what they mean.

The definitions in this booklet are the same as those in the plan terms and conditions, which is your contract with us. If you have any questions about your cover, please contact us – our address is at the back of this booklet, or if you have an adviser they will be able to help you.
Glossary of key words

We’ve tried to put all the definitions in plain English, but it is difficult to completely avoid the use of medical terms. In some cases we’ve included additional background medical information to help explain.

The Life Assurance Industry through the Association of British Insurers (the ABI) has agreed standard definitions for a number of operations and conditions. For those operations and conditions, our definitions meet, and some exceed, the ABI standard.

There are certain key words and definitions to be aware of as you read this booklet, they are:

- **Diagnosis** means unequivocal diagnosis of the relevant condition.
  
  All diagnosis and medical opinions must be given by a medical specialist who:
  
  - is a consultant at a hospital in the UK
  - is acceptable to our chief medical officer
  - is a specialist in an area of medicine appropriate to the cause of the claim.

- **Irreversible** means cannot be reasonably improved upon by medical treatment and/or surgical procedures used by the National Health Service in the UK at the time of claim.

- **Permanent** means expected to last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire.

- **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 insured person’s life.

  Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of co-ordination, tremor, seizures, lethargy, dementia, delirium and coma.

  The following are not covered:
  
  - An abnormality seen on brain or other scans without definite related clinical symptoms.
  
  - Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
  
  - Symptoms of psychological or psychiatric origin.
Important notes

We only cover the critical illnesses we define in our plan terms and conditions and no others. Each critical illness must meet our plan definition.

In the event of a successful claim the full critical illness sum assured is paid, with the exception of the additional critical illness cover cash payment conditions. Additional critical illness cover cash payment conditions will result in payment of 20% of the level of critical illness cover on the plan at the time you claim, or £15,000, whichever is lower. We refer to these as additional critical illness cover cash payments.

If we make an additional critical illness cover cash payment this will not reduce the amount of critical illness cover provided by your plan. You will not be able to make any claims for an additional critical illness cover cash payments after the full critical illness cover sum assured has been paid out.

The information in this booklet does not take priority over, or change in any way, the cover provided by your plan or the definitions contained in the plan terms and conditions.
The terms and conditions that apply to your plan include details of situations when we won’t pay out. For example, we won’t pay a critical illness claim or children’s critical illness claim if the illness suffered does not meet the plan definition exactly or the illness suffered is an illness that is not covered by the plan.

You should also be aware that we won’t pay out a claim if the medical condition arises while you are living abroad and you don’t return to the United Kingdom or one of the other countries we specify. These are countries where, from our experience, we know we can manage the claims process effectively.

Our current list of countries is Australia, Austria, Belgium, Bulgaria, Canada, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Iceland, Republic of Ireland, Isle of Man, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Republic of Macedonia, Malta, Monaco, the Netherlands, New Zealand, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey and United States of America.
The complete list of critical illnesses and operations we cover is set out below. The headings are only a guide to what is covered. The full definitions of each and the circumstances in which you can claim them, start on page 10. These typically use medical terms to describe the illnesses but in some cases the cover may be limited.

The medical conditions and operations qualifying for full critical illness payments

- Aorta graft surgery – for disease and trauma
- Aplastic anaemia – of specified severity
- Bacterial meningitis – resulting in permanent symptoms
- Benign brain tumour – resulting in permanent symptoms or specified treatment
- Benign spinal cord tumour – resulting in permanent symptoms or specified treatment
- Blindness – permanent and irreversible
- Cancer – excluding less advanced cases
- Cardiac arrest – with insertion of a defibrillator
- Cardiomyopathy – of specified severity
- Coma – with associated permanent symptoms
- Coronary artery by-pass grafts – (a payment is available to pay for surgery after being placed on an NHS waiting list)
- Creutzfeldt-Jakob disease (CJD) – requiring continuous assistance
- Deafness – permanent and irreversible
- Dementia including Alzheimer’s disease – resulting in permanent symptoms
- Encephalitis
- Heart attack – of specified severity
- Heart surgery – with thoracotomy
- Heart valve replacement or repair
- HIV – caught from a blood transfusion, by physical assault or at work*
- Kidney failure – requiring permanent dialysis
- Liver failure – end stage
- Loss of hand or foot – permanent physical severance
- Loss of independence – of specified severity
- Loss of speech – total permanent and irreversible
- Major organ transplant – from another donor
- Motor neurone disease and specified diseases of the motor neurones – resulting in permanent symptoms
- Multiple sclerosis – of specified severity
- Neuromyelitis optica (Devic’s disease) – with persisting clinical symptoms
- Paralysis of limb – total and irreversible
- Parkinson’s disease – resulting in permanent symptoms
- Parkinson’s plus syndromes – resulting in permanent symptoms
- Pneumonectomy – for disease or trauma
- Primary pulmonary arterial hypertension – resulting in permanent symptoms
• Pulmonary artery replacement – with surgery
• Removal of an eyeball as a result of injury or disease – permanent physical severance
• Severe lung disease/respiratory failure – of specified severity
• Spinal stroke – resulting in permanent symptoms
• Stroke – resulting in specified symptoms
• Systemic lupus erythematosus – of specified severity
• Terminal illness – where death is expected within 12 months
• Third-degree burns – covering 20% of the body’s surface area or 50% of the face’s surface area
• Total permanent disability – unable before age 65 to look after yourself ever again
• Traumatic brain injury – resulting in permanent symptoms
* The incident causing the infection must have occurred in a country that is listed on page 38 (the eligible countries)

The medical conditions and operations qualifying for additional critical illness cover cash payments
• Bladder removal
• Brain abscess drained via craniotomy
• Cerebral or spinal aneurysm – with surgery or radiotherapy
• Cerebral or spinal arteriovenous malformation – with surgery or radiotherapy
• Less advanced cancer of the Anus
• Less advanced cancer of the Bile Ducts
• Less advanced cancer of the Breast
• Less advanced cancer of the Cervix
• Less advanced cancer of the Colon and Rectum
• Less advanced cancer of the Gallbladder
• Less advanced cancer of the Larynx
• Less advanced cancer of the Lung and Broncus
• Less advanced cancer of the Oesophagus
• Less advanced cancer of the Oral cavity or Oropharynx
• Less advanced cancer of the Ovary
• Less advanced cancer of the Pancreas
• Less advanced cancer of the Prostate
• Less advanced cancer of the Renal Pelvis – (of the kidney) or Ureter
• Less advanced cancer of the Stomach
• Less advanced cancer of the Testicle
• Less advanced cancer of the Urinary Bladder
• Less advanced cancer of the Uterus
• Less advanced cancer of the Vagina
• Less advanced cancer of the Vulva
• Other less advanced cancers in situ
• Liver resection
• Non-malignant pituitary adenoma – with specified treatment
• Significant visual loss – permanent and irreversible
• Single lobectomy – the removal of a complete lobe of a lung
• Syringomelia or Syringobulbia – treated by surgery
• Skin cancer (not including melanoma) – advanced stage as specified
• Third-degree burns – less extensive – covering 5% of the body’s surface area or 19% of the face’s surface area
Cancer

Conditions qualifying for full critical illness payments

Aplastic anaemia – of specified severity
A definite diagnosis of aplastic anaemia by a consultant haematologist. There must be complete bone marrow failure resulting in anaemia, neutropenia and thrombocytopenia that has been treated with at least one of the following:

- blood transfusion
- bone-marrow transplantation
- immunosuppressive agents
- marrow stimulating agents

For the above definition, the following are not covered:

- Other forms of anaemia.

Explanation

Aplastic anaemia is when bone marrow fails to produce enough new blood cells and clotting agents. This can lead to symptoms of tiredness, shortness of breath and other infections. Treatment for this condition is usually a blood transfusion or bone marrow transplant.

Terminology

- Anaemia – reduced level of haemoglobin in the blood
- Neutropenia – reduced number of neutrophils (type of white blood cell) in the blood
- Thrombocytopenia – reduced number of platelets (assist the blood to clot) in the blood

Cancer – excluding less advanced cases
Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes:

- Leukaemia
- Sarcoma
- Lymphoma (except cutaneous lymphoma – lymphoma confined to the skin).

The following are not covered:

- All cancers which are histologically classified as any of the following:
  - Pre malignant;
  - Non-invasive;
  - Cancer in situ;
  - Having borderline malignancy; or
  - Having low malignant potential
• Malignant Melanoma skin cancer that is confined to the epidermis (outer layer of skin).

Any non-melanoma skin cancer (including cutaneous lymphoma) that has not spread to lymph nodes or metastasised to distant organs.

All Tumours of the prostate unless histologically classified as having a Gleason score of 7 or above, or having progressed to at least TNM classification T2bN0M0.

Explanation
Cancer is the uncontrolled growth of malignant cells, which if not treated, can lead to surrounding healthy tissue being invaded and destroyed. If the cancer is more advanced it may spread to other parts of the body via the bloodstream or lymphatic system.

Terminology
• Borderline malignancy – cells that form in tissue that are potentially malignant that have not invaded adjacent tissue
• Cancer in situ – this is an early stage cancer that has stayed in the same place from where it began and has not spread to neighbouring tissue or organs
• Epidermis – the outer layer of the skin
• Gleason score – is a grading system to measure the severity of prostate cancer following examination of the cancer cells under a microscope
• Histologically – the diagnosis of cancer cells using a microscope
• Invasion – malignant cells that have spread into surrounding tissue
• Lymphoma – cancer of the lymphatic system, including Hodgkin disease and non-Hodgkin lymphoma
• Low malignant potential – cells that form in tissue that are potentially malignant that have not invaded adjacent tissue
• Malignant tumour – a tumour that invades surrounding tissue and can spread to other parts of the body
• Non-invasive – cancerous cells that have not spread into surrounding tissue
• Non-melanoma skin cancer – these include basal cell carcinoma and squamous cell carcinoma
• Sarcoma – cancer of the bone, cartilage, fatty tissue, muscle or nerves
• Pre-malignant – cells that may develop into a malignant tumour
• TNM classification – a method used to stage cancer and is made up of 3 parts:
  – tumour(T) – size and spread of the tumour
  – nodes(N) – whether there has been spread to any lymph nodes
  – and metastases(M) – whether there has been further spread to distant organs
Additional critical illness cover cash payment conditions

**Less advanced cancers of named sites and specified severity**

A definite diagnosis with less advanced cancer of named sites and of severity requiring treatments. There must be a positive diagnosis confirmed with histological confirmation relating to any of the following:

**Anus** – Cancer in situ of the anus with surgery to remove the tumour.

The following is not covered:

- anal intraepithelial neoplasia (AIN) grade 1 or 2.

**Bile Ducts** – Cancer in situ of the extra-hepatic bile ducts with surgery to remove the tumour.

**Breast** – Cancer in situ of the breast with surgery to remove the tumour.

**Cervix** – Cancer in situ of the cervix uteri resulting in trachelectomy (removal of the cervix) or hysterectomy.

The following are not covered:

- loop excision, laser surgery, conisation and cryosurgery.
- cervical intraepithelial neoplasia (CIN) grade 1 or 2

**Colon and Rectum** – Cancer in situ of the colon or rectum resulting in intestinal resection.

The following are not covered:

- local excision and polypectomy.

**Gallbladder** – Cancer in situ of the gallbladder with surgery to remove the tumour.

**Larynx** – Cancer in situ of the larynx treated with surgery, laser or radiotherapy.

**Lung and Bronchus** – Cancer in situ of the lung or bronchus resulting in wedge resection or lobectomy.

**Oesophagus** – Cancer in situ of the oesophagus with surgery to remove the tumour.

**Oral cavity or Oropharynx** – Cancer in situ of the oral cavity or oropharynx with surgery to remove the tumour.

* Note: includes lip, inside of cheek, floor of the mouth, tongue, gums, hard palate, soft palate and tonsils.

**Ovary** – Ovarian tumour of borderline malignancy/low malignant potential and has resulted in surgical removal of an ovary.

The following is not covered:

- removal of an ovary due to a cyst

**Pancreas** – Cancer in situ of the pancreas with surgery to remove the tumour.

**Prostate** – Cancer of the prostate histologically classified as having either a Gleason score between 2 and 6, or having a TNM classification between T1N0M0 and T2aNOM0, with prostatectomy (complete surgical removal of the prostate) or treatment with brachytherapy/radiotherapy.

The following are not covered:

- treatment with transurethral resection (TUR) of the prostate, hormone therapy or cryotherapy
Renal Pelvis (of the kidney) or Ureter – Cancer in situ of the renal pelvis or ureter.

The following are not covered:
- Non-invasive papillary carcinoma and tumours of TNM classification stage Ta.

Stomach – Cancer in situ of the stomach with surgery to remove the tumour.

Testicle – Benign testicular tumour or Intra-tubular germ cell neoplasia unclassified (ITGCNU) resulting in orchidectomy (removal of a testicle)

Urinary Bladder – Cancer in situ of the urinary bladder.

The following are not covered:
- non-invasive papillary carcinoma and TNM classification stage Ta bladder cancer.

Uterus – Cancer in situ of the lining of the uterus (endothelium) resulting in hysterectomy

Vagina – Cancer in situ of the vagina resulting in surgery to remove the tumour.

The following are not covered:
- laser surgery and diathermy.
- vaginal intraepithelial neoplasia (VAIN) grade 1 or 2.

Vulva – Cancer in situ of the vulva resulting in surgery to remove the tumour.

The following are not covered:
- laser surgery and diathermy.
- vulval intraepithelial neoplasia (VIN) grade 1 or 2.

Other cancer in situ – Cancer in situ diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells that are confined to the epithelial linings of organs and that has been treated by surgery to remove the tumour.

For the above definition, the following are not covered:
- any skin cancer (including melanoma);
- tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment.

Explanation

Less advanced cancer is an early stage cancer where the tumour is confined to the site that it originated, which if not treated, can potentially lead to the tumour becoming invasive.

Terminology

- **Benign** – non cancerous tumour or growth
- **Borderline malignancy** – epithelial tumours that appear not to be cancerous
- **Brachytherapy** – insertion of radioactive seeds next to the tumour to reduce damage to healthy surrounding tissue
- **Cancer in-situ** – an early stage cancer where the tumour is confined to the site which it started
- **Carcinoma** – a cancer arising in the epithelial tissue of the skin or the lining of internal organs
• **Cervix uteri** – is the lower part of the womb

• **Conisation** – surgery to remove a cone shaped piece of tissue from the cervix

• **Cryosurgery** – the use of extreme cold produced by liquid nitrogen to destroy abnormal tissue

• **Cyst** – a sac like structure containing fluid or semi solid material

• **Diathermy** – surgical technique to produce heat in a part of the body by using an electrical current

• **Extra hepatic bile duct** – a tube that collects bile from the liver and flows into the gallbladder

• **Gleason score** – is a grading system to measure the severity of prostate cancer following examination of the cancer cells under a microscope

• **Histological** – the diagnosis of cancer cells using a microscope

• **Hormone therapy** – a treatment to stop the hormone testosterone from reaching the prostate tumour which can cause shrinkage and delayed growth of the tumour

• **Intraepithelial** – within a layer of cells that form the surface or lining of an organ

• **Laser surgery** – a high energy beam of light is used to destroy abnormal tissue

• **Lobectomy** – surgical removal of a lobe of an organ

• **Local excision** – surgical procedure to remove the cancerous cells from the rectum without using major abdominal surgery

• **Loop excision** – surgical technique used to treat cervical cancer by removing cancerous cells with an electrified wire loop

• **Low malignant potential** – abnormal cells that may become malignant but usually do not

• **Malignant** – abnormal cells that grow out of control and invade nearby tissue and can spread to other parts of the body

• **Neoplasia** – a mass that has developed due to abnormal cell or tissue growth

• **Polypectomy** – removal of a polyp which is a small growth

• **Radiotherapy** – the use of high energy radiation to destroy cancer cells

• **Resection** – removal of an organ

• **TNM classification** – a method used to stage cancer and is made up of 3 parts:
  - tumour(T) – size and spread of the tumour
  - nodes(N) – whether there has been spread to any lymph nodes
  - and metastases(M) – whether there has been further spread to distant organs

• **Trachelectomy** – surgical removal of the cervix

• **Transurethral resection** – surgical removal of part of the prostate
Skin Cancer (not including melanoma) – advanced stage as specified
Non-melanoma skin cancer diagnosed with histological confirmation that the tumour is larger than 2 centimetres across and has at least one of the following features:

- tumour thickness of at least 4 millimetres (mm);
- invasion into subcutaneous tissue (Clark level V);
- invasion into nerves in the skin (perineural invasion);
- poorly differentiated or undifferentiated (cells are very abnormal as demonstrated when seen under a microscope); or
- has recurred despite previous treatments.

Explanation
Non-melanoma skin Cancer usually develops in the outermost layers of the skin with the two most common types being basal cell carcinoma and squamous cell carcinoma. Treatment for non-melanoma skin cancer includes surgery, cryotherapy, radiotherapy and chemotherapy.

Terminology
- **Clark level** – is a staging system that measures how deeply the melanoma has gone into the layers of the skin.
- **Histologically** – the diagnosis of cancer cells using a microscope
- **Invasion** – malignant cells that have spread into surrounding tissue
- **Non-melanoma skin cancer** – these include basal cell carcinoma and squamous cell carcinoma
- **Subcutaneous tissue** – the third layer of skin that sits beneath the epidermis and dermis layers
Heart

Conditions qualifying for full critical illness payments

Aorta graft surgery – for disease and trauma
The undergoing of surgery to the aorta with excision and surgical replacement of a portion of the affected aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches.
The following are not covered:
• any other surgical procedure, for example, the insertion of stents or endovascular repair.

Explanation
Aorta graft surgery may be needed to correct a weakening or bulging in the aorta or if the aorta has narrowed due to a build-up of fatty deposits

Terminology
• Aorta – the largest artery of the body, arising from the heart and supplying oxygenated blood to all parts of the body
• Branches – smaller arteries that branch off from the main aorta
• Endovascular repair – a minimally invasive procedure to repair a diseased portion of the aorta by entering through the body’s arteries
• Graft – a piece of living tissue that is surgically transplanted to repair or replace diseased or damaged Aorta
• Stent – a tubular structure that is inserted into the aorta
• Thoracic and abdominal aorta – sections of the aorta that are located in the chest and stomach area

Cardiac arrest – with insertion of a defibrillator
Confirmation by a consultant medical specialist of a definite diagnosis of cardiac arrest with the permanent insertion of an implantable cardiac defibrillator.

Explanation
A cardiac arrest is potentially a life threatening condition that can occur if the heart stops pumping blood around the body. There can be several causes for this to happen with the most common being ventricular fibrillation which is an abnormal heart rhythm

Terminology
• Implantable cardiac defibrillator – an electronic device that is surgically implanted into the chest that will deliver electric pulses or shocks to the heart to restore normal heart rhythm.
Cardiomyopathy – of specified severity
A definite diagnosis of cardiomyopathy by a consultant cardiologist. There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association classification of functional capacity (marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain). The diagnosis must be supported by echocardiogram.

For the above definition, the following are not covered:
- all other forms of heart disease, heart enlargement and myocarditis

**Explanation**
Cardiomyopathy is a disease of the heart muscle that can cause sudden death or heart failure

**Terminology**
- **New York Heart Association (NYHA) functional classification system** – it is a criteria used by cardiologists to grade the severity of heart failure by linking symptoms to everyday activities and overall quality of life
- **New York Heart Association Class 3** – this is classified as marked limitation of physical activity, being comfortable at rest, but less than ordinary activity will lead to symptoms such as breathlessness and fatigue.

Coronary artery bypass grafts
The undergoing of surgery on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

If you are placed on the NHS waiting list for coronary artery by-pass surgery, up to 20% of the critical illness cover amount can be accelerated to enable the surgery to be performed privately.

**Explanation**
A coronary artery bypass graft involves taking a blood vessel from another part of the body – usually the chest, leg or arm – and attaching it to the coronary artery above and below the narrowed area or blockage. This new blood vessel is known as a graft. Balloon angioplasty, atherectomy and laser treatment are not covered

**Terminology**
- **Atherectomy** – a procedure to remove fatty plaque from the inside of an artery with a catheter with a sharp blade
- **Balloon angioplasty** – a procedure to improve the blood flow by correcting the narrowing of an artery. A balloon tipped catheter is inserted into an artery and then inflated
- **Coronary artery** – an artery that supplies blood to the heart
**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:

- the characteristic rise of cardiac enzymes or Troponins
- new characteristic electrocardiographic changes or other positive findings on diagnostic imaging tests.

The evidence must show a definite acute myocardial infarction.

The following are not covered:

- other acute coronary syndromes
- angina without myocardial infarction

**Explanation**
When the blood supply to the heart is interrupted a portion of the heart muscle may die. Medically, this is called a myocardial infarction but more commonly this is known as a heart attack.

**Terminology**

- **Acute** – intense and/or sudden in onset
- **Angina** – pain and discomfort in the chest which is often severe, which is caused by coronary heart disease
- **Cardiac enzymes/troponins** – chemicals that are found in the blood which if elevated may indicate that there has been damage to the heart muscle

**Diagnostic imaging tests** – these include tests like echocardiogram (ultrasound of the heart) and perfusion scan (radioactive chemical injected to check blood flow)

**Electrocardiographic (ECG)** – a test which measures the electrical activity of the heart and shows whether or not it is working normally. An ECG records the heart’s rhythm and activity on a moving strip of paper or a line on a screen

**Myocardial infarction** – commonly known as a heart attack, occurs when the blood flow to a portion of the heart is stopped causing damage to the heart muscle

**Heart surgery** – with thoracotomy
The undergoing of heart surgery requiring thoracotomy on the advice of a consultant cardiologist to correct a structural abnormality of the heart. For the above definition, the following is not covered:

- any percutaneous, transluminal or investigative procedure.

**Explanation**
Surgery to open the chest wall to repair the heart.

**Terminology**

- **Percutaneous** – medical procedure where access is made with a needle through the skin
- **Thoracotomy** – surgical procedure to access the heart through a cut in the chest wall
- **Transluminal** – passing of an inflatable catheter along a blood vessel
Heart valve replacement or repair
The undergoing of surgery on the advice of a consultant cardiologist to replace or repair one or more heart valves

Explanation
The heart consists of valves that assist in pumping blood around the body. If these valves become diseased they will not function correctly and it may be necessary to repair or even replace them through surgery.

Primary pulmonary arterial hypertension – resulting in permanent symptoms
Primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterisation, resulting in permanent irreversible physical impairment to the degree of at least Class III of the New York Heart Association Classification of cardiac impairment. For the purposes of this condition, NYHA Stage III (as classified) means:

- a marked limitation of physical activity of the person covered due to symptoms of less than ordinary activity causing fatigue, palpitations, dyspnoea or anginal pain. The person covered is only comfortable at rest.

Explanation
The pulmonary artery is the large vessel that carries blood from the heart into the lungs so it can pick up oxygen. Primary pulmonary arterial hypertension is an increase in blood pressure in the pulmonary artery usually causing right heart failure and symptoms of shortness of breath, dizziness and leg swelling

Terminology
- **Anginal pain** – pain and discomfort in the chest which is often severe, which is caused by coronary heart disease
- **Cardiac catheterisation** – invasive procedure where a catheter is passed into a vessel of the heart
- **Dyspnoea** – shortness of breath
- **Irreversible** – cannot be improved by medical treatment used by the NHS in the UK at the time of claim
- **New York Heart Association (NYHA) functional classification system** – it is a criteria used by cardiologists to grade the severity of heart failure by linking symptoms to everyday activities and overall quality of life
- **New York Heart Association Class 3** – this is classified as marked limitation of physical activity, being comfortable at rest, but less than ordinary activity will lead to symptoms such as breathlessness and fatigue.
- **Permanent** – expected to last for the rest of the person’s life
- **Pulmonary** – relating to the lungs
**Pulmonary artery replacement**
– with surgery
The undergoing of surgery on the advice of a consultant cardiothoracic surgeon for a disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

**Explanation**
If a pulmonary artery becomes diseased it can be replaced by a graft

**Terminology**
- **Graft** – a piece of living tissue that is surgically transplanted to repair or replace diseased or damaged Aorta
- **Pulmonary artery** – the artery that carries blood from the heart to the lungs
Neurological

Conditions qualifying for full critical illness payments

Benign brain tumour – resulting in permanent symptoms or specified treatment
A non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull, resulting in any of the following:

- permanent neurological deficit with persisting clinical symptoms; or
- surgical removal of part or all of the tumour; or
- undergoing either stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells.

The following are not covered:
- tumours in the pituitary gland
- tumours originating from bone tissue
- angiomas and cholesteatoma.

Explanation
A benign tumour is an abnormal growth of cells that is not cancerous and cannot spread to other parts of the body. However benign tumours of the brain can become dangerous should they grow and cause pressure on the surrounding brain tissue resulting in a number of symptoms including headaches and seizures. The main types of treatment include surgical removal of the tumour, radiotherapy and chemotherapy.

Terminology

- Angioma – benign tumour of the blood vessels
- Benign – non-malignant
- Cholesteatoma – abnormal skin growth behind the ear drum
- Cranial Nerves – nerves that come from the base of the brain
- Cyst – a sac like structure containing fluid or semi solid material
- Meninges – a protective layer of tissue that protects the brain and spinal cord
- Permanent – expected to last for the rest of the person’s life
- Pituitary gland – a small pea sized gland that is attached to the base of the brain
- Stereotactic radiosurgery – a non-invasive procedure focusing radiation therapy directly at the tumour

Benign spinal cord tumour – resulting in permanent symptoms or specified treatment
A non-malignant tumour or cyst in the spinal cord, spinal nerves or meninges, resulting in any of the following:

- permanent neurological deficit with persisting clinical symptoms; or
- surgical removal of part or all of the tumour; or
- undergoing either stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells.
The following are not covered:
• angiomas

**Explanation**

Benign tumours in the spinal cord can be dangerous if they grow and compress the spinal nerves. The main types of treatment include surgical removal of the tumour but if this is not possible due to its location, radiotherapy and chemotherapy can also be effective methods of treatment.

**Terminology**

- **Angioma** – benign tumour of the blood vessels
- **Meninges** – a protective layer of tissue that protects the brain and spinal cord
- **Permanent** – expected to last for the rest of the person’s life
- **Spinal cord** – bundle of nerve fibres and tissue enclosed in the spine connecting brain to all parts of the body
- **Spinal nerves** – carries signals between brain and all parts of the body

**Coma** – with associated permanent symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs, which:
- requires the use of life support systems; and
- with associated permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following is not covered:
• medically induced coma

**Explanation**

A coma is a state of unconsciousness from which someone cannot be awakened and has no control over bodily functions. There is minimal brain activity and the individual will be unable to move or be woken. Recovery rates from being in a coma vary, depending upon the depth, duration and cause of the coma.

**Terminology**

- **External stimuli** – these are outside sensory events that would normally produce a response, e.g. hearing, sight, smell or touch
- **Internal needs** – what the body needs to survive, e.g. drink, food etc.
- **Life support systems** – equipment that is used to assist with breathing, drinking and feeding
- **Medically induced coma** – when a controlled dose of anaesthetic is used to cause a temporary coma usually to protect the brain following a brain injury
- **Unconsciousness** – temporary or permanent damage to the function of the brain resulting in being unable to respond to people and activities.

**Creutzfeldt-Jakob disease** – requiring continuous assistance

The unequivocal diagnosis of Creutzfeldt-Jakob disease, made by a consultant neurologist, evidenced by a significant reduction in mental and social functioning such that continuous supervision or assistance by a third party is required.
**Explanation**

This is a disease affecting the brain and spinal cord where there is no effective treatment. Usually there is rapid progression of the disease with the loss of co-ordination and intellectual capacity.

**Dementia including Alzheimer’s disease**

- resulting in permanent symptoms

A definite diagnosis of dementia, including Alzheimer’s disease, by a consultant neurologist, psychiatrist or geriatrician.

There must be permanent clinical loss of the ability to do all of the following:

- remember
- reason; and
- perceive, understand, express and give effect to ideas.

**Explanation**

Dementia is a set of symptoms including memory loss, difficulty with thinking, problem solving and language. The most common type of dementia is Alzheimer’s disease.

**Terminology**

- **Alzheimer’s disease** – progressive degeneration of the brain with impact on memory and concentration
- **Geriatrician** – a doctor who specializes in the care and treatment of old people
- **permanent** – expected to last for the rest of the person’s life

**Encephalitis**

A definite diagnosis of encephalitis by a consultant neurologist resulting in permanent neurological deficit with persisting clinical symptoms. For the above definition, the following is not covered:

- Chronic fatigue syndrome and myalgic encephalomyelitis.

**Explanation**

Encephalitis is inflammation of the brain tissue. Symptoms might include severe headaches, nausea, vomiting, convulsions, and personality changes, problems with speech and/or hearing, confusion or disorientation. It’s usually caused by an infection and can range in severity from relatively mild to life threatening.

**Terminology**

- **Chronic fatigue syndrome/myalgic encephalomyelitis** – a medical condition of unknown cause, with fever, aching, and prolonged tiredness and depression, typically occurring after a viral infection. It is also known as myalgic encephalomyelitis(ME)
Motor neurone disease and specified diseases of the motor neurones
– resulting in permanent symptoms
A definite diagnosis of one of the following motor neurone diseases by a consultant neurologist:

- Amyotrophic lateral sclerosis (ALS)
- Primary lateral sclerosis (PLS)
- Progressive bulbar palsy (PBP)
- Progressive muscular atrophy (PMA).
- Kennedy’s disease, also known as spinal and bulbar muscular atrophy (SBMA)
- Spinal muscular atrophy (SMA)

There must also be permanent clinical impairment of motor function.

Explanation
Motor neurone disease (MND) is a group of progressive neurological disorders that destroy the nerves that control movement in muscles. The main symptoms of the disease will be weakness and wasting of muscles.

Terminology

- **Amyotrophic lateral sclerosis (ALS)** – is a rapidly progressive neurological disease effecting the nerve cells responsible for controlling voluntary muscle movement

- **Kennedy’s disease, also known as spinal and bulbar muscular atrophy (SBMA)** – a disease affecting the facial, jaw and tongue muscles along with loss of feeling in the hands and feet

- **Motor** – in relation to movement
- **Permanent** – expected to last for the rest of the person’s life
- **Primary lateral sclerosis (PLS)** – is a rare neuromuscular disease with slowly progressive weakness in voluntary muscle movement of the arms, legs and face
- **Progressive bulbar palsy (PBP)** – is a disease that attacks the nerves supplying muscles that assist in swallowing speaking and chewing
- **Progressive muscular atrophy (PMA)** – disease affecting a group of nerve cells that control the hands and the lower body
- **Spinal muscular atrophy (SMA)** – a hereditary disorder affecting the lower motor neurons causing weakness and wasting of skeletal muscles
Multiple sclerosis – of specified severity
A definite diagnosis of multiple sclerosis by a consultant neurologist that has resulted in either of the following:

- clinical impairment of motor or sensory function, which must have persisted from the time of diagnosis, or
- two or more attacks of impaired motor or sensory function together with findings of clinical objective evidence on Magnetic Resonance Imaging (MRI).

All of the evidence must be consistent with multiple sclerosis.

**Explanation**

Multiple sclerosis is a progressive disease which attacks the central nervous system and can cause a wide range of symptoms including problems with vision, arm and leg movement, sensation and balance.

**Terminology**

- **Clinical impairment** – symptoms associated with a condition that can be detected during an examination of an individual
- **Magnetic Resonance Imaging (MRI)** – a scan that uses magnetic fields and radio waves to produce detailed images of the inside of the body
- **Motor** – in relation to movement
- **Sensory** – in relation to all senses (hearing, sight, taste, touch or smell)
Neuromyelitis optica (Devic’s disease) – with persisting clinical symptoms
A definite diagnosis of neuromyelitis optica by a consultant neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 3 months.

The following is not covered:
- Neuromyelitis optica spectrum disorder.

Explanation
Neuromyelitis optica, also known as Devic’s disease is a rare neurological condition caused by disease or damage to the brain, spinal cord or nerves. The main symptoms include muscle weakness, nerve pain, muscle spasms and impaired eyesight.

Terminology
- **Clinical impairment** – symptoms associated with a condition that can be detected during an examination of an individual
- **Motor** – in relation to movement
- **Sensory** – in relation to all senses (hearing, sight, taste, touch or smell)

Parkinson’s disease – resulting in permanent symptoms
A definite diagnosis of Parkinson’s disease by a consultant neurologist.

There must be permanent clinical impairment of motor function with associated tremor or muscle rigidity.

The following are not covered:
- Parkinsonian syndromes/Parkinsonism

Explanation
Parkinson’s disease is a degenerative disorder of the central nervous system that can cause an individual to have symptoms of involuntary tremors in their hands, rigidity in muscles and slowness of body movements.

Terminology
- **Clinical impairment** – symptoms associated with a condition that can be detected during an examination of an individual
- **Motor** – in relation to movement
- **Muscle rigidity** – the inability for muscles to relax
- **Permanent** – expected to last for the rest of the person’s life
- **Tremor** – involuntary, rhythmic movement of muscles that are most common in the hands, arms and legs.

Parkinson’s plus syndromes – resulting in permanent symptoms
A definite diagnosis by a consultant neurologist or geriatrician of one of the following Parkinson plus syndromes:
- Corticobasal ganglionic degeneration
- Diffuse Lewy body disease
• Multiple system atrophy
• Parkinsonism-dementia-amyotrophic lateral sclerosis complex
• Progressive supranuclear palsy

There must also be permanent clinical impairment of at least one of the following:
• motor function; or
• eye movement disorder; or
• postural instability; or
• dementia

**Explanation**
Parkinson’s plus syndromes is a group of degenerative disorders that have similar symptoms to that of Parkinson’s disease.

**Terminology**
- **Clinical impairment** – symptoms associated with a condition that can be detected during an examination of an individual
- **Corticobasal ganglionic degeneration** – rare progressive disorder of the brain where damaged brain cells can cause symptoms of muscle stiffness, shaking, balance and memory problems
- **Diffuse Lewy body disease** – rare progressive disorder of the brain that can cause loss of memory and difficulty in concentrating
- **Motor** – in relation to movement
- **Multiple system atrophy** – disease of the nervous system where parts of the brain and spinal cord become damaged. The main symptoms include low blood pressure, bladder problems, balance and speech difficulty
- **Parkinsonism-dementia-amyotrophic lateral sclerosis complex** – progressive disorder of the nervous system affecting speech and the ability to move limbs.
- **Permanent** – expected to last for the rest of the person’s life
- **Postural instability** – being unable to keep balance
- **Progressive supranuclear palsy** – progressive disorder of the nervous system that can cause problems with balance, movement speech and vision
Spinal stroke – resulting in permanent symptoms
Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in permanent neurological deficit with persisting clinical symptoms.

Explanation
A spinal stroke is caused when the blood supply to the spinal cord is disrupted which can cause tissue damage and block nerves. The main symptoms are muscle weakness in the legs, unusual feeling in the legs and bowel and bladder problems.

Terminology
- Haemorrhage – commonly known as bleeding
- Permanent – expected to last for the rest of the person’s life
- Spinal cord – bundle of nerve fibres and tissue enclosed in the spine connecting brain to all parts of the body

Stroke – resulting in specified symptoms
Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in either:
- permanent neurological deficit with persisting clinical symptoms; or
- definite evidence of death of tissue or haemorrhage on a brain scan; and
- neurological deficit with persistent clinical symptoms lasting at least 24 hours.

Explanation
A stroke (medically known as a cerebral vascular accident (CVA)) is caused when the blood supply to the brain is interrupted. This can occur due to either a blocked artery preventing blood reaching the brain or a blood vessel in the brain that has burst. Symptoms of a stroke include slurring of speech, loss of vision and paralysis usually associated with one side of the body.

Terminology
- Haemorrhage – commonly known as bleeding
- Transient ischaemic attack – also known as a TIA, this is temporary disruption of the blood circulation to part of the brain. The symptoms will be the same as a stroke but an individual will recover within a 24 hours

Traumatic brain injury – resulting in permanent symptoms
Death of brain tissue due to traumatic injury resulting in permanent neurological deficit with persisting clinical symptoms.

Explanation
Traumatic injury to the brain that causes an individual to have permanent clinical symptoms.

Terminology
- Permanent – expected to last for the rest of the person’s life

The following are not covered:
- transient ischaemic attack
- death of tissue of the optic nerve or retina/eye stroke.
Additional critical illness cover cash payment conditions

**Brain abscess drained via craniotomy**
Surgical drainage of an intracerebral abscess within the brain tissue through a craniotomy by a consultant neurosurgeon. There must be evidence of an intracerebral abscess on CT or MRI imaging.

**Explanation**
A brain abscess is a pus filled swelling in the brain caused by an infection and can present with symptoms including headaches, fever, seizures and even paralysis on one side of the body.

**Terminology**
- **Abscess** – a collection of pus that has built up within tissue
- **Craniotomy** – surgical procedure to remove part of the bone from the skull to expose the brain
- **CT** – CT is short for computerised tomography which is a scanning procedure that captures a series of x-rays
- **Intracerebral** – within the brain
- **MRI** – MRI is short for magnetic resonance imaging and uses magnetic fields and radio waves to produce detailed images of the inside of the body

**Cerebral or spinal aneurysm** – with surgery or radiotherapy
The undergoing of craniotomy, endovascular repair or stereotactic radiotherapy to treat a cerebral or spinal aneurysm.

**Explanation**
An aneurysm in the brain or spine can cause a range of symptoms including headaches, drooping eyelids, blurred vision and weakness to one side of the body.

**Terminology**
- **Cerebral aneurysm** – a weakness in a blood vessel that balloons out and fills with blood within the brain causing increased pressure on nerves and surrounding brain tissue
- **Craniotomy** - surgical procedure to remove part of the bone from the skull to expose the brain
- **Endovascular** – treatment from inside a blood vessel
- **Spinal aneurysm** – a weakness in a blood vessel that balloons out and fills with blood within the spinal cord causing increased pressure on surrounding nerves
- **Stereotactic radiotherapy** – a non-invasive procedure focusing radiation therapy directly at the aneurism
Cerebral or spinal arteriovenous malformation – with surgery or radiotherapy
The undergoing of craniotomy, endovascular repair or stereotactic radiotherapy to treat a cerebral or spinal arteriovenous fistula or malformation.

Explanation
Cerebral and spinal arteriovenous malformation is an abnormal connection between arteries and veins in the brain and spine causing symptoms such as headaches or seizures.

Terminology
- **Arteriovenous malformation** – abnormal connection between arteries and veins
- **Craniotomy** – surgical procedure to remove part of the bone from the skull to expose the brain
- **Endovascular** – treatment from inside a blood vessel
- **Fistula** – a tube joining two organs
- **Stereotactic radiotherapy** – a non-invasive procedure focusing radiation therapy directly at the aneurysm

Non-malignant pituitary adenoma – with specified treatment
Diagnosis of a non-malignant pituitary tumour requiring radiotherapy or surgical removal. For the above definition, the following are not covered:
- non-malignant tumours of the pituitary gland treated by other methods.

Explanation
Pituitary tumours form in the pituitary gland, a pea-sized organ in the centre of the brain, just above the back of the nose. The pituitary gland is sometimes called the "master endocrine gland" because it makes hormones that affect the way many parts of the body work. It also controls hormones made by many other glands in the body. These tumours grow very slowly and do not spread from the pituitary gland to other parts of the body.

Terminology
- **Adenoma** – a benign tumour arising from the cells in a gland
- **Non-malignant** – a tumour that is not cancerous
- **Pituitary** – a gland attached to the base of the brain that controls several other hormone glands
- **Radiotherapy** – the use of high energy radiation to destroy cancer cells
Syringomelia or syringobulbia – treated by surgery
A definite diagnosis of syringomelia or syringobulbia by a consultant neurologist, which has been surgically treated. This includes surgical insertion of a permanent drainage shunt.

Explanation
Syringomyelia or syringobulbia is a disorder in which a cyst, or cavity, forms within the spinal cord. Over time, this cyst can expand and elongate, destroying the spinal cord. The damage may result in pain, paralysis, weakness and stiffness in the back, shoulders and extremities.

Terminology
- **Drainage shunt** – surgical procedure to drain excess fluid from a cyst
- **Permanent** – expected to last for the rest of the person’s life
Disabling illnesses and trauma
Conditions qualifying for full critical illness payments

**Bacterial meningitis – resulting in permanent symptoms**
A definite diagnosis of bacterial meningitis by a consultant neurologist. There must be inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit with persisting clinical symptoms.

The following are not covered:

- all other forms of meningitis, not mentioned above, including viral meningitis

**Explanation**

Bacterial meningitis is an infection to the membrane of the brain and spinal cord caused by a bacterial infection. Symptoms can include fever and headaches which can become life threatening and may cause damage to the brain and nervous system.

**Terminology**

- **Membranes** – a thin layer of tissue that covers the brain and spinal cord
- **Permanent** – expected to last for the rest of the person’s life

Blindness – permanent and irreversible
Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in the better eye using a Snellen eye chart, or visual field is reduced to 20 degrees or less of an arc, as certified by an ophthalmologist.

**Explanation**

You do not need to be totally blind in both eyes, but your permanent and irreversible loss of sight must be to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in the better eye using the Snellen eye chart.

**Terminology**

- **6/60** – means that a person can see an object 6 metres away that a person with perfect eyesight could see from 60 metres away
- **Irreversible** – cannot be improved by medical treatment used by the NHS in the UK at the time of claim
- **Permanent** – expected to last for the rest of the person’s life
- **Snellen eye chart** – a chart used by opticians to measure visual ability.
- **Visual aids** – something that helps improve vision, for example a pair of glasses or contact lenses
- **Visual fields** – also known as peripheral vision, it is measured by the total area that can be seen to the side when your eyes are focused on a central point
**Deafness** – permanent and irreversible
Permanent and irreversible loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies in the better ear using a pure tone audiogram.

**Explanation**
Deafness is a profound loss of hearing in both ears where the condition cannot be cured and is expected to be permanent

**Terminology**
- **Decibels** – a measure of the level of sound
- **Irreversible** – cannot be improved by medical treatment used by the NHS in the UK at the time of claim
- **Permanent** – expected to last for the rest of the person’s life
- **Pure tone audiogram** – a hearing device that is used to identify the degree of hearing loss

**Loss of hand or foot** – permanent physical severance
Permanent physical severance of a hand or foot at or above the wrist or ankle joints.

**Explanation**
The limb may have been lost through a physical injury or necessary surgical removal

**Paralysis of limb** – total and irreversible
Total and irreversible loss of muscle function to the whole of any limb.

**Explanation**
Paralysis is the loss of muscle function to part of an individual’s body. It happens when something goes wrong with the way messages pass between the brain and muscles. Paralysis can be complete or partial. It can occur on one or both sides of the body. It can also occur in just one area, or it can be widespread. Paralysis of the lower half of your body, including both legs, is called paraplegia. Paralysis of the arms and legs is quadriplegia

**Terminology**
- **Irreversible** - cannot be improved by medical treatment used by the NHS in the UK at the time of claim
- **Paralysis** – the loss of the ability to move a part of the body

**Loss of speech** – total permanent and irreversible
Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease

**Explanation**
Loss of speech may be due to a physical injury or disease and cannot be cured

**Terminology**
- **Irreversible** – cannot be improved by medical treatment used by the NHS in the UK at the time of claim
- **Permanent** – expected to last for the rest of the person’s life
**Pneumonectomy** – for disease or trauma
The undergoing of surgery on the advice of a consultant physician to remove an entire lung due to disease or trauma.

For the above definition the following are not covered:

- removal of a lobe of the lungs (lobectomy)
- lung resection or incision

**Explanation**

Pneumonectomy means the surgical removal of a lung due to disease or a severe traumatic injury.

**Terminology**

- **Incision** – a surgical cut into an organ
- **Resection** – surgical removal of part of an organ

**Removal of an eyeball** – as a result of injury or disease – permanent physical severance
Permanent surgical removal of an eyeball as a result of injury or disease.

**Explanation**

An eyeball may need to be surgically removed as a result of a traumatic injury as well as a number of diseases.

**Third-degree burns** – covering 20% of the body’s surface area or 50% of the face’s surface area
Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body’s surface area or covering 50% of the face’s surface area

**Explanation**

There are three levels of burns. The ‘degree’ of burning depends on the extent of the damage done to the skin. They are medically known as ‘first’, ‘second’ and ‘third-degree’. ‘First-degree’ burns damage the top layer of skin (a common example of this is sunburn). ‘Second-degree’ burns go deeper into the layers of skin, but some may heal without scarring. ‘Third-degree’ burns are the most serious, as they destroy the full thickness of the skin.

**Terminology**

- **Face or head** – this includes the forehead and ears
Additional critical illness cover cash payment conditions

**Bladder removal**
Complete surgical removal of the urinary bladder (total cystectomy). For the above definition the following are not covered:

- Urinary bladder biopsy
- Removal of a portion of the urinary bladder.

**Explanation**
Reasons for complete removal of a bladder include cancer, nerve muscle control problems and bladder damage as a result of other illnesses or injuries

**Terminology**
- **Biopsy** – medical procedure where a small sample of tissue is removed from a part of a body

**Significant visual loss** – permanent and irreversible
Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 6/24 or worse in the better eye using a Snellen eye chart, or visual field is reduced to 45 degrees or less of an arc, as certified by an ophthalmologist.

**Explanation**
You do not need to be totally blind in both eyes, but your permanent and irreversible loss of sight must be to the extent that even when tested with the use of visual aids, vision is measured at 6/24 or worse in the better eye using the Snellen eye chart

**Terminology**
- **6/24** – means that a person can see an object 6 metres away that a person with perfect eyesight could see from 24 metres away
- **Irreversible** – cannot be improved by medical treatment used by the NHS in the UK at the time of claim
- **Permanent** – expected to last for the rest of the person’s life
- **Snellen eye chart** – a chart used by opticians to measure visual ability.
- **Visual aids** – something that helps improve vision, for example a pair of glasses or contact lenses
- **Visual fields** – also known as peripheral vision, it is measured by the total area that can be seen to the side when your eyes are focused on a central point.
Third-degree burns – less extensive – covering 5% of the body’s surface area or 19% of the face’s surface area
Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 5% of the body’s surface area or 19% loss of the surface area of the face which for the purposes of this definition includes the forehead and ears. No claim will be payable in respect of this benefit where a claim for Third-degree burns – covering 20% of the body’s surface area or 50% of the face’s surface area, is submitted at the same time as or within 30 days of the diagnosis of Third-degree burns – covering 20% of the body’s surface area or 50% of the face’s surface area.

**Explanation**

There are three levels of burns. The ‘degree’ of burning depends on the extent of the damage done to the skin. They are medically known as ‘first’, ‘second’ and ‘third-degree’. ‘First-degree’ burns damage the top layer of skin (a common example of this is sunburn). ‘Second-degree’ burns go deeper into the layers of skin, but some may heal without scarring. ‘Third-degree’ burns are the most serious, as they destroy the full thickness of the skin.

**Terminology**

- **Face or head** – this includes the forehead and ears
Major organ failure

Conditions qualifying for full critical illness payments

Kidney failure – requiring permanent dialysis
Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is permanently required.

Explanation
The kidneys act as filters to clean the blood of waste material. When the kidneys fail to function correctly, a build-up of waste material can cause life threatening problems. The body can continue to function with one kidney but if both kidneys fail, either dialysis or a transplant will be required.

Terminology
- Chronic – being of long duration
- End stage – the end phase of the disease stage
- Dialysis – a procedure to remove waste products and excess fluid from the blood.

Liver failure – end stage
End stage liver failure due to cirrhosis and resulting in all of the following:
- Permanent jaundice.
- Ascites.
- Encephalopathy.

Explanation
The liver has many purposes including, removing toxins from the body, producing proteins that are essential for blood clotting, breaking down fats and aiding digestion.

Terminology
- Ascites – build-up of excess fluid in the abdomen
- Cirrhosis – scarring of the liver caused by continuous long term liver damage
- Encephalopathy – abnormal brain function or structure
- Jaundice – yellowing of the skin and whites of the eyes
Major Organ Transplant – from another donor
The undergoing as a recipient of a transplant from either a human donor, animal or insertion of an artificial device, or inclusion on an official UK waiting list for any of the following:

- transplant of a bone marrow;
- transplant of a complete heart, kidney, liver, lung or pancreas;
- transplant of a lobe of liver; or
- transplant of a lobe of lung.

For the above definition, the following is not covered:

- Transplant of any other organs, parts of organs, tissues or cells.

Explanation
A major organ transplant may be required if an organ becomes severely damaged or diseased. If an organ is not available immediately then an individual will be placed on an official UK transplant waiting list.

Terminology
- **Artificial device** – this is a man-made device that is inserted into the body to replace an organ
- **Lobe of lung** – lungs are divided into segments called lobes with the left lung having two and the right lung have three
- **Lobe of the liver** – the liver is divided into 4 segments called lobes

Severe lung disease/respiratory failure – of specified severity
Confirmation by a consultant physician of severe lung disease which is evidenced by all of the following:

- the need for continuous daily oxygen therapy on a permanent basis
- evidence that oxygen therapy has been required for a minimum period of six months
- FEV1 being less than 40 percent of normal
- vital capacity less than 50 percent of normal

**Explanation**
There are many causes of severe lung disease including chronic bronchitis, chronic obstructive airways disease and emphysema. These diseases can cause varying symptoms including breathlessness, frequent chest infections and a persistent cough.

**Terminology**
- **Daily oxygen therapy** – breathing in more oxygen than normal from a cylinder or machine in your home
- **FEV1** – forced expiratory volume at one second is the volume of air that can be blown out in one second after fully breathing in
- **Vital capacity** - the volume of air that can be blown out after fully breathing in
Additional critical illness cover cash payment conditions

Liver Resection
The undergoing of a partial hepatectomy (liver resection) on the advice of a specialist surgeon in gastroenterology and hepatology. For this definition the following are not covered:

- surgery relating to liver disease resulting from alcohol or drug abuse
- surgery for liver donation (as a donor)
- liver Biopsy

Explanation
A liver resection is the surgical removal of all or a portion of the liver usually due to cancer.

Terminology
- Biopsy – medical procedure where a small sample of tissue is removed from a part of a body
- Liver Resection – the surgical removal of all or a portion of the liver usually due to cancer

Single Lobectomy – the removal of a complete lobe of a lung
The undergoing of medically essential surgery to remove a complete lobe of a lung for disease or traumatic injury. For the above definition, the following are not covered:

- partial removal of a lobe of the lungs (segmental or wedge resection)
- any other form of lung surgery

Explanation
A lobe of the lung may be removed to treat disease or following a severe traumatic injury.

Terminology
- Lobe – lungs are divided into segments called lobes with the left lung having two and the right lung have three
- Lobectomy – medical term for the surgical removal of a lobe
Life changing illnesses

Conditions qualifying for full critical illness payments

HIV caught from a blood transfusion, a physical assault or at work

Infection by Human Immunodeficiency Virus resulting from:

- a blood transfusion given as part of medical treatment
- a physical assault, or
- an incident occurring during the course of performing normal duties of employment

after the plan starts and satisfying all of the following:

- The incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures Where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within five days of the incident

- There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.

- The incident causing infection must have occurred in an eligible country*, see below. For the above definition, HIV infection resulting from any other means, including sexual activity, is not covered: *The eligible countries are: Australia, Austria, Belgium, Bulgaria, Canada, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Iceland, Republic of Ireland, Isle of Man, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Republic of Macedonia, Malta, Monaco, the Netherlands, New Zealand, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, United Kingdom, and United States of America.

Explanation

Human immunodeficiency virus (HIV) is a virus that attacks the immune system, and weakens the body’s ability to fight off infections and disease. There is no cure for HIV but there are treatments that can control the virus. Acquired immune deficiency syndrome (AIDS) is the final stage of HIV infection, when the body can no longer fight life threatening infections.

Loss of independence – of specified severity

Confirmation by a consultant physician of the permanent loss of the ability to live independently which meets the following criteria: Either

- Mental failure: The diagnosis by a consultant neurologist or psychiatrist, of an irreversible and permanent mental impairment due to an organic brain disease or brain injury supported by evidence of the loss of ability to:
  - remember;
  - reason; and
  - perceive, understand and give effect to ideas which causes a significant reduction in mental and social functioning, requiring continuous supervision
Or

- The life assured is unable to perform two out of the following five activities without the help of another person, even with the use of appropriate assistive aids.

Activity Definition:

1. **Washing** – the ability to wash in the bath or shower (including getting into and out of the bath or shower).

2. **Dressing** – the ability to put on and take off, secure and unfasten all garments.

3. **Getting between rooms** – the ability to get from room to room on a level floor.

4. **Feeding yourself** – the ability to feed yourself when food and drink has been prepared.

5. **Maintaining personal hygiene** – the ability to maintain a satisfactory level by using the toilet or otherwise managing bowel and bladder functions.

**Systemic lupus erythematosus**

- **of specified severity**

A definite diagnosis of systemic lupus erythematosus by a consultant rheumatologist resulting in either of the following:

- permanent neurological deficit with persisting clinical symptoms; or
- permanent impairment of kidney function with Glomerular Filtration Rate (GFR) below 30 ml/min.

**Explanation**

Systemic lupus erythematosus (SLE) is a chronic autoimmune disease where an individual’s own body will start to attack healthy cells, tissue and organs. The main symptoms can include extreme tiredness, rashes on the skin and joint pain with swelling.

**Terminology**

- **Glomerular Filtration Rate (GFR)** – a test to assess how well the kidneys are working by estimating how much blood passes through the glomeruli each minute. Glomeruli are tiny filters in the kidneys that filter waste from the blood.

**Terminology**

- **Irreversible** – cannot be improved by medical treatment used by the NHS in the UK at the time of claim.

- **Mental impairment** – impairment of intelligence and social functioning.
Terminal Illness – where death is expected within 12 months
A definite diagnosis by the attending consultant of an illness that satisfies both of the following:

- The illness either has no known cure or has progressed to the point where it cannot be cured; and
- In the opinion of the attending consultant, the illness is expected to lead to death within 12 months.

**Explanation**
Where life or earlier critical illness cover is included in your plan, terminal illness benefit up to the value of the critical illness sum assured can be paid irrespective of the cause of illness if, in the opinion of your attending consultant, the illness is expected to lead to death within 12 months or less. Where extra life cover is included in your plan, and you are diagnosed with a terminal illness within the last 12 months of the term of the plan, the extra life cover amount will only be paid if you die during the remaining term of the plan.

Total permanent disability – unable before age 65 to look after yourself ever again.
Loss of the physical ability through an illness or injury before age 65 to do at least 3 of the 6 tasks listed below ever again. The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire. The insured person must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication. The tasks are:

- **Washing** – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- **Getting dressed and undressed** – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- **Feeding yourself** – the ability to feed yourself when food has been prepared and made available.
- **Maintaining personal hygiene** – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- **Getting between rooms** – the ability to get from room to room on a level floor.
- **Getting in and out of bed** – the ability to get out of bed into an upright chair or wheelchair and back again. For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

**Explanation**
Any disability which, in our reasonable opinion, arises or continues directly or indirectly as a result of infection by, or treatment of, human immunodeficiency virus and/or acquired immune deficiency syndrome is not covered. You will be able to claim for this if you are unable to perform certain activities of daily living before you are aged 65.
Children’s critical illness benefit

A child means your natural or legally adopted child. In either case, the child must be financially dependent on you.

Your children are also covered for the definitions in the list above at no extra cost. Children’s critical illness benefit applies from the date each child turns three months and lasts until they reach age 18, as long as the plan is in force. The most we will pay for a child is half the level of critical illness cover provided by the plan at claim subject to a maximum of £25,000. We will only pay one claim for each child but there is no limit to the number of children covered.

For children’s critical illness benefit ‘total permanent disability’ means an irreversible level of disability which, in Zurich’s reasonable opinion, means the child would be disabled from performing any occupation whatsoever if he or she were an adult.

The children’s critical illness benefit is only payable if the child undergoes the relevant condition or operation and survives for 14 days. Only one claim can be made per child.

The benefit is included, for the conditions and operations outlined above, from the date each child turns three months until their 18th birthday. If your child is under the age of three months at the start of your plan, they will be included on reaching the age of three months.

Each child will be covered for half the critical illness cover on the plan or £25,000, whichever is lower, and we’ll pay a maximum of one claim per child.

In the event of a successful claim for a full benefit condition, this will result in payment of the children’s critical illness sum benefit. For additional critical illness cover cash payment conditions, this will result in payment of 20% of the level of critical illness cover on the plan at the time you claim, or £15,000, whichever is lower. We refer to these as additional critical illness cover cash payments, and for these definitions only, we’ll pay a maximum of one claim per child for each of the definitions covered.

We do not ask for any medical details on children before they are included on your plan. So you should be aware that you would not be able to claim if your child had previously suffered, or was suffering, from one of the above conditions, or had previously had or was about to undergo one of the operations, before they were included on your plan.

For details of the exclusions, please see page 7.
If you need to claim, you, or the person dealing with your affairs, should contact us on the telephone number noted below. We’ll take details of the claim over the phone, and start working on the claim straight away.

We’ll confirm what information we’ll need from your doctor, consultant or any other third party. We always try to pay all valid claims as soon as possible and we’ll keep you, informed of how the claim is progressing.

To claim for Critical illness cover
To make a claim please call us on 0370 243 0827.

Our opening hours are 9am to 5pm Monday to Friday.

Claiming for critical illness cover and children’s critical illness benefit
You must tell us within six months of you or your child being diagnosed with the critical illness or having the operation.

At the point of claim we’ll usually carry out a telephoned based interview unless this is not possible at the time, when we will instead send you a claim form. We’ll then send you a summary of our conversation for you to check, sign and return. Once we have received your signed confirmation or alternatively your signed claim form, we’ll tell you what medical evidence we’ll be obtaining and any documents you need to send to us before we can pay the claim. You will need to carry on making payments to the plan until we agree to pay the claim.

You will need to carry on making payments to the plan until we agree to pay the critical illness claim. Where your plan includes a higher level of life cover than critical illness cover, and we pay a critical illness claim, you will need to carry on making payments for the remaining life cover which will be reduced by the amount of the critical illness cover we’ve paid.

For children’s critical illness benefit claims and additional critical illness cover cash payment claims, you will need to continue making payments to the plan until we agree to pay the claim and after we agree to do so.
How to contact us

If you want to contact us you can phone or write.

**Phone**

01793 514514

Monday to Friday 8.30am – 6pm (excluding bank holidays).
We may record or monitor calls to improve our service.

**Write to**

Zurich Assurance Ltd
Tricentre One
New Bridge Square
Swindon
SN1 1HN
UK
If you would like further details or clarification on any of the information in this booklet, please contact us. We have based this information on our understanding of law and practice as at May 2016.

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www.zurich.co.uk/life
We may record or monitor calls to improve our service.