

Critical Illness

Employee Guide

A guide to the terms and conditions covered under
the Canada Life Group Critical Illness policy*

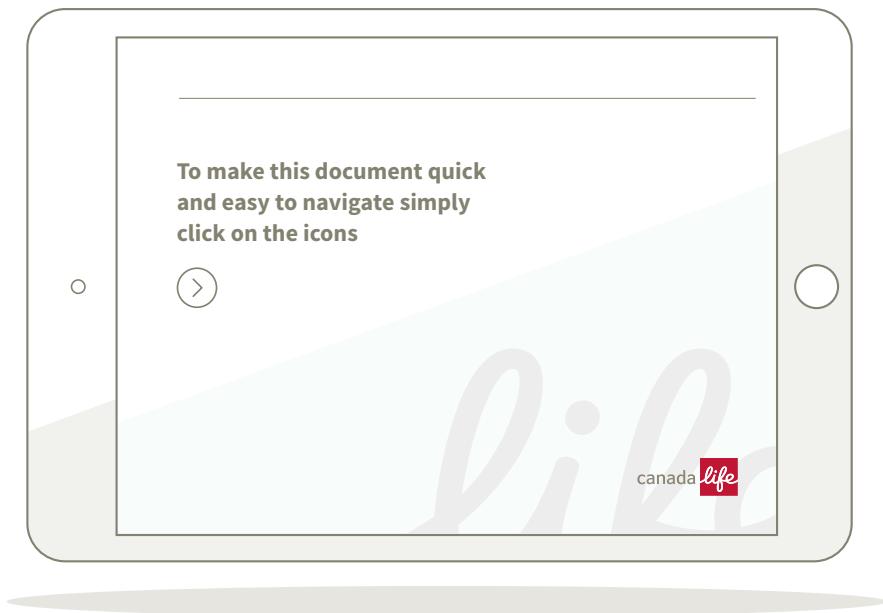
* This guide only applies to the Critical Illness arrangement from 30 January 2024

This guide is only intended to provide an overview of the conditions covered under new policies written at today's date and therefore the cover offered under your employer's policy may differ from that stated here. Nothing in this guide shall override the terms and conditions stated in your employer's policy document.

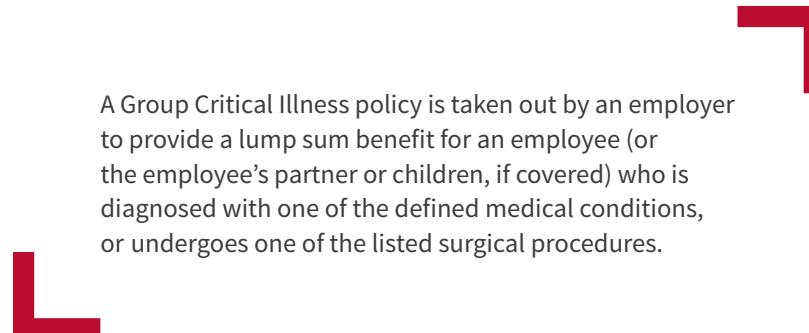


Introduction

This guide is designed to help you to understand why critical illness decisions are made and what factors will be taken into account when arriving at those decisions.



A Group Critical Illness policy is taken out by an employer to provide a lump sum benefit for an employee (or the employee's partner or children, if covered) who is diagnosed with one of the defined medical conditions, or undergoes one of the listed surgical procedures.



Introduction – continued

This guide is designed to help you to understand why critical illness decisions are made and what factors will be taken into account when arriving at those decisions.

A Group Critical Illness policy is taken out by an employer to provide a lump sum benefit for an employee (or the employee's partner or children, if covered) who is formally diagnosed with one of the defined illnesses, has undergone one of the surgical procedures, or circumstances occur which means that the definition of an insured illness is met.

Subject to meeting the policy conditions, in most cases, the benefit becomes payable if the insured person survives for a period of 14 days after diagnosis or procedure. Please note that different requirements exist for 'Total Permanent Disability' and this is detailed in the relevant section of this guide. If the insured individual dies within the 14 day period then no benefits are payable.

Canada Life Group Insurance applies a number of different exclusions to claims. The main exclusions which are applied to all insured illness are a Pre-Existing Conditions Exclusion (PECE) and a Related Conditions Exclusion. Other exclusions are applied to specific insured illnesses.

One of the reasons that Group Critical Illness claims are declined by insurers is that the individual was formally diagnosed with one of the defined illnesses, had undergone one of the surgical procedures, or circumstances occurred which meant that the definition of an insured illness was met before the Group Critical Illness arrangement was taken out by the employer (this is known as the Pre-Existing Condition Exclusion).

Another reason why claims are declined is that the individual had been diagnosed with an illness or medical condition which led to a claim under the insured illness – for example an individual was known to be suffering from high blood pressure before the Group Critical Illness arrangement was taken out and suffered a stroke after the Group Critical Illness arrangement was taken out.

Canada Life's Group Critical Illness follows or improves upon the critical illness definitions and policy exclusions contained in the ABI (Association of British Insurers) Guide to Minimum Standards for Critical Illness Cover, where model wordings exist. Claims will only be paid where the definition for the illness/procedure is met. Canada Life, along with most other insurers, uses the ABI definitions to ensure consistency in the market and to ensure that definitions are as clear and as understandable as possible.

How to contact us

Email: ciclaims@canadalife.co.uk

If you have any questions.



Definition of Partner

Partner is defined as a legal spouse or civil partner, if the employee is not married or does not have a civil partner, a person who is openly co-habiting with the employee and has done so for at least six months prior to joining the scheme and is financially dependant or interdependent on the employee.

Definition of Child

Any natural or legally adopted child or step child (by marriage or registered civil partnership) of the member who is:

- under 18 years old, or
- under 22 years old, if they are in full time education

This includes any child for whom the member has been granted a Special Guardianship Order.

Full time education means attending school, college or university full time and includes work placements that are part of the course. Any break from education such as a gap year is excluded.

Important note

This guide is only intended to provide an overview of the conditions covered under new policies written at today's date and therefore the cover offered under your employer's policy may differ from that stated here. Nothing in this guide shall override the terms and conditions stated in your employer's policy document.

Note

Some of the Terms and Expressions used are explained at the end of this document.

An important note about exclusions

There are some situations where illnesses have already been formally diagnosed, surgical procedures have already taken place, or circumstances have already occurred either at the point of entering the policy, or prior to entering the policy, which would result in a claim against your employer's policy being unsuccessful.

Two of the main causes of illnesses/conditions not resulting in a claim payment being made, are the application of a Pre-Existing Condition Exclusion (PECE) or a Related Conditions Exclusion (both detailed below).

You will see reference to the Related Conditions Exclusion for many of the conditions covered.

Pre-Existing Condition Exclusion (PECE)

Claims will not be paid in respect of an illness (or a repeat of that illness) which was first diagnosed, treated, or which was known to have existed, prior to entry to the policy, or to any previous Group Critical Illness policy with your employer, if earlier.

As long as a later diagnosis confirms this, we will consider an insured illness to have existed if the potential claimant

- has had symptoms of, or
- has sought or been given advice or counselling on, or received treatment for, or
- has undergone or is awaiting diagnostic tests, or is undergoing ongoing medical investigations or monitoring for the insured illness, even if the condition has not been formally diagnosed.

In respect of a claim for a child, we will not pay a claim where either parent:

- knew or had received medical advice or counselling in respect of that illness or related condition in relation to the child
- had received medical advice or counselling in respect of that illness or related condition prior to the birth of the child.

For the purpose of the Pre-Existing Condition Exclusion, the following are all considered to be the same illness:

- | | |
|--|---|
| <ul style="list-style-type: none">• aorta graft surgery• balloon valvuloplasty,• cardiac arrest• cardiomyopathy• coronary artery bypass grafts• heart attack• heart transplant | <ul style="list-style-type: none">• heart valve replacement or repair• open heart surgery• primary pulmonary hypertension• pulmonary artery surgery• stroke |
|--|---|

Your employer may offer this cover via a flexible benefits programme, which grants the option to increase policy benefits at specified times. If this is the case, both the PECE and the Related Conditions exclusion will apply.

Why do we apply a Pre-Existing Condition Exclusion?

Pre-Existing Condition Exclusions are a common feature of Group Critical Illness schemes. The use of these exclusions allows groups of individuals to be covered without the need for evidence of health and lifestyle to be produced before the individuals are covered, up to agreed limits.

An important note about exclusions – continued

Related Conditions Exclusion

Claims cannot be made for an insured critical illness where a related condition existed at any time before the claimant was first covered under the scheme, or a benefit increase was requested by you or your employer, if earlier.

As long as a later diagnosis confirms this, we will consider a related condition to have existed if the potential claimant

- has had symptoms of, or
- has sought or been given advice or counselling on, or received treatment for, or
- has undergone or is awaiting diagnostic tests, or is undergoing ongoing medical investigations or monitoring for the related condition, even if the condition has not been formally diagnosed.

If 2 years have elapsed since the claimant entered this policy, any other critical illness policy arranged by your employer or the date of any increase in benefit, the related condition exclusion will only be applied to loss of independent existence, permanent physical severance of a hand or foot, or total and irreversible paralysis of an arm or a leg, terminal illness or total permanent disability.

The main related conditions for each insured critical illness are listed in this guide.

Why do we apply a Related Conditions Exclusion?

A Related Condition is any medical condition that is associated with or is likely to have led to the occurrence of the insured critical illness. Where an individual is known to have an existing condition, say high blood pressure which is a known risk factor for stroke, this could lead to a claim under an insured condition, in this case stroke. As with the PECE, the use of the related conditions exclusion allows us to cover groups of individuals without prior assessment of their medical history and lifestyle, within agreed limits.

Other exclusions

Claims will not be generally paid for some insured illnesses where the condition or surgical procedure is as a direct result of:

- Alcohol or drug abuse
- Intentional self inflicted injury
- For a child, intentional harm caused by their parent or guardian

Why do we apply other exclusions?

The Group Critical Illness arrangement is designed to provide protection against the ‘natural’ occurrence of a critical illness not where the condition has been brought on by the individual concerned as a result of alcohol, drug abuse or self inflicted injury.



Core
Illnesses



Additional
Illnesses



Terms and
expressions

Claim Information

This guide has been designed to provide you with guidance when considering whether to submit a Critical Illness claim. The section below provides an overview of how a claim should be made.

How to claim

Your employer may have chosen not to provide cover for all the illnesses, surgical procedures, etc. shown in this guide. Please check with them if you are in any doubt as to whether cover is provided once an illness which has been formally diagnosed, surgical procedure performed, etc.

If a claim is to be made, it would be submitted by your employer in their capacity as the policyholder (there is no contractual relationship between Canada Life and yourself as a member of their policy). If you need your employer to submit a claim, please contact them as soon as possible after a formal diagnosis, appropriate surgical procedure has been performed, or circumstances occur which means that the definition of an insured illness (if provided by your employer) has been met..

Once your employer has agreed to submit the claim, a Personal Statement needs to be completed.

This is available to download from our document library at www.canadalife.co.uk/document-library, providing Canada Life's claims assessors with some brief details of the claim. It also includes the 'claimant's consent' under the Access to Medical Reports Act granting Canada Life the authority to obtain further information from your medical attendants. Canada Life needs this to ask them directly for further information required to assess the claim.

Where the claim is for a spouse or civil partner, we will also need sight of an original copy (not a photocopy) of the spouse's marriage certificate or the civil partner's civil partnership certificate.

If the claim is for a co-habiting partner we will need appropriate proof of cohabitation and financial dependency.

Where the claim is for a child, we will also need sight of an original copy (not a photocopy) of their birth certificate or adoption certificate. In the case of a step child we also need sight of the parent's marriage or civil partnership certificate. If the child is over 18 years old we will also need sight of evidence they are in full time education. If a Special Guardianship Order has been granted we will need sight of the appropriate court order.

Important note

This guide is only intended to provide an overview of the conditions covered under new policies written at today's date and therefore the cover offered under your employer's policy may differ from that stated here. Nothing in this guide shall override the terms and conditions stated in your employer's policy document.

Subsequent claims

Following the payment of a first claim, cover will continue automatically as it is possible for a second claim to be payable for you and your partner. Please note that we would only ever pay a maximum of one claim in respect of cover for a child.

Exclusions applied to any second claim

In all cases the pre-existing and related conditions exclusions will be applied, which means a claim cannot be made for the same illness. For example, if we have paid a claim for heart attack and the person has a further heart attack, we will not pay a subsequent claim in respect of heart attack. In addition, for the purposes of subsequent claims, some critical illnesses are regarded as the same illness. For example, if we have paid a claim for heart attack we will not pay another claim for a stroke.

The exclusions applied to subsequent claims, for each insured illness, are shown later in this guide.

Core illnesses

Core Illnesses covered

The 12 Core illnesses below are covered on all policies. Please click on the icon below for each illness to see the criteria Canada Life stipulates for consideration of a claim.

 **Cancer**
excluding less advanced cases

 **Cardiac arrest**
followed by surgical implantation
of a defibrillator

 **Coronary artery bypass grafts**

 **Creutzfeldt-Jakob disease**
resulting in permanent symptoms

 **Dementia including
Alzheimer's disease**
of specified severity

 **Heart attack**
of specified severity

 **Kidney failure**
requiring permanent dialysis

 **Major organ transplant**
from another donor

 **Motor neurone disease**
resulting in permanent symptoms

 **Multiple sclerosis**
with persisting symptoms

 **Parkinson's disease**
resulting in permanent symptoms

 **Stroke**
resulting in clinical symptoms

 Click here for information on
How to make a claim

 Click here to go to the list of
Additional Illnesses covered

 Click here for information on
Total Permanent Disability

 Click here to refer to the
Terms and Expressions we use



Cancer – excluding less advanced cases

Definition

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, and lymphoma except those that arise from or are confined to the skin (including cutaneous lymphomas and sarcomas).

Note: For the above definition, the following is not covered:

- All cancers which are histologically classified as any of the following:
 - pre-malignant,
 - cancer in situ,
 - having either borderline malignancy, or
 - having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least clinical TNM classification cT2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate).
- All urothelial tumours unless histologically classified as having progressed to at least TNM classification T1N0M0.
- Malignant melanoma skin cancers that are confined to the epidermis (outer layer of skin).
- All cancers (other than malignant melanoma) that arise from or are confined to one or more of the epidermal, dermal, and subcutaneous tissue layers of the skin (including cutaneous lymphomas and sarcomas).
- All thyroid tumours unless histologically classified as having progressed to at least TNM classification T2N0M0.
- Neuroendocrine tumours without lymph node involvement or distant metastases unless classified as WHO Grade 2 or above.
- Gastrointestinal stromal tumours without lymph node involvement or distant metastases unless classified by either AFIP/Miettinen and Lasota as having a moderate or high risk of progression, or as UICC/TNM8 stage II or above.

[Click here for further information about Cancer](#)



Cancer – excluding less advanced cases (continued)

What is it?

Cancer is the general term for any malignant tumour. Tumours are abnormal and uncontrolled growths of cells and can be either benign or malignant. Benign tumours are usually slow growing and fairly stable whereas malignant tumours are fast growing and have the ability to spread into neighbouring tissue and destroying it. It can also spread to start new tumours in other parts of the body.

Whilst there have been significant advances in cancer treatment, each type of cancer responds differently to treatment and some have a better outlook than others.

Prostate cancer is commonly graded using a Gleason score. A low score means that the cancer is at an early slow growing stage, whereas an aggressive cancer will have a high score.

Leukaemia is a cancer of the blood cells. There are several types of leukaemia, some rapidly progressive (Acute) and some slower to develop (Chronic).

There are different types of skin cancer, the most common ones being confined to the surface of the skin and generally treated effectively with a high success rate.

What can you claim for?

A confirmed diagnosis of an invasive malignant tumour, unless specifically excluded in our definition.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

([click here for details](#))

Related conditions that will affect a claim

Malignant, borderline malignant or pre-malignant tumour or condition, leukaemia or lymphomas, plus polyposis coli, carcinoma-in-situ, papilloma of the bladder or gallbladder, chronic inflammatory bowel disease, Barrett's oesophagus.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: cancer, whether or not this is connected to or associated with the subsequent cancer, loss of independent existence, major organ transplant if this is connected to, or associated with any cancer, total permanent disability, and terminal illness.



Cardiac arrest – followed by surgical implantation of a defibrillator

Definition

Sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and resulting in either of the following devices being surgically implanted:

- implantable Cardioverter-Defibrillator (ICD); or
- cardiac resynchronization device with Defibrillator (CRT-D).

What is it?

Cardiac arrest is a life threatening condition in which the heart stops suddenly.

There are a variety of causes but the most common is abnormal and irregular heart rhythm.

What can you claim for?

A loss of heart function which results in unconsciousness and requires surgical implantation as detailed under the definition.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions,
- drug abuse.

[\(click here for details\)](#)

Related conditions that will affect a claim

Coronary artery disease, heart failure and cardiomyopathy, left ventricular hypertrophy, myocarditis, hypertrophic cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy, Brugada syndrome, idiopathic VF (also called primary electrical disease), congenital or acquired long QT syndrome, family history of sudden Cardiac Death of uncertain cause, Wolff-Parkinson-White syndrome. Any blood pressure or cholesterol readings above those set out in the following cardiovascular risk table.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Aorta graft surgery, balloon valvuloplasty, cardiac arrest, cardiomyopathy, coronary artery bypass grafts, heart attack, heart transplant, heart valve replacement or repair, loss of independent existence, open heart surgery, primary pulmonary hypertension, pulmonary artery surgery, stroke, total permanent disability, and terminal illness.

Cardiovascular Risk Table

If you have had:

- 2 or more recorded blood pressure readings, either diastolic or systolic, taken at least 7 days apart or;
- 2 or more recorded cholesterol readings taken at least 7 days apart;

that exceeded the levels shown in the table below, in the two years prior to joining the scheme, or the date of increase in benefit, these will be treated as related conditions.

Age bands (at date of reading)	Up to 50	51-60	61 and over
Blood Pressure	160/90	170/95	175/95
Total Cholesterol	5.5 mmol/l	6.5 mmol/l	7.5 mmol/l



Coronary artery bypass grafts

Definition

The undergoing of surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

What is it?

Surgery to correct one or more narrowed or blocked coronary arteries (these supply blood to the heart muscle).

What can you claim for?

Heart surgery to correct a narrowed or blocked coronary artery following the advice of a Consultant Cardiologist.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

 [\(click here for details\)](#)

Related conditions that will affect a claim

Coronary artery anomalies, coronary vasospasms and myocardial bridging. All obstructive or occlusive arterial disease such as arteriosclerosis, coronary artery dissection or haematoma, coronary ectasia, diabetes mellitus. Any blood pressure or cholesterol readings above those set out in the following cardiovascular risk table.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Aorta graft surgery, balloon valvuloplasty, cardiac arrest, cardiomyopathy, coronary artery bypass grafts, heart attack, heart transplant, heart valve replacement or repair, loss of independent existence, open heart surgery, primary pulmonary hypertension, pulmonary artery surgery, stroke, total permanent disability, and terminal illness.

Cardiovascular Risk Table

If you have had:

- 2 or more recorded blood pressure readings, either diastolic or systolic, taken at least 7 days apart or;
- 2 or more recorded cholesterol readings taken at least 7 days apart;

that exceeded the levels shown in the table below, in the two years prior to joining the scheme, or the date of increase in benefit, these will be treated as related conditions.

Age bands (at date of reading)	Up to 50	51-60	61 and over
Blood Pressure	160/90	170/95	175/95
Total Cholesterol	5.5 mmol/l	6.5 mmol/l	7.5 mmol/l



Creutzfeldt-Jakob disease – resulting in permanent symptoms

Definition

A definite diagnosis of Creutzfeldt-Jakob disease by a Consultant Neurologist. There must be permanent clinical loss of the ability to do all of the following:

- Remember,
- Reason; and
- Perceive, understand, express and give affect to ideas.

What is it?

A very rare and incurable brain disease causing brain damage, leading to progressive dementia and gradual loss of muscle control.

What can you claim for?

A definite diagnosis of Creutzfeldt-Jakob disease by a Consultant Neurologist, resulting in permanent damage to the nervous system.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Circulatory brain disorder, disease of the central nervous system, mild cognitive impairment, Parkinson's disease, epilepsy, depression, dementia, aphasia, amnesic memory disorder, psychosis, major head trauma.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Creutzfeldt-Jakob disease, Dementia including Alzheimer's disease, loss of independent existence, Parkinson's disease, total permanent disability, and terminal illness.



Dementia including Alzheimer's disease – of specified severity

Definition

A definite diagnosis of Dementia, including Alzheimer's disease, by a Consultant Geriatrician, Neurologist, Neuropsychologist or Psychiatrist supported by evidence including neuropsychometric testing.

There must be permanent cognitive dysfunction with progressive deterioration in the ability to do all of the following:

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

Note: For the above definition, the following is not covered:

- Mild cognitive Impairment (MCI).

What is it?

A serious progressive deterioration in mental functions, such as memory, language, orientation and judgement.

What can you claim for?

A definite diagnosis of dementia (including Alzheimer's disease) by a Consultant Geriatrician, Neurologist, Neuropsychologist or Psychiatrist with supportive evidence.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Circulatory brain disorder, disease of the central nervous system, mild cognitive impairment, Parkinson's disease, epilepsy, depression, aphasia, amnesic memory disorder, psychosis, stroke, brain tumour, hydrocephalus, Creutzfeldt-Jacob disease and major head trauma.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Creutzfeldt-Jakob disease, dementia including Alzheimer's disease, loss of independent existence, Parkinson's disease, total permanent disability, and terminal illness.



Heart attack – of specified severity

Definition

A definite diagnosis of acute myocardial infarction with death of heart muscle as evidenced by all of the following:

- typical clinical symptoms (for example, characteristic chest pain),
- new characteristic electrocardiographic changes or new diagnostic imaging changes,
- the characteristic rise of cardiac enzymes or Troponins.

The evidence must show a definite acute myocardial infarction.

Note: For the above definition, the following are not covered:

- myocardial injury without myocardial infarction,
- angina without myocardial infarction.

What is it?

A heart attack is caused by the death of a portion of heart muscle when its blood supply is cut off. This is usually due to a blood clot in the coronary artery. Typically there is chest pain. Severe heart attacks can lead to complications such as heart failure.

Diagnosis is carried out using an electrocardiogram (ECG) test and blood tests. The ECG test measures changes in the electrical activity of the beating heart caused by the heart attack. The blood tests measure levels of certain diagnostic enzymes that leak out of the damaged heart muscle.

What can you claim for?

A heart attack confirmed by a Cardiologist, supported by medical evidence. The heart attack must have taken place at a time when you were covered under the policy.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions,
- drug abuse.

(click here for details)

Related conditions that will affect a claim

Familial Hyperlipidaemia, coronary artery anomalies, coronary vasospasms and myocardial bridging, all obstructive or occlusive arterial disease such as arteriosclerosis, coronary artery dissection or haematoma, coronary ectasia, diabetes mellitus. Any blood pressure or cholesterol readings above those set out in the following cardiovascular risk table.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Aorta graft surgery, balloon valvuloplasty, cardiac arrest, cardiomyopathy, coronary artery bypass grafts, heart attack, heart transplant, heart valve replacement or repair, loss of independent existence, open heart surgery, primary pulmonary hypertension, pulmonary artery surgery, stroke, total permanent disability, and terminal illness.

Cardiovascular Risk Table

If you have had:

- 2 or more recorded blood pressure readings, either diastolic or systolic, taken at least 7 days apart or;
- 2 or more recorded cholesterol readings taken at least 7 days apart;

that exceeded the levels shown in the table below, in the two years prior to joining the scheme, or the date of increase in benefit, these will be treated as related conditions.

Age bands (at date of reading)	Up to 50	51-60	61 and over
Blood Pressure	160/90	170/95	175/95
Total Cholesterol	5.5 mmol/l	6.5 mmol/l	7.5 mmol/l



Kidney failure – requiring permanent dialysis

Definition

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

What is it?

The kidneys perform a vital job of removing waste products from the blood. Where the kidneys cannot do their job, waste products build up in the body and dialysis is required to perform their role.

What can you claim for?

The permanent, irreversible failure of both kidneys to function, requiring regular dialysis.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Polycystic kidney disease, pyelonephritis or glomerulonephritis, diabetes mellitus or any chronic renal disorder. Any blood pressure or cholesterol readings above those set out in the following cardiovascular risk table.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Loss of independent existence, major organ transplant of the kidney, total permanent disability, and terminal illness.

Cardiovascular Risk Table

If you have had:

- 2 or more recorded blood pressure readings, either diastolic or systolic, taken at least 7 days apart or;
- 2 or more recorded cholesterol readings taken at least 7 days apart;

that exceeded the levels shown in the table below, in the two years prior to joining the scheme, or the date of increase in benefit, these will be treated as related conditions.

Age bands (at date of reading)	Up to 50	51-60	61 and over
Blood Pressure	160/90	170/95	175/95
Total Cholesterol	5.5 mmol/l	6.5 mmol/l	7.5 mmol/l



Major organ transplant – from another person

Definition

The undergoing as a recipient of a transplant from another person of bone marrow or of a:

- transplant of a complete heart, kidney, liver, lung, or pancreas, or
- transplant of a lobe of liver, or
- transplant of a lobe of lung, or
- inclusion on an official UK waiting list for such a procedure.

Note: For the above definition, the following is not covered:

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

What is it?

Some organs can be so damaged that transplanting a new organ is the best or only form of treatment.

What can you claim for?

Either being placed on an official UK waiting list or actually receiving transplanted organ as follows:

- heart
- lung
- kidney
- pancreas
- liver
- bone marrow

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions,
- alcohol abuse,
- drug abuse.

[\(click here for details\)](#)

Related conditions that will affect a claim

Cystic fibrosis, leukaemia, diabetes mellitus, aplastic or hypoplastic anaemia, immunological defects or disease, cardiomyopathy, coronary artery disease, cardiac failure, chronic lung disease, chronic kidney disease, chronic liver disease, chronic pancreatitis or pulmonary hypertension.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses:

Any major organ transplant: Aplastic anaemia, cancer, if this is connected to or associated with the subsequent major organ transplant, kidney failure, liver failure, any major organ transplant, loss of independent existence, respiratory failure, total permanent disability, and terminal illness.

For major organ transplant of the heart only: Aorta graft surgery, balloon valvuloplasty, cardiac arrest, cardiomyopathy, coronary artery bypass grafts, heart attack, heart transplant, heart valve replacement or repair, open heart surgery, primary pulmonary hypertension, pulmonary artery surgery, and stroke.



Motor neurone disease – resulting in permanent symptoms

Definition

A definite diagnosis of one of the following motor neurone diseases by a Consultant Neurologist.

- Amyotrophic lateral sclerosis (ALS)
- Kennedy's disease
- Primary lateral sclerosis (PLS)
- Progressive bulbar palsy (PBP)
- Progressive muscular atrophy (PMA)

There must also be permanent clinical impairment of motor function.

What is it?

Motor neurone disease is a progressive degenerative disease that attacks the central nervous system, leading to weakness and wasting of muscles, causing loss of mobility, and difficulties with speech, swallowing and breathing.

What can you claim for?

A definite diagnosis of motor neurone disease by a Consultant Neurologist together with evidence of permanent disability.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

([click here for details](#))

Related conditions that will affect a claim

Any chronic neurological symptoms that would be attributable to or known to motor neurone disease.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Loss of independent existence, total permanent disability, and terminal illness.



Multiple sclerosis – with persisting symptoms

Definition

A definite diagnosis of multiple sclerosis by a Consultant Neurologist. There must be current clinical impairment of motor or sensory function caused by multiple sclerosis.

What is it?

A disease of the brain and spinal cord that causes muscle weakness and lack of coordination. It also causes visual problems, effects on sensation and impaired mobility. Typically there are variable periods of remissions and relapses. During remissions the symptoms will be greatly reduced or disappear.

What can you claim for?

A definite diagnosis of multiple sclerosis by a Consultant Neurologist where there has been impairment of motor or sensory symptoms.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Any form of neuropathy, encephalopathy or myelopathy (disorders of function of the nerves); abnormal sensation (numbness) of extremities, trunk or face; weakness or clumsiness of a limb; double vision; partial blindness; ocular palsy; vertigo (dizziness); difficulty of bladder control; optic neuritis, spinal cord lesion and abnormal MRI scan.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Loss of independent existence, total permanent disability, and terminal illness.



Parkinson's disease – resulting in permanent symptoms

Definition

A definite diagnosis of Parkinson's disease by a Consultant Neurologist or Consultant Geriatrician. There must be permanent clinical impairment of motor function with associated tremor and muscle rigidity.

Note: For the above definition, the following is not covered:

- Parkinsonian syndromes/Parkinsonism

What is it?

A progressive degenerative disorder of the central nervous system affecting movements such as walking, talking and writing. It is characterised by tremor, rigidity and loss of muscular coordination.

What can you claim for?

A definite diagnosis of Parkinson's disease by a Consultant Neurologist together with evidence of permanent disability.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions,
- alcohol abuse.

(click here for details)

Related conditions that will affect a claim

Tremor, rigidity of limbs, slurred speech, dementia, extra pyramidal disease. Secondary parkinsonism.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions,
- drug abuse.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Loss of independent existence, total permanent disability, and terminal illness.



Stroke – resulting in clinical symptoms

Definition

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 with neurological deficit creating clinical symptoms lasting at least 24 hours

Note: For the above definition, the following are not covered:

- Transient ischaemic attack (TIA)
- Traumatic injury to brain tissues or blood vessels
- Death of tissue of the optic nerve or retina/eye stroke

What is it?

The sudden death of some brain tissue due to a lack of oxygen when the blood flow in the brain is impaired by blockage or rupture of an artery to the brain. Strokes vary in severity from short periods of weakness to life threatening problems.

What can you claim for?

Death of brain tissue due to a blood supply interruption in the brain together with confirmation of neurological problems.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Any disease or disorders of the heart, including arrhythmia, valve disorder, cardiac tumour and obstructive or occlusive arterial disease such as arteriosclerosis. Transient ischaemic attack (TIA), intracranial aneurysm or vascular disorder, such as dissection. Anticoagulation treatment, thrombophilia and diabetes mellitus. Any blood pressure or cholesterol readings above those set out in the following cardiovascular risk table.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Aorta graft surgery, balloon valvuloplasty, cardiac arrest, cardiomyopathy, coronary artery bypass grafts, heart attack, heart transplant, heart valve replacement or repair, loss of independent existence, open heart surgery, primary pulmonary hypertension, pulmonary artery surgery, stroke, total permanent disability, and terminal illness.

Cardiovascular Risk Table

If you have had:

- 2 or more recorded blood pressure readings, either diastolic or systolic, taken at least 7 days apart or;
- 2 or more recorded cholesterol readings taken at least 7 days apart;

that exceeded the levels shown in the table below, in the two years prior to joining the scheme, or the date of increase in benefit, these will be treated as related conditions.

Age bands (at date of reading)	Up to 50	51-60	61 and over
Blood Pressure	160/90	170/95	175/95
Total Cholesterol	5.5 mmol/l	6.5 mmol/l	7.5 mmol/l

Additional Illnesses covered

If the additional Illnesses cover is selected, all of the conditions below will be covered. The illnesses are only covered where specifically requested.

 **Aorta graft surgery**
for disease

 **Aplastic anaemia**
with permanent bone marrow failure

 **Bacterial meningitis**
resulting in permanent symptoms

 **Balloon valvuloplasty**

 **Benign brain or spinal cord tumour**
resulting in permanent symptoms or with
specified treatment

 **Blindness**
permanent and irreversible

 **Cardiomyopathy**
of specified severity

 **Coma**
with associated permanent symptoms

 **Deafness**
permanent and irreversible

 **Encephalitis**
resulting in permanent symptoms

 **Heart valve replacement**
or repair

 **HIV infection**
caught in the UK, the Channel Islands, the Isle
of Man or the EU from a blood transfusion,
physical assault or at work in an eligible
occupation

 **Liver failure**
irreversible

 **Loss of independent existence**
a disability which results in an insured person
being unable before the cease age to look after
themselves ever again

 **Loss of speech**
permanent and irreversible

 **Open heart surgery**
with surgery to divide the breastbone

 **Permanent physical severance
of a hand or foot or total and
irreversible paralysis of an arm
or a leg**

Additional Illnesses – continued

If the additional Illnesses cover is selected, all of the conditions below will be covered. The illnesses are only covered where specifically requested.

 **Primary pulmonary hypertension**
of specified severity

 **Progressive supranuclear palsy**
resulting in permanent symptoms

 **Pulmonary artery surgery**
with surgery to divide the breastbone

 **Respiratory failure**
resulting in breathlessness even when resting

 **Rheumatoid arthritis**
of specified severity

 **Systemic lupus erythematosus**
with severe complications

 **Terminal Illness**
Where death is expected within 12 months

 **Third degree burns**
covering 20% of the body surface area

 **Traumatic brain injury**
resulting in permanent symptoms

 Click here for information on
How to make a claim

 Click here to go to the list of
Core Illnesses covered

 Click here for information on
Total Permanent Disability

 Click here to refer to the
Terms and Expressions we use



Aorta graft surgery – for disease

Definition

Undergoing surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches.

Note: For the above definition, the following are not covered:

- Any other surgical procedure, for example the insertion of stents or endovascular repair.
- Surgery following traumatic injury to the aorta.

What is it?

The aorta is the main artery of the body, carrying blood from the left ventricle of the heart to all the main arteries.

It may become weakened by an aneurysm or by damage caused by narrowing due to fatty deposits.

A graft is a piece of synthetic tubing.

What can you claim for?

Surgery in the chest (thorax) or stomach region (abdomen) to replace a section of the aorta using a graft.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Marfan's syndrome, Ehlers-Danlos syndrome, bicuspid aortic valve, congenital malformation of the heart or aorta, coarctation of aorta, known previous aneurysms/dissection/ectasia of aorta, arteriosclerosis of aorta.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Aorta graft surgery, balloon valvuloplasty, cardiac arrest, cardiomyopathy, coronary artery bypass grafts, heart attack, heart transplant, heart valve replacement or repair, loss of independent existence, open heart surgery, primary pulmonary hypertension, pulmonary artery surgery, stroke, total permanent disability, and terminal illness.



Aplastic anaemia – with permanent bone marrow failure

Definition

Permanent bone marrow failure which results in all of anaemia, neutropenia and thrombocytopenia, requiring treatment with at least one of the following:

- Blood transfusion
- Marrow stimulating agents
- Immunosuppressive agents
- Bone marrow transplant

What is it?

A severe form of anaemia in which the body's bone marrow fails to produce new blood cells.

What can you claim for?

Permanent bone marrow failure resulting in anaemia, neutropenia, thrombocytopenia, and requiring specific treatment.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Any history of symptoms or abnormal blood tests that would be attributable to or known to aplastic anaemia.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Loss of independent existence, major organ transplant of bone marrow, total permanent disability, and terminal illness.



Bacterial meningitis – resulting in permanent symptoms

Definition

A definite diagnosis of bacterial meningitis by an appropriate consultant resulting in significant permanent neurological deficit with persisting clinical symptoms.

Note: For the above definition, the following is not covered:

- All other forms of meningitis including viral meningitis.

What is it?

Meningitis is an inflammation of the membrane that surrounds the brain and spinal cord, usually caused by an infection with a virus or a bacterium. Viral meningitis is usually mild however bacterial meningitis can cause brain damage and can be fatal.

What can you claim for?

Bacterial meningitis confirmed by an appropriate consultant, that has caused significant permanent damage to the nervous system.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Chronic ear disease, cerebral shunt related to hydrocephalus, immunodeficiency syndromes.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Encephalitis, loss of independent existence, total permanent disability, and terminal illness.



Balloon valvuloplasty

Definition

The actual insertion, on the advice of a Consultant Cardiologist, of a balloon catheter through the orifice of one of the valves of the heart, and the inflation of the balloon to relieve valvular abnormalities.

What is it?

Balloon valvuloplasty is a procedure in which a narrowed heart valve is stretched open using a procedure that does not require open heart surgery. It is performed to improve valve function and blood flow by enlarging the valve opening.

A thin tube (catheter) that has a small deflated balloon at the tip is inserted through the skin in the groin area into a blood vessel, and then is threaded up to the opening of the narrowed heart valve. The balloon is inflated, which stretches the valve open. This procedure cures many valve obstructions. It is also called balloon enlargement of a narrowed heart valve.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Rheumatic fever, carcinoid syndrome, bicuspid valve, mitral valve prolapse, myxomatous or calcified heart valve, cardiomyopathy, Ehlers-Danlos syndrome, Marfan's syndrome.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Aorta graft surgery, balloon valvuloplasty, cardiac arrest, cardiomyopathy, coronary artery bypass grafts, heart attack, heart transplant, heart valve replacement or repair, loss of independent existence, open heart surgery, primary pulmonary hypertension, pulmonary artery surgery, stroke, total permanent disability, and terminal illness.



Benign brain or spinal cord tumour – resulting in permanent symptoms or with specified treatment

Definition

A non-malignant tumour:

- or cyst originating from the brain, cranial nerves, or meninges within the skull, or
- in the spinal canal or spinal cord.

resulting in any of the following:

- permanent neurological deficit with persisting clinical symptoms,
- undergoing invasive surgery to remove all or part the tumour, or
- undergoing stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells.

Note: For the above definition, the following are not covered:

- tumours in the pituitary gland,
- tumours originating from bone tissue,
- angioma and cholesteatoma.

What is it?

An abnormal growth of cells within the brain, or the spinal canal or spinal cord, which is not malignant because they do not spread to other areas of the body.

Large benign brain tumours can interfere with brain function and require treatment such as surgery, chemotherapy or radiation therapy.

Tumours in the spinal cord can potentially be dangerous due to compression on the spinal nerves, resulting in a weakened spinal structure.

What can you claim for?

A definite diagnosis of:

- a brain tumour which has resulted in permanent damage to the nervous system or the undergoing of invasive surgery to remove the tumour, or
- a spinal tumour, which results in permanent neurological damage or requires surgery to remove the tumour.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

For both benign brain and spinal cord tumours:

Neurofibromatosis (Von Recklinghausen's disease).

For a benign brain tumour:

Pre-existing benign brain tumour, haemangioma (Von Hippel-Lindau disease), pituitary gland tumours, angioma/haemangioma/meningioma, any malformation of the arteries or veins of the brain.

For a benign spinal cord tumour:

Meningomyelocele and syringomyelia.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses:

For both benign brain and spinal cord tumours: Loss of independent existence, total permanent disability, and terminal illness.

For a benign spinal cord tumour: Permanent physical severance of a hand or foot, or total and irreversible paralysis of an arm or a leg.



Blindness – permanent and irreversible

Definition

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.

What is it?

The permanent loss of sight in both eyes.

What can you claim for?

Loss of sight that is permanent and irreversible in both eyes.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Stroke, transient ischaemic attack (TIA), head trauma, brain tumour, glaucoma, pituitary gland tumour, optic neuropathy, papilloedema, retrobulbar neuritis, sarcoidosis, malignant exophthalmus, diabetes mellitus, uveitis, retinal detachment, macular degeneration or registered blind.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Loss of independent existence, total permanent disability, and terminal illness.



Cardiomyopathy – of specified severity

Definition

A definite diagnosis by a Consultant Cardiologist of cardiomyopathy resulting in permanently impaired ventricular function such that the ejection fraction is 40% or less for at least six months when stabilised on therapy advised by the Consultant.

The diagnosis must also be evidenced by:

- electrocardiographic changes; and
- echocardiographic abnormalities.

The evidence must be consistent with the diagnosis of cardiomyopathy.

Note: For the above definition, the following are not covered:

- All other forms of heart disease and/or heart enlargement
- Myocarditis; and
- Cardiomyopathy related to alcohol or drug abuse.

What is it?

An abnormal heart condition, in which the heart muscle is either thickened, stretched thin, stiffened or replaced with fatty tissue, depending on the cause. The condition may lead to heart failure, irregular heart beat or risk of blood clotting. Where the symptoms are not well controlled, a heart transplant may be necessary.

What can you claim for?

A definite diagnosis of cardiomyopathy by a Consultant Cardiologist which must meet the degree of severity described.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Any disease or disorders of the heart. This will include congenital malformations, heart valve defects, any obstructive or occlusive arterial disease such as arteriosclerosis or Takotsubo Syndrome. Muscular dystrophy, acromegaly, amyloidosis, haemochromatosis, any previous chemotherapy or diabetes mellitus. Any blood pressure or cholesterol readings above those set out in the following cardiovascular risk table.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Aorta graft surgery, balloon valvuloplasty, cardiac arrest, cardiomyopathy, coronary artery bypass grafts, heart attack, heart transplant, heart valve replacement or repair, loss of independent existence, open heart surgery, primary pulmonary hypertension, pulmonary artery surgery, stroke, total permanent disability, and terminal illness.

Cardiovascular Risk Table

If you have had:

- 2 or more recorded blood pressure readings, either diastolic or systolic, taken at least 7 days apart or;
- 2 or more recorded cholesterol readings taken at least 7 days apart;

that exceeded the levels shown in the table below, in the two years prior to joining the scheme, or the date of increase in benefit, these will be treated as related conditions.

Age bands (at date of reading)	Up to 50	51-60	61 and over
Blood Pressure	160/90	170/95	175/95
Total Cholesterol	5.5 mmol/l	6.5 mmol/l	7.5 mmol/l



Coma – with associated permanent symptoms

Definition

A state of unconsciousness with no reaction to external stimuli or internal needs:

- which requires the use of life support systems for a continuous period of at least 96 hours; and
- with associated permanent neurological deficit with persisting clinical symptoms.

Note: For the above definition, the following are not covered:

- Medically induced coma.
- Coma secondary to alcohol or drug abuse.

What is it?

A state of deep and often prolonged unconsciousness where there is no response to external stimulation or control of bodily functions. It is usually the result of a brain tumour or other damage to the brain or due to a head injury.

What can you claim for?

Coma which lasts for at least 96 hours with life support needed throughout, resulting in permanent damage to the nervous system.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

([click here for details](#))

Related conditions that will affect a claim

Self inflicted injury or misuse of drugs or alcohol, diabetes mellitus, medically induced coma.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Loss of independent existence, total permanent disability, and terminal illness.



Deafness – permanent and irreversible

Definition

Permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.

What is it?

The permanent loss of hearing in both ears.

What can you claim for?

Permanent and irreversible loss of hearing in both ears as specified in the left hand column.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

([click here for details](#))

Related conditions that will affect a claim

Stroke, transient ischaemic attack (TIA), head trauma, brain tumour, chronic ear infection, acoustic nerve tumour, presbycusis, otosclerosis, congenital deafness.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Loss of independent existence, total permanent disability, and terminal illness.



Encephalitis – resulting in permanent symptoms

Definition

A definite diagnosis of Encephalitis by a Consultant Neurologist resulting in permanent neurological deficit with persisting clinical symptoms.

Note: For the above definition, the following is not covered:

- Encephalitis in the presence of HIV.

What is it?

Encephalitis is an inflammation of the brain. It usually results from an infection, most often by a virus, but sometimes by bacteria, a fungus, or parasites. In rare cases, it is caused by brain injury, a drug or vaccine reaction, or poison.

What can you claim for?

A definite diagnosis of encephalitis by a Consultant Neurologist resulting in permanent damage.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Bacterial meningitis, HIV Immuno deficiency syndromes, Lyme disease.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Bacterial meningitis, loss of independent existence, total permanent disability, and terminal illness.



Heart valve replacement or repair

Definition

The undergoing of surgery on the advice of a Consultant Cardiologist to replace or repair one or more heart valves.

What is it?

The heart valves control the flow of blood into and out of the chambers of the heart. Any damage to the valves will reduce the capacity of the heart to function.

What can you claim for?

Surgery to repair or replace one or more heart valves as advised by a Consultant Cardiologist.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Endocarditis, congenital malformation of the heart, cardiomyopathy, any obstructive or occlusive arterial disease, rheumatic fever, Marfan's syndrome, Ehlers–Danlos syndrome, carcinoid syndrome, bicuspid aortic valve, mitral valve prolapse, myxomatous or calcified heart valve.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Aorta graft surgery, balloon valvuloplasty, cardiac arrest, cardiomyopathy, coronary artery bypass grafts, heart attack, heart transplant, heart valve replacement or repair, loss of independent existence, open heart surgery, primary pulmonary hypertension, pulmonary artery surgery, stroke, total permanent disability, and terminal illness.



HIV infection – caught in the UK, the Channel Islands, the Isle of Man or the EU from a blood transfusion, physical assault or at work in an eligible occupation

Definition

Infection by Human Immunodeficiency Virus (HIV) resulting from:

- a blood transfusion given as part of medical treatment,
 - a physical assault; or an incident occurring in the course of performing normal duties of employment from the eligible occupations listed below:
 - a medical practitioner,
 - a person employed in a medical facility,
 - a prison officer,
 - a dentist; or
 - a member of the fire, police or ambulance emergency services,
- after the start of the insured person's cover under the Policy 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 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 the UK, the Channel Islands, the Isle of Man or the EU.

Note: For the above definition, the following is not covered:

- HIV infection resulting from any other means, including sexual activity or drug abuse

What is it?

HIV is a virus that attacks cells of the immune system, weakening a person's ability to fight everyday infections or the HIV virus itself.

What can you claim for?

HIV Infection acquired as a result of a blood transfusion, an assault or carrying out duties in certain eligible occupations. Certain criteria must also be met as described.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

([click here for details](#))

Related conditions that will affect a claim

No benefit will be payable in respect of a member who, at any time prior to the date of entry into the scheme, has been infected with any Human Immunodeficiency Virus (HIV) or has demonstrated any antibodies to such virus.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Loss of independent existence, total permanent disability, and terminal illness.



Liver failure – irreversible

Definition

A definite diagnosis of irreversible end stage liver failure due to cirrhosis by a Consultant Physician resulting in all of the following:

- Permanent jaundice;
- Ascites; and
- Encephalopathy.

Note: For the above definition, the following is not covered:

- Liver failure secondary to alcohol or drug abuse.

What is it?

Liver failure is the inability of the liver to perform its normal synthetic and metabolic function as part of normal physiology.

What can you claim for?

A definite diagnosis of irreversible end stage liver failure resulting from cirrhosis with symptoms as described.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Chronic liver disease and hepatitis, primary sclerosing cholangitis, cirrhosis of the liver, portal hypertension, hepatic steatosis, autoimmune hepatitis.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Loss of independent existence, major organ transplant of the liver, total permanent disability, and terminal illness.



Loss of independent existence – a disability which results in an insured person being unable before the cease age to look after themselves ever again

Definition

Loss of the physical ability through an illness or injury before the cease age to do at least 3 of the 6 tasks listed below ever again.

The relevant medical 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 medical specialists cannot give a clear prognosis are not covered.

What is it?

The inability to carry out basic everyday activities, even with the use of special equipment, without the help of other people.

What can you claim for?

Being unable to do at least three out of the six basic daily activities described and there being no prospect of there ever being any improvement.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions,
- alcohol abuse,
- drug abuse,
- self-inflicted injury.

[\(click here for details\)](#)

Related conditions that will affect a claim

Multiple sclerosis, muscular dystrophy, motor neurone disease, Parkinson's disease, progressive supranuclear palsy or any disease or disorder of the central nervous system including the spinal cord or column. Back, neck or joint pain, arthritis, diabetes mellitus.

Additional exclusions where we will not pay a subsequent claim

A subsequent claim cannot be made for loss of independent existence if a claim has already been paid for any other insured illness.



Loss of speech – permanent and irreversible

Definition

Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease.

What is it?

The loss of the ability to speak resulting from injury or an underlying disease.

What can you claim for?

The permanent and irreversible loss of speech as a result of injury or disease.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

 (click here for details)

Related conditions that will affect a claim

Stroke, transient ischaemic attack (TIA), brain injury, brain tumour, motor neurone disease, muscular dystrophy, throat tumour, laryngeal polyps, Alzheimer's disease, Parkinson's disease.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Loss of independent existence, total permanent disability, and terminal illness.



Open heart surgery – with surgery to divide the breastbone

Definition

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to correct a structural abnormality of the heart.

What is it?

Open heart surgery is used to bypass blocked arteries in the heart, repair or replace heart valves, fix atrial fibrillation, and transplant hearts.

Some of these surgical procedures are covered under separate insured illnesses including aorta graft surgery, heart valve replacement and repair, coronary artery bypass grafts and major organ transplant.

What can you claim for?

Surgery to correct a structural abnormality of the heart, on the advice of a Consultant Cardiologist that involves dividing the breastbone.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Endocarditis, congenital malformation of the heart, cardiomyopathy, any obstructive or occlusive arterial disease, rheumatic fever, Marfan's syndrome, Ehlers–Danlos syndrome, carcinoid syndrome, bicuspid aortic valve, mitral valve prolapse, myxomatous or calcified heart valve, tumours of the heart such as myxomas. Any blood pressure or cholesterol readings above those set out in the following cardiovascular risk table.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Aorta graft surgery, balloon valvuloplasty, cardiac arrest, cardiomyopathy, coronary artery bypass grafts, heart attack, heart transplant, heart valve replacement or repair, loss of independent existence, open heart surgery, primary pulmonary hypertension, pulmonary artery surgery, stroke, total permanent disability, and terminal illness.

Cardiovascular Risk Table

If you have had:

- 2 or more recorded blood pressure readings, either diastolic or systolic, taken at least 7 days apart or;
- 2 or more recorded cholesterol readings taken at least 7 days apart;

that exceeded the levels shown in the table below, in the two years prior to joining the scheme, or the date of increase in benefit, these will be treated as related conditions.

Age bands (at date of reading)	Up to 50	51-60	61 and over
Blood Pressure	160/90	170/95	175/95
Total Cholesterol	5.5 mmol/l	6.5 mmol/l	7.5 mmol/l



Permanent physical severance of a hand or foot, or total and irreversible paralysis of an arm or a leg

Definition

- Permanent physical severance of either a hand or foot at or above the wrist or ankle joint, or
- Total and irreversible loss of muscle function to the whole of an arm or a leg.

What is it?

- The loss of a hand or foot. A hand must be severed at the wrist or higher and a foot must be severed at the ankle or higher, or
- The total loss of movement caused by damage to the nervous system caused by injury or disease.

What can you claim for?

- The permanent loss of a hand or foot, completely severed at or above the wrist or ankle.
- The total and irreversible loss of movement in any arm or leg.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

For severance of a hand or foot

Peripheral vascular disease, bone cancer, soft tissue cancer, diabetes mellitus.

For paralysis of an arm or leg

Diseases of the central nervous system including multiple sclerosis, motor neurone disease, Parkinson's disease, stroke, transient ischaemic attack (TIA), brain tumour and Alzheimer's disease, tumours, infections, lesions and malformations of the spinal cord, muscular dystrophy.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses:

For permanent physical severance of a hand or foot: Loss of independent existence, total permanent disability, and terminal illness.

For paralysis of an arm or a leg: A subsequent claim cannot be made for paralysis of an arm or a leg if a claim has already been paid for any other insured illness.



Primary pulmonary hypertension – of specified severity

Definition

A definite diagnosis of primary pulmonary hypertension. There must be substantial right ventricular enlargement established by investigations including cardiac catheterisation, resulting in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association (NYHA) classifications of functional capacity*.

*NYHA Class 3: Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.

What is it?

A slowly progressive and rare lung disorder in which the blood pressure in the pulmonary artery carrying blood to the lungs is abnormally high for no apparent reason. The high blood pressure puts a strain on the heart and lungs and heart function reduces.

There are four stages in the New York Heart Association classification where 1 is the least severe and 4 is the most severe where the person is normally bed-bound.

What can you claim for?

A definite diagnosis of primary pulmonary hypertension by a Consultant Cardiologist, which must meet the functional severity described.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

(click here for details)

Related conditions that will affect a claim

There are no related conditions applicable.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Aorta graft surgery, balloon valvuloplasty, cardiac arrest, cardiomyopathy, coronary artery bypass grafts, heart attack, heart transplant, heart valve replacement or repair, loss of independent existence, open heart surgery, primary pulmonary hypertension, pulmonary artery surgery, stroke, total permanent disability, and terminal illness.



Progressive supranuclear palsy – resulting in permanent symptoms

Definition

A definite diagnosis, by a Consultant Neurologist, of progressive supranuclear palsy. There must be permanent clinical impairment of eye movement and motor function with associated tremor, rigidity of movement and postural instability.

What is it?

Progressive supranuclear palsy is a brain disorder that causes serious and progressive problems with control of gait and balance, along with complex eye movement and thinking problems.

The disease begins slowly and continues to get worse (progressive), and causes weakness (palsy) by damaging certain parts of the brain above pea-sized structures called nuclei that control eye movements (supranuclear).

What can you claim for?

A definite diagnosis of progressive supranuclear palsy by a Consultant Neurologist, resulting in permanent symptoms as described.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Motor neurone disease.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Loss of independent existence, total permanent disability, and terminal illness.



Pulmonary artery surgery – with surgery to divide the breastbone

Definition

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) 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.

What is it?

Surgery to correct a diseased pulmonary artery with a graft by opening the chest. The pulmonary artery conveys deoxygenated blood from the heart to the lungs for oxygenation.

What can you claim for?

Open heart surgery to replace the diseased pulmonary artery with a graft following advice of a Consultant Cardiothoracic Surgeon.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Pulmonary valve disorder, Fallot's tetralogy, patent ductus arteriosus, congenital malformation of the heart and its vessels.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Aorta graft surgery, balloon valvuloplasty, cardiac arrest, cardiomyopathy, coronary artery bypass grafts, heart attack, heart transplant, heart valve replacement or repair, loss of independent existence, open heart surgery, primary pulmonary hypertension, pulmonary artery surgery, stroke, total permanent disability, and terminal illness.



Respiratory failure – resulting in breathlessness even when resting

Definition

Advanced stage chronic lung disease resulting in:

- Breathlessness at rest; and
- The need for continuous daily oxygen treatment ($\text{PaO}_2 < 7.3\text{kPa}$ when clinically stable as prescribed under British Thoracic Society and NICE guidelines) for at least 12 months.

What is it?

Lung disease damages the lungs so that the body cannot absorb enough oxygen, leading to breathlessness, lack of mobility and ultimately lung and heart failure.

What can you claim for?

Respiratory failure resulting from chronic lung disease and evidenced by breathlessness when not moving. You will need to have had continuous daily oxygen treatment as specified for a period of at least 12 months.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Chronic obstructive or restrictive pulmonary disease, emphysema. Any disease or disorder of the respiratory system including lung, bronchi and trachea, Tuberculosis or chronic inflammatory diseases, Autoimmune disorders affecting the lung, such as sarcoidosis.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Loss of independent existence, major organ transplant of a lung, total permanent disability, and terminal illness.



Rheumatoid arthritis – of specified severity

Definition

A definite diagnosis of chronic rheumatoid arthritis by a Consultant Rheumatologist resulting in all of the following:

- there must be morning stiffness in the affected joints of at least one-hour duration,
- there must be arthritis of at least three joint groups with joint destruction and either soft tissue swelling or fluid observed by a physician,
- the arthritis must involve two or more of the following sites:
 - wrists or ankles
 - hands and fingers
 - feet and toes
- the arthritis must affect both sides of the body,
- presence of rheumatoid factor or anti CCP (anticyclic citrullinated protein) antibodies, unless all other criteria are met,
- there must be subcutaneous nodules (nodular swelling beneath the skin),
- there must be radiographic changes typical of active rheumatoid arthritis plus evidence of clinical deformity.

The symptoms must have been present for at least six months before a claim can be submitted and in the opinion of our Medical Officer(s) all appropriate treatments such as disease modifying agents have been prescribed for at least six months.

What is it?

An auto-immune disease that causes inflammation of the joints as the joint tissue is attacked by the immune system. Joint damage can result in stiffness, deformities and lack of mobility.

What can you claim for?

A definite diagnosis of rheumatoid arthritis by a Consultant Rheumatologist that meets all of the features described.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Inflammatory polyarthropathy, psoriatic arthropathy.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Loss of independent existence, total permanent disability, and terminal illness.



Systemic lupus erythematosus – with severe complications

Definition

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
- the permanent impairment of kidney function tests as follows:
 - Glomerular Filtration Rate (GFR) below 30 ml/min.

What is it?

Systemic lupus erythematosus, sometimes called ‘lupus’, involves chronic inflammation of body tissues caused by autoimmune disease. Autoimmune diseases are illnesses that occur when the body’s tissues are attacked by its own immune system.

It causes a variety of symptoms, which may include painful, swollen joints, unexplained fever and extreme fatigue. The symptoms may flare up from time to time but rarely disappear completely.

What can you claim for?

A definite diagnosis of systemic lupus erythematosus by a Consultant Rheumatologist resulting in permanent neurological damage or permanent impairment of the kidneys in line with the definition.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

Hughes syndrome, rheumatoid arthritis, and Sjogren’s syndrome.

Additional exclusions where we will not pay a subsequent claim

A subsequent claim cannot be made for systemic lupus erythematosus if a claim has already been paid for any other insured illness.



Terminal illness – where death is expected within 12 months

Definition

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.

What is it?

A disease that cannot be cured or adequately treated and that is reasonably expected to result in the death of the sufferer within a relatively short period of time (in the case of the Canada Life Group Critical Illness arrangement the period is defined as within 12 months). The term is commonly used for progressive diseases such as cancer and advanced heart disease.

What can you claim for?

Any terminal illness where:

- All appropriate treatment options available that may cure the illness must have been exhausted, and
- your Consultant and our Medical Officer both agree that death is likely to occur within 12 months.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

(click here for details)

Related conditions that will affect a claim

All covered Critical Illnesses.

Additional exclusions where we will not pay a subsequent claim

A subsequent claim cannot be made for terminal illness if a claim has already been paid for any other insured illness.



Third degree burns – covering 20% of the body surface area

Definition

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.

What is it?

- First-degree burns affect only the outer layer of the skin.
- Second-degree burns affect both the outer and underlying layer of skin.
- Third-degree burns extend into deeper tissues and involve the full thickness of the skin.

What can you claim for?

Burns that damage or destroy the full thickness of the skin and affect at least 20% of the body surface.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

(click here for details)

Related conditions that will affect a claim

There are no related conditions applicable.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Loss of independent existence, total permanent disability, and terminal illness.



Traumatic brain injury – resulting in permanent symptoms

Definition

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

What is it?

A physical assault or injury to the head that leaves the person with brain damage that is expressed in permanent neurological or physical disability.

What can you claim for?

A head injury from sudden trauma that has caused death of brain tissue resulting in permanent neurological or physical disability.

Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions.

[\(click here for details\)](#)

Related conditions that will affect a claim

There are no related conditions applicable.

Additional exclusions where we will not pay a subsequent claim

We will not pay a subsequent claim where there has been an earlier claim in respect any of the following insured illnesses: Loss of independent existence, total permanent disability, and terminal illness.



Core
Illnesses



Additional
Illnesses

Total Permanent Disability

Total permanent disability is not a ‘Core’ or ‘Additional’ illness but is a separate condition that must have been specifically selected by your employer in order to be a policy feature. Please check with them if you are not sure whether this cover is provided. The type of TPD cover offered will be on 1 of 3 bases.

Benefit will only be payable under the policy as a result of Total Permanent Disability upon survival for more than six months from the date of total permanent disability having suffered total permanent disability throughout this period.

1

Total permanent disability – a disability which results in a member being unable to do their own occupation ever again

(Own occupation basis)

Loss of the physical or mental ability through an illness or injury before the cease age to the extent that the member is unable to do the material and substantial duties of their own occupation ever again. The material and substantial duties are those that are normally required for, and/or form a significant and integral part of, the performance of the person's own occupation that cannot reasonably be omitted or modified.

Own occupation means the member's trade, profession or type of work done for profit or pay. It is not a specific job with any particular employer and is irrespective of location and availability.

The relevant medical specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the member expects to retire.

For the above definition, disabilities for which the relevant medical specialists cannot give a clear prognosis are not covered.

2

Total permanent disability – a disability which results in a member being unable to do a suited occupation ever again

(Suited occupation basis)

Loss of the physical or mental ability through an illness or injury before the cease age to the extent that the member is unable to do the material and substantial duties of a suited occupation ever again. The material and substantial duties are those that are normally required for, and/or form a significant and integral part of, the performance of a suited occupation that cannot reasonably be omitted or modified.

A suited occupation means any work the member could do for profit or pay taking into account their employment history, knowledge, transferable skills, training, education and experience, and is irrespective of location and availability.

The relevant medical specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the member expects to retire.

For the above definition, disabilities for which the relevant medical specialists cannot give a clear prognosis are not covered.



Total permanent disability is not a ‘Core’ or ‘Additional’ illness but is a separate condition that must have been specifically selected by your employer in order to be a policy feature. Please check with them if you are not sure whether this cover is provided.

3

Total permanent disability –
a disability which results in an insured person being unable before the cease age to look after themselves ever again

Loss of the physical ability through an illness or injury before the cease age to do at least 3 of the 6 tasks listed ever again.

The relevant medical 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.

For the above definition, disabilities for which the relevant medical specialists cannot give a clear prognosis are not covered.

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.



Exclusions applicable to all claims for this illness

The following exclusions apply to any claim:

- pre-existing conditions exclusion,
- related condition exclusions,
- alcohol abuse
- drug abuse
- self-inflicted injury.

(click here for details)

Excluded related conditions for all types of total permanent disability cover

The related conditions which would be considered in relation to pre-existing conditions exclusions are multiple sclerosis, muscular dystrophy, motor neurone disease, Parkinson's disease, progressive supranuclear palsy or any disease or disorder of the central nervous system including the spinal cord or column. Also back, neck or joint pain, arthritis and diabetes mellitus.

Additional exclusions where we will not pay a subsequent claim

A subsequent claim cannot be made for total permanent disability if a claim has already been paid for any other insured illness.



Core
Illnesses



Additional
Illnesses

Terms and Expressions we use

Some terms used in this guides have specific meanings. These are listed below in alphabetical order, together with their meanings. The definitions meet the minimum standards for Critical illness cover as defined by the Association of British Insurers.

Title	Meaning	Illness where it occurs
6/60	6/60 means the person whose eyesight is being assessed can see an object up to six feet away that a person with perfect eyesight could see if it were 60 feet away.	<ul style="list-style-type: none">• Blindness
Acute	Intense and/or sudden in onset.	<ul style="list-style-type: none">• Cancer• Heart Attack
Alcohol or drug abuse	Inappropriate use of alcohol or drugs, including but not limited to the following: <ul style="list-style-type: none">• Consuming too much alcohol.• Taking an overdose of drugs, whether lawfully prescribed or otherwise.• Taking Controlled Drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription.	<ul style="list-style-type: none">• Please refer to 'Other exclusions' on page 5• Dementia including Alzheimer's disease• Cardiomyopathy• Coma• Liver Failure
Angina	The often severe chest pain or discomfort that is a symptom of coronary artery disease.	<ul style="list-style-type: none">• Heart Attack
Angioma	A benign tumour of blood vessels	<ul style="list-style-type: none">• Benign brain tumour or benign spinal cord tumour
Aorta	The main artery of the body, arising from the heart and supplying oxygenated blood to the body.	<ul style="list-style-type: none">• Aorta graft surgery• Open heart surgery
Benign	Not malignant.	<ul style="list-style-type: none">• Benign brain tumour or benign spinal cord tumour• Cancer

Terms and Expressions we use – continued



Core
Illnesses



Additional
Illnesses

Title	Meaning	Illness where it occurs
Binet stage	A system of grading chronic lymphocytic leukaemia (CLL). Binet Staging classifies CLL into three stages (“A” to “C”) according to the number of areas where lymphoid tissues are involved (the four possible areas being the spleen and the lymph nodes of the neck, groin, and underarms), as well as the presence of anaemia (low red blood cell count) or thrombocytopenia (low number of blood platelets).	<ul style="list-style-type: none"> • Cancer
Borderline malignancy	Potentially malignant cells that have not invaded the adjacent tissue.	<ul style="list-style-type: none"> • Cancer
Branches (of the aorta)	Any smaller arteries that branch off from the main aorta.	<ul style="list-style-type: none"> • Aorta graft surgery
Cancer in-situ	The presence of malignant/cancerous cells at a stage of development such that they have not spread into surrounding healthy tissue. In medical terminology, this means that the cancer cells are confined to the epithelium (the tissue that lines the internal and external surfaces of the body) of origin and have not yet invaded the adjacent tissue. For malignant melanomas of the skin, this means that cancer cells are confined to the epidermis (the outermost layer of skin) and may be categorised as Clark's level 1.	<ul style="list-style-type: none"> • Cancer
Cardiac enzymes or troponins	Chemicals found in the blood that when elevated above normal levels may indicate damage to the heart muscle	<ul style="list-style-type: none"> • Heart Attack
Chronic	Of long duration	<ul style="list-style-type: none"> • Bacterial meningitis • Cancer • Deafness • Kidney Failure • Liver Failure • Major organ transplant • Motor neurone disease • Respiratory Failure • Rheumatoid arthritis • Systemic lupus erythematosus
Chronic lymphocytic leukaemia	Chronic lymphocytic leukaemia (CLL) is the most common type of leukaemia in North America and Europe. It rarely affects people under the age of 50.	<ul style="list-style-type: none"> • Cancer



Title	Meaning	Illness where it occurs
Clinical impairment	The clinical symptoms associated with the condition that can be detected through examination.	<ul style="list-style-type: none"> • Motor neurone disease • Multiple sclerosis • Parkinson's disease • Progressive supranuclear palsy
Clinical TNM classification	An internationally recognised standardised method of staging cancers. Broadly, the three parts of the system relate to: T Tumour – a scale of 0 to 4 is used to record details about the primary tumour. T0 means there is no evidence of a primary tumour, T1 to T4 shows the size and extent of spread of the primary tumour. 'Tis' may be used for cancer in situ. N Nodes – a scale of 0 to 3 is used to record the extent of spread to the regional lymph nodes. N0 means the lymph nodes are not involved, N1 – N3 shows the extent of the involvement M Metastases – either M0 or M1, the latter indicating metastases (more distant spread of the cancer)	<ul style="list-style-type: none"> • Cancer
Cognitive dysfunction	Refers to deficits in attention and to focus on the task at hand, verbal, and non-verbal communication, short-term and working memory, visual and auditory processing of information, problem solving, processing speed of the brain response, and motor functioning.	<ul style="list-style-type: none"> • Dementia including Alzheimer's disease
Coronary artery	An artery that supplies blood to the heart.	<ul style="list-style-type: none"> • Cardiac Arrest • Coronary artery bypass grafts • Heart Attack • Major organ transplant • Open heart surgery
Cranial nerves	Nerves that come from the base of the brain.	<ul style="list-style-type: none"> • Benign brain tumour or benign spinal cord tumour
Cyst	A cavity or sac enclosed by a membrane, often containing liquid or semi-solid material.	<ul style="list-style-type: none"> • Benign brain tumour or benign spinal cord tumour
Decibels	A measure of the level of sound	<ul style="list-style-type: none"> • Deafness



Title	Meaning	Illness where it occurs
Dementia	A symptom of degenerative brain disease or disorder characterised by impairment of intellectual faculties, such as memory, concentration and judgement.	<ul style="list-style-type: none"> • Creutzfeldt-Jakob disease • Dementia including Alzheimer's disease • Parkinson's disease
Dialysis	The artificial means of removing toxic substances (impurities and wastes) from the blood when the kidneys are unable to do so.	<ul style="list-style-type: none"> • Kidney Failure
Electrocardiographic (ECG)	A tracing on graph paper representing the electrical events associated with the beating of the heart. Changes to the shape of the heartbeat trace can help diagnose a number of heart abnormalities, including acute myocardial infarction.	<ul style="list-style-type: none"> • Heart Attack • Cardiomyopathy
Endovascular repair	A minimally invasive method of approaching and repairing the diseased portion of the aorta through the body's arteries.	<ul style="list-style-type: none"> • Aorta graft surgery
End stage	The final phase of a disease process.	<ul style="list-style-type: none"> • Kidney Failure • Liver Failure
Epidermis	The outer layer of skin.	<ul style="list-style-type: none"> • Cancer
External stimuli	Outside sensory events that would normally produce a response e.g. sight, hearing, touch, taste or smell.	<ul style="list-style-type: none"> • Coma
Gleason score	<p>A system of grading prostate cancer. The Gleason grading system assigns a grade to each of the two largest areas of cancer in the tissue samples. Grades range from 1 to 5, with 1 being the least aggressive and 5 the most aggressive. The two grades are then added together to produce a Gleason score.</p> <p>A score from 2 to 6 is considered low grade; 7, intermediate grade; and 8 to 10, high grade. For more information please visit www.prostate-cancer.org.uk</p>	<ul style="list-style-type: none"> • Cancer
Graft	Any organ or tissue implanted to repair or replace a diseased or damaged organ or body tissue.	<ul style="list-style-type: none"> • Aorta graft surgery • Coronary artery bypass grafts • Open heart surgery • Pulmonary artery surgery
Haemorrhage	Bleeding from a ruptured blood vessel.	<ul style="list-style-type: none"> • Stroke



Title	Meaning	Illness where it occurs
Histological confirmation	In relation to cancer, means confirmation of the diagnosis based on examination of sections of tissue under a microscope. It does not include diagnosis based on finding tumour cells and/or tumour-associated molecules in blood, saliva or any other bodily fluid in the absence of further clinically verifiable evidence.	<ul style="list-style-type: none"> • Cancer
Internal needs	Needs of the body to survive i.e. food, drink, using the toilet etc.	<ul style="list-style-type: none"> • Coma
Invasion	In relation to cancer means the occurrence of malignant/cancerous cells that have spread beyond the layer of tissue in which it developed and is growing into surrounding, healthy tissues made up of different cells (that is, more extensive than cancer in-situ).	<ul style="list-style-type: none"> • Cancer
Invasive malignant melanoma	A malignant melanoma which has progressed beyond the point of being confined to the epidermis (the outermost layer of skin). This will be categorised as Clark's level 2 or above.	<ul style="list-style-type: none"> • Cancer
Irreversible	Cannot be cured by medical treatment and/or surgical procedures used by the National Health Service in the UK at the time of the claim.	<ul style="list-style-type: none"> • Blindness • Kidney Failure • Deafness • Liver Failure • Loss of independent existence • Loss of Speech • Permanent physical severance of a hand or foot, or total and irreversible paralysis of an arm or a leg
Leukaemia	A disease of the blood forming tissues characterised by increased numbers of immature or abnormal blood cells that leads to an increased tendency to infection, anaemia and haemorrhage.	<ul style="list-style-type: none"> • Cancer • Major organ transplant
Life support systems	Equipment used to assist breathing, feeding, drinking etc.	<ul style="list-style-type: none"> • Coma
Low malignant potential	Potentially malignant cells that have not invaded the adjacent tissue.	<ul style="list-style-type: none"> • Cancer
Lymphoma	Cancer of the lymphatic (glandular) system, including Hodgkin and Non-Hodgkin lymphoma.	<ul style="list-style-type: none"> • Cancer
Malignant tumour	A tumour that invades the tissue in which it originates and can spread to other parts of the body.	<ul style="list-style-type: none"> • Cancer • Benign brain tumour or benign spinal cord tumour



Title	Meaning	Illness where it occurs
Median sternotomy	Surgery to divide the breastbone.	<ul style="list-style-type: none"> Open heart surgery Pulmonary artery surgery
Meninges	Membranes that cover and protect the brain and spinal cord.	<ul style="list-style-type: none"> Benign brain tumour or benign spinal cord tumour
Motor	Relating to movement.	<ul style="list-style-type: none"> Motor neurone disease Multiple sclerosis Parkinson's Disease Progressive supranuclear palsy
Myocardial infarction	Death of a portion of the myocardium (heart muscle) due to an abrupt obstruction of oxygenated blood flow.	<ul style="list-style-type: none"> Heart Attack
Occupation	A trade, profession or type of work undertaken for profit or pay. It is not a specific job with any particular employer and is independent of location and availability.	<ul style="list-style-type: none"> HIV Total Permanent Disability (Own or Suited)
Neurological deficit creating clinical symptoms	<p>Dysfunction in the nervous system that is present on clinical examination.</p> <p>Dysfunction of the nervous system includes: numbness, hyperesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium, and coma.</p> <p>The following are not covered:</p> <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Stroke
Non-invasive	In relation to cancer is the occurrence of malignant/cancerous cells that have not spread beyond the layer of tissue in which they developed.	<ul style="list-style-type: none"> Cancer
Paralysis	The loss of power of movement of a part of the body.	<ul style="list-style-type: none"> Permanent physical severance of a hand or foot, or total and irreversible paralysis of an arm or a leg
Parkinsonian syndromes	Conditions that are not primary Parkinson's disease but which exhibit the same symptoms.	<ul style="list-style-type: none"> Parkinson's disease



Title	Meaning	Illness where it occurs
Permanent	Expected to last throughout the insured person's life, irrespective of when the cover ends or the insured person retires.	<ul style="list-style-type: none"> • Aplastic anaemia • Bacterial meningitis • Benign brain tumour or benign spinal cord tumour • Blindness • Cardiomyopathy • Creutzfeldt-Jakob disease • Coma • Deafness • Dementia including Alzheimer's disease • Encephalitis • Liver Failure • Loss of independent existence • Loss of speech • Motor neurone disease • Parkinson's disease • Primary pulmonary hypertension • Progressive supranuclear palsy • Systemic lupus erythematosus • Traumatic Brain Injury • Total Permanent Disability



Title	Meaning	Illness where it occurs
Permanent neurological deficit with persisting clinical symptoms	<p>Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured person's life.</p> <p>Symptoms that are covered include numbness, hyperesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.</p> <p>The following are not covered:</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Bacterial meningitis • Benign brain tumour or benign spinal cord tumour • Coma • Encephalitis • Stroke • Systemic lupus erythematosus • Traumatic brain injury
Pituitary gland	A small pea-sized organ connected by a stalk to the middle of the underside of the brain behind the nasal cavity.	<ul style="list-style-type: none"> • Benign brain tumour or benign spinal cord tumour • Blindness
Pre-malignant	Cells which may develop into a malignant tumour but have not yet done so.	<ul style="list-style-type: none"> • Cancer
Pure tone audiogram	A device for measuring the extent of a person's hearing ability.	<ul style="list-style-type: none"> • Deafness
Sarcoma	Cancer of "connective tissue" such as bone, muscle, nerves, fatty tissue or cartilage.	<ul style="list-style-type: none"> • Cancer
Sensory	Relating to the senses (sight, hearing, touch, taste or smell).	<ul style="list-style-type: none"> • Multiple sclerosis
Snellen eye chart	A chart showing letters in rows of decreasing size that opticians use to measure visual ability.	<ul style="list-style-type: none"> • Blindness
Stent	A tubular structure placed within a blood vessel or organ, used to provide support during or after surgical procedures.	<ul style="list-style-type: none"> • Aorta graft surgery • Cardiomyopathy



Title	Meaning	Illness where it occurs
Thoracic and abdominal aorta	The parts of the aorta that lie within the thorax (chest) and abdomen (stomach).	<ul style="list-style-type: none"> Aorta graft surgery
Transient ischaemic attack	Temporary disruption of the blood circulation to part of the brain. The symptoms may initially be similar to those of a stroke but patients recover within 24 hours.	<ul style="list-style-type: none"> Blindness Deafness Permanent physical severance of a hand or foot, or total and irreversible paralysis of an arm or a leg Stroke
Tremor	Involuntary, rhythmic movement of part of the body, most commonly the hands and arms, often the head and voice, and rarely the legs.	<ul style="list-style-type: none"> Parkinson's disease Progressive supranuclear palsy
Unconsciousness	The lack of normal sensory awareness caused by temporary or permanent damage to brain function.	<ul style="list-style-type: none"> Coma Cardiac Arrest
Visual aids	Anything which helps improve vision, for example contact lenses or a pair of glasses.	<ul style="list-style-type: none"> Blindness

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