Friends Provident International

International Protector Middle East

Guide to Critical Illness Cover

Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates*

*Applications from UAE residents can only be submitted via financial advisers regulated in the Dubai International Financial Centre (DIFC)

Giving you peace of mind

Our comprehensive Critical Illness Cover provides adults protection against 35 different types of critical illnesses including cancer, heart attacks and permanent disabilities.

It also provides protection against 26 different types of illnesses and disabilities under the Children's Critical Illness and Disability Benefit.

As a result, you can be confident that if you or your child becomes critically ill, you will be well taken care of.

This guide gives you a clear breakdown of all the illnesses covered by International Protector Middle East. We define each term so that you know exactly when you are able to make a claim.

Understanding Critical Illness Cover

To assist you in understanding our critical illness cover, the actual wording given in the **policy conditions** is shown below each critical illness with a plain English overview placed beneath it in dark blue. Where appropriate, a glossary is included underneath the actual wording to explain some of the words or terms used.

Important

The contents of this guide and the explanations given are for guidance only. They do not affect the **policy conditions**, copies of which you can request from the address below:

Friends Provident International Limited
Royal Court
Castletown
Isle of Man
British Isles
IM9 1RA

In the event of a claim, only the definitions of your **policy** will apply in determining the validity of a claim.

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In the above list:

- red text denotes critical illnesses and disabilities covered for both adults and children.
- grey text denotes critical illnesses and disabilities covered for adults only.

Through out this guide, the following applies:

critical illnesses and disabilities covered for both adults and children.

critical illnesses and disabilities covered for adults only.

Exclusions

All covers and benefits

There will be no liability under the **policy** and the **policy** will not pay out if a claim is directly or indirectly attributable to:

- **life assured's** active participation in war (whether declared or not), civil war, insurrection, riot, terrorist act, mutiny, piracy, civil commotion or other acts of violence originating from any political or civil unrest
- any breach of criminal law by the **policyholder** or a **life assured**
- a **life assured's** suicide or attempted suicide, whether sane or insane, within two years of the **date risk assumed** or subsequent reinstatement of the **policy**
- an act of terrorism involving biological, chemical or nuclear explosion, pollution, contamination and/or fire following thereon.

Exclusions for critical illness and disability benefit (for adults)

The following exclusions apply to **critical illness** and **disability benefit**:

- war (this means any form of war whether declared or not)
- intentional self-inflicted injury
- alcohol, drug or chemical abuse (applicable to claims in respect of coma, impairment of daily activities through permanent disability before age 65, liver failure, Parkinson's disease before age 65 and severe mental illness).

  This means inappropriate use of alcohol, drugs or other chemicals, including but not limited to the following:
  - consuming too much alcohol
  - taking an overdose of drugs, whether lawfully prescribed or otherwise
  - taking controlled drugs otherwise than in accordance with a lawful prescription
  - solvent abuse
- mental or functional nervous disorders or any non-specific chronic viral infection or any chronic fatigue syndrome (applicable to impairment of daily activities through permanent disability before age 65)
- HIV – the **life assured** carrying a human immunodeficiency type virus or antibodies to such a virus (applicable to Impairment of daily activities through permanent disability before age 65).

Exclusions for children's critical illness and disability benefit

In addition to the exclusions above, you will have no right to benefit, if a Children's Critical Illness and Disability Benefit claim is directly or indirectly due to any of the following:

- any congenital abnormalities or birth defects
- a **pre-existing condition** present prior to the **child's** first birthday, prior to the date of legal adoption for legally adopted children, or prior to the date of marriage for stepchildren
- the **child** is diagnosed in, residing in or is being medically treated in a country or territory which has been specifically excluded under the terms of the **policy**
- deliberate injury to the **child** by a **life assured**, policyholder or third party
- a **child's** active participation in war (whether declared or not), civil war, insurrection, riot, terrorist act, mutiny, piracy, civil commotion or other acts of violence originating from any political or civil unrest
- any breach of criminal law by the **child**
- a **child's** attempted suicide, whether sane or insane, within two years of the risk date or subsequent restart of the policy.

Plan limitations for adults

A waiting period of 90 days applies. This means that no claim will be paid if any **critical illness** is first diagnosed within 90 days of the **date risk assumed** or subsequent reinstatement of the **policy**.

If you choose 'Critical Illness Cover' there is a survival period of 28 days. This means that only the death benefit shown in the **policy schedule** will be paid if death occurs within the 28 days after a first diagnosis of a **critical illness** or **disability**.

Please read the International Protector Middle East Product guide for more information about Critical Illness Cover and Life or Earlier Critical Illness Cover.

Plan limitations for children

The amount of the Children's Critical Illness and Disability Benefit is equivalent to:

- 10% of the **sum assured**, to a maximum of USD 15,000, GBP 8,500 or EUR 12,000 per **child** per parent or legal guardian.

We will consider paying the Children's Critical Illness and Disability Benefit if the **child** of a **life assured** is first diagnosed with or is suffering from a critical illness:

- at least 90 days after the **risk date** or subsequent restart of the **policy**, and;
- after the **child's** first birthday, and before the **child's** 18th birthday, and;
- on or before the **expiry date,** and;
- before the **life assured's** 70th birthday

as long as:

- none of the children's critical illness benefit exclusions apply
- no claim has already been made for the same **child** by the same **life assured** under this or any other qualifying policy held by either of the **lives assured**
- the **child** survives for at least 28 days after the diagnosis
- fewer than three claims have been made under this benefit.

Children's Critical Illness and Disability Benefit is payable once per **child** per parent or legal guardian (to a maximum of two parents or legal guardians) regardless of the number of qualifying policies held.

If two parents or legal guardians are the named lives assured on the policy, or if two parents or legal guardians are lives assured on separate policies that include Children's Critical Illness and Disability Benefit, then two parents or legal guardians may receive a payment as detailed, for the same **child**.

On payment of a Children's Critical Illness and Disability Benefit claim, your **policy** will continue and the **sum assured** will remain unchanged.

Throughout this guide, the following definitions will apply

- **Permanent** shall mean expected to last throughout the **life assured's** life, irrespective of when the cover ends or the **life assured** retires.
- **Irreversible** shall mean the condition cannot be reasonably improved upon by medical treatment and/or surgical procedures used by reputable, State approved medical institutions at the time of the claim.
- **Specified country** shall mean any of the following countries:

  Andorra, Australia, Austria, Bahrain, Belgium, Canada, Channel Islands, Cyprus, Denmark, Finland, France, Germany, Gibraltar, Greece, Isle of Man, Italy, Kuwait, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Norway, Oman, Portugal, Qatar, Republic of Ireland, Saudi Arabia, San Marino, Spain, Sweden, Switzerland, UAE, United Kingdom, USA.
- **Permanent neurological deficit with persisting clinical symptoms shall mean:** Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the **life assured's** life. Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

  Within this definition the following symptoms are not covered:
  - an abnormality seen on brain or other scans without definite related clinical symptoms;
  - neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms;
  - symptoms of psychological or psychiatric origin.
- A **child** or children shall mean any natural child or legally adopted child (from the date of adoption) or stepchild, of any **life assured** named on the policy schedule.

  A **child** will only be covered if:
  - the **life assured** is either the parent or legal guardian of the **child**; or
  - the **life assured** is the spouse, partner or civil partner of the parent or legal guardian of the **child**.

  and:
  - the **child** is resident in the same territory or country as the **life assured**; and
  - the **child** is living at the same residential address as the **life assured.**
- A **pre-existing condition** is any medical condition, disorder or handicap from which a **child** is already suffering before the latest of:
  - 90 days after the **risk date** or subsequent restart of the **policy**; or
  - the date of adoption for legally adopted children; or
  - the date of marriage for stepchildren.
- Children's **Critical illness** or **disability** means one of the 26 conditions set out in red on pages 4 and 5 of this guide. We will not treat any other medical condition as a Children's **critical illness**.

1. **Alzheimer's disease or dementia before age 65** – with permanent symptoms

The definite diagnosis of Alzheimer's disease or dementia before the **life assured's** 65th birthday by a Consultant Neurologist, Psychiatrist or Geriatrician. There must be permanent clinical impairment of the ability to do all of the following:

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

Glossary

Dementia – a progressive and degenerative disease, where the cells in the brain deteriorate. Alzheimer's is a type of dementia. These diseases affect the sufferer in a number of ways, such as general confusion, loss of memory or loss of concentration, but overall there is a decline in all mental faculties.

To claim, the dementia must be 'organic', which means it is due to a physical disease of the brain tissue rather than a mental illness, the dementia is diagnosed and the illness has reached the point where there are permanent clinical symptoms of dementia.

The diagnosis will need to be based on observation of the person and the results of certain questionnaires or tests, which, for example look at short term and long term memory and must be before the **life assured's** 65th birthday.

2. **Aorta graft surgery** – for disease or traumatic injury

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

Exclusions

For the above definition, the following is not covered:

- any other surgical procedure, for example the insertion of stents or endovascular repair.

Glossary

Aorta – the main artery of the body, arising from the heart and supplying oxygenated blood to the body.

Branches – any smaller arteries that branch off from the main aorta.

Endovascular repair – a minimally invasive method of approaching and repairing the diseased portion of the aorta through the body's arteries.

Thoracic and abdominal aorta – the parts of the aorta that lie within the thorax (chest) and abdomen (stomach).

Graft – any organ or tissue implanted to repair or replace a diseased or damaged organ or body tissue.

Stent – a tube composed of fabric supported by a metal mesh.

Aorta graft surgery may be required on the aorta in the event of a narrowing of the aorta, usually due to a build up of fatty deposits, a weakening of the artery wall (an 'aneurysm') or following trauma. In order to claim the surgery must involve the removal of the diseased or damaged part of the aorta and replacement with a graft.

3. **Aplastic anaemia** – with permanent bone marrow failure

The definite diagnosis by a Consultant Haematologist of permanent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- blood transfusion
- marrow stimulating agents
- immunosuppressive agents
- bone marrow transplant.

Exclusions

For the above definition the following are not covered:

- other forms of anaemia.

Glossary

Aplastic anaemia – a rare and serious type of anaemia, which results from insufficient blood cell production within the bone marrow. In some cases bone marrow failure can be temporary due to certain types of treatment or infection.

Neutropenia – an abnormally low number of a particular type of white blood cell.

Thrombocytopenia – a reduced number of platelets (a type of blood cell which helps clotting) in the blood.

To claim, the bone marrow failure must be permanent. Other forms of anaemia are not covered.

4. **Bacterial meningitis** – with permanent symptoms

The definite diagnosis of bacterial meningitis which results in permanent neurological deficit with persisting clinical symptoms. The neurological deficit must persist for more than 3 months following the date of diagnosis.

Exclusions

For the above definition, the following are not covered:

- other forms of meningitis, including viral meningitis.

Meningitis is an inflammation of the membranes enclosing the brain and spinal cord, which, if untreated, is fatal. To claim there must be a definite diagnosis of bacterial meningitis, which results in ongoing clinical symptoms and permanent neurological damage.

Viral meningitis is excluded, as it is a relatively benign condition usually requiring no specific treatment and without any significant risk of serious complications.

5. **Benign brain tumour** – with permanent symptoms

A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms.

The requirement for permanent neurological deficit with persisting clinical symptoms will be waived if the benign brain tumour is surgically removed by;

- Complete or incomplete surgical removal
- Stereotactic radiosurgery
- External beam radiation

If none of the treatment options are possible due to medical reasons, the tumour must cause a persistent neurological deficit which has been documented for at least 3 months following the date of diagnosis.

Exclusions

For the above definition, the following are not covered:

- tumours in the pituitary gland
- Angiomas, cysts, granuloma, hamartoma or malformation of the arteries or veins of the brain.

Glossary

Angioma – a benign tumour of blood vessels.

Benign – not malignant.

Lesions – areas of tissue with impaired function due to illness or 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.

A benign tumour is an abnormal growth of cells, which is usually not life threatening. When such a tumour occurs in the brain, however, it can be serious as the tumour puts pressure on the surrounding brain. Benign brain tumours are covered if they cause ongoing clinical symptoms resulting from permanent brain damage. Removal of the tumour may be necessary but it is not necessary to actually undergo surgery to make a claim. Malignant tumours are not covered under this, as these are covered under the cancer definition where that applies. Angiomas, benign tumours or lesions in the pituitary gland are not covered.

6. **Blindness** – permanent and irreversible

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

Glossary

3/60 – means the person whose eyesight is being assessed can only see an object up to one metre away that a person with perfect eyesight could see if it were 20 metres away.

Snellen eye chart – a chart showing letters of decreasing size that opticians use to measure visual impairment.

Visual aids – anything which helps improve vision, for example contact lenses or a pair of glasses.

Blindness means a significant loss of sight in both eyes to the extent that the person can only see an object up to one metre away that a person with perfect eyesight could see if it were 20 metres away.

The condition must be incurable and therefore expected to be permanent. Being registered blind however, may not on its own be sufficient for a valid claim.

7. **Cancer** – excluding less advanced cases

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

Exclusions

For the above definition, the following are not covered:

- all cancers which are histologically classified as any of the following:
  - pre-malignant
  - non-invasive
  - CIN 1-3
  - 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 greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- any skin cancer, other than malignant melanoma that has been histologically classified as at least Clark's level 2 having caused invasion beyond the epidermis (outer layer of skin)
- Any papillary thyroid cancer less than 1cm in diameter and histologically described as T1N0M0.

Glossary

Borderline malignancy – pre-malignant cells that form in the tissue covering the organ and have not invaded the adjacent tissue.

Cancer in-situ – the presence of malignant/cancerous cells at a stage of development such that they have not spread into surrounding healthy cells or 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.

Epidermis – the outer layer of skin.

Gleason score – 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. A score from 2 to 4 is considered low grade; 5 to 7, intermediate grade; and 8 to 10, high grade.

Histologically – the appearance of the cancer under the microscope which leads to its diagnosis and, additionally, gives information on its differentiation or grading (how aggressive it may be).

Hodgkin's disease – a type of cancer (lymphoma) affecting lymphatic tissue.

Invasion – the occurrence of malignant/cancerous cells that have spread into surrounding healthy cells and tissue (that is, more extensive than cancer in-situ).

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.

Low malignant potential – pre-malignant cells that form in the tissue covering the organ and have not invaded the adjacent tissue.

Malignant tumour – a tumour that invades the tissue in which it originates and can spread to other parts of the body.

Non-invasive – malignant/cancerous cells that have not spread into surrounding healthy cells or tissue.

Pre-malignant – cells which may develop into a malignant tumour but have not yet done so.

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).

Cancer is complex to define because it isn't a single illness. There are around 200 types and they affect people in different ways. A cancer is an uncontrolled growth of abnormal 'malignant' cells which, if left untreated, can invade and destroy the surrounding healthy tissue. In the later more advanced stages, it can spread from the original site to other parts of the body.

Generally speaking, cancer claims are valid on the diagnosis of a malignant cancer that has reached the point where it has invaded and started to destroy the adjacent surrounding tissue.

A few types of cancer are not covered.

Very early cases that have not invaded the adjacent surrounding tissue in the organ are not covered. Doctors sometimes call these cases 'pre-malignant', 'non-invasive', 'cancer in situ', 'having borderline malignancy' or 'having low malignant potential'. Early detected cancers like these are not covered. This doesn't depend on what treatment is given.

For example, if breast cancer is caught at this very early stage where the tumour has not started to invade the healthy breast tissue this would not be covered, even if treated by a mastectomy. However, these cases may become covered later if, for example, they do not respond to treatment.

Similarly, very early prostate cancers are not covered but may become covered later if they start to spread.

The only type of skin cancer we cover is malignant melanoma when it has invaded the healthy skin tissue under the outer layer. These can be very serious if left untreated.

Other skin cancers normally only affect the surface layer of skin and do not typically spread to other parts of the body. This means they can usually be completely cured by simple and effective treatment. These other skin cancers are not covered.

8. Chronic organic brain disease before age 65 – permanent, with the need for full time care

Chronic organic brain disease diagnosed before the **life assured's** 65th birthday by a Consultant Neurologist or Neuropsychiatrist, with the use of appropriate examination and investigation or imaging techniques, which results in:

- an impaired short term and long term memory (unable to retain and retrieve information); and
- being disorientated in time, person and place; and
- impairment of the ability to make appropriate decisions.

The illness must affect the **life assured** to the extent that they will need care and supervision from another person to wash, dress and provide meals and medication for the rest of their life, irrespective of when the cover ends or when they retire. Without this there would be significant health and/or safety concerns.

The **life assured** must have required such care and supervision for a continuous period of 180 days for a claim to be considered. The company at its discretion may elect to pay the claim proceeds before the 180 day period concludes if there is unequivocal evidence of the **life assured's** need for care and supervision for the rest of their life with no possibility of improvement.

Glossary

Dementia – a progressive and degenerative disease, where the cells in the brain deteriorate. Alzheimer's is a type of dementia. These diseases affect the sufferer in a number of ways, such as general confusion, loss of memory or loss of concentration, but overall there is a decline in all mental faculties.

Chronic organic brain disease is a progressive and degenerative disease, where cells in the brain deteriorate. To make a claim, the disease must be 'organic', which means it is due to a physical disease of the brain tissue rather than a mental illness, the disease is diagnosed and the illness has reached the point where there are permanent clinical symptoms of dementia. The diagnosis will need to be based on observation of the person and the results of certain questionnaires or tests, which, for example tests short term and long term memory and must be before the **life assured's** 65th birthday.

9. Coma – with permanent symptoms

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
- results in permanent neurological deficit with persisting clinical symptoms; and
- is not an artificial (medically induced) coma for therapeutic reasons.

Exclusions

Coma secondary to alcohol, drug or chemical abuse is excluded.

Glossary

Artificial (medically induced) coma – a coma which is deliberately induced by a treating physician to assist the treatment or recovery of an individual.

External stimuli – outside sensory events that would normally produce a response e.g. sight, hearing, touch, taste or smell.

Internal needs – needs of the body to survive i.e. food, drink, using the toilet etc.

Life support systems – equipment used to assist breathing, feeding, drinking etc.

Alcohol, drug or chemical abuse – inappropriate use of alcohol, drugs or chemicals, including but not limited to the following:

- consuming too much alcohol
- taking an overdose of drugs, whether lawfully prescribed or otherwise
- taking controlled drugs otherwise than in accordance with a lawful prescription
- solvent abuse.

Unconsciousness – the lack of normal sensory awareness caused by temporary or permanent damage to brain function.

A coma is a state of unconsciousness from which the patient cannot be roused. It is usually necessary for a life support machine to be used to keep the patient alive if the patient has no control over their bodily functions. Common causes of comas are head injury, tumour or blood clots. Patients can regain consciousness, with or without permanent neurological deficit. A claim will be valid in the following circumstances:

- the coma has meant that the person has needed to have been continuously on life support for a continuous period of at least 96 hours
- the incident must have caused permanent neurological deficit.

However, comas caused by any of the following are not covered:

- consuming too much alcohol
- taking an overdose of drugs, prescribed or otherwise
- taking controlled drugs unless lawfully prescribed
- inappropriate use of chemicals, for example sniffing glue or lighter fuel
- artificial coma for therapeutic reasons.

10. **Coronary artery by-pass grafts** – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

Glossary

Balloon angioplasty – A procedure to correct a narrowing of an artery and improve the blood flow. A balloon tipped catheter (fine tube) is passed along the affected artery and then inflated.

Coronary artery – An artery that supplies blood to the heart.

Median sternotomy – A heart operation that requires surgery to divide the breastbone.

Coronary artery by-pass grafts involve attaching a short length of vein to by-pass a blockage in one or more of the arteries that supply blood to the heart. Claims will only be valid if the by-pass procedure is done using open heart surgery involving the surgical division of the breast bone. This reflects the serious nature of this procedure and the consequent recovery times for patients.

Other procedures to treat narrowing or blocked coronary arteries are not covered under this definition. Examples of these include, balloon angioplasty, cases involving less invasive surgery (for example, keyhole or minimally invasive surgery), the use of scrapers, cutters, lasers, or the insertion of stents.

11. **Creutzfeldt-Jakob disease** – with permanent symptoms

The definite diagnosis of Creutzfeldt-Jakob disease by a Consultant Neurologist. There must be permanent clinical impairment of both motor function and the ability to do the following:

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

Glossary

Dementia – A progressive and degenerative disease, where the cells in the brain deteriorate. This disease affects the sufferer in a number of ways, such as general confusion, loss of memory or loss of concentration, but overall there is a decline in all mental faculties.

Creutzfeldt-Jakob disease is a brain disease characterized by psychiatric and personality disorders which rapidly progress to dementia, unsteadiness and other neurological problems.

12. **Deafness** – permanent and irreversible

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.

Glossary

Decibels – a measure of the level of sound.

Pure tone audiogram – a device for measuring the extent of a person's hearing ability.

Deafness means the profound loss of hearing in both ears where the condition cannot be cured and is permanent.

The damage can be due to accident or disease.

Being registered deaf may not on its own be sufficient for a valid claim if the person still has some residual hearing.

13. **Encephalitis** – with permanent symptoms

The definite diagnosis of encephalitis by a Consultant Neurologist resulting in permanent neurological deficit with persisting clinical symptoms. The neurological deficit must persist for more than 3 months following the date of diagnosis.

Glossary

Encephalitis – inflammation of the brain.

Encephalitis is inflammation of the brain often due to viral or bacterial infection, which can cause fever, headache, weakness or seizures. To claim there must be a definite diagnosis of encephalitis with permanent neurological damage, which results in ongoing clinical symptoms.

14. **Heart attack** – of specified severity

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

- typical clinical symptoms (for example, characteristic chest pain)
- new characteristic electrocardiographic changes
- the characteristic rise of cardiac enzymes or troponins recorded at the following levels or higher;
  - Troponin T > 1.0 ng/ml
  - AccuTnI > 0.5 ng/ml or equivalent threshold with other troponin I methods.

The evidence must show a definite acute myocardial infarction. This includes non ST elevation acute myocardial infarctions.

Exclusions

For the above definition, the following are not covered:

- other acute coronary syndromes including but not limited to angina.

Glossary

Acute – intense and/or sudden in onset.

Angina – the, often severe, chest pain or discomfort that is a symptom of coronary artery disease.

Cardiac enzymes or troponins – chemicals found in the blood that when elevated above normal levels may indicate damage to the heart muscle.

Electrocardiogram (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.

Myocardial infarction – death of a portion of the myocardium (heart muscle) due to an abrupt obstruction of the coronary blood flow.

Other acute coronary syndromes – the collective name given to the various conditions associated with coronary artery disease, which do not meet our definition of heart attack e.g. stable and unstable angina.

If the blood supply to the heart is interrupted, this can cause a portion of the heart muscle to die. Doctors call this sudden death of heart muscle an acute myocardial infarction, but the condition is widely known as a heart attack. A heart attack causes permanent damage to the heart muscle which can be detected using an ECG machine which traces the heartbeat.

When someone has a heart attack, chemicals such as cardiac enzymes and troponins are released into the blood stream – these are usually present for several days after the event and can be detected by using a blood test. The presence of these chemicals provides important diagnostic information but they can also be present for reasons other than a heart attack.

At the time of having a heart attack, most people experience very severe chest pain and/or other symptoms such as sweating, vomiting, fainting and nausea. These symptoms can help doctors pinpoint precisely when the incident happened.

For a claim to be valid the diagnosis of the heart attack must be based upon the three types of evidence outlined on page 16.

It is important to note that the term 'heart attack' may sometimes be used loosely to describe a range of other heart conditions but none of these other conditions, for example angina, are covered under this definition. Also, the medical profession has more than one definition for a heart attack as the effects of advancing medical science are debated within the medical profession. However, only the definition used in the **policy** will be used to decide if a heart attack is covered.

15. Heart failure – of specified severity

A definite diagnosis of congestive heart failure by a Consultant Cardiologist. There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association (NYHA) classification of functional capacity.

NYHA Class 3: Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.

Heart failure occurs when the function of the heart is impaired so that it is unable to supply sufficient blood flow to meet the body's needs.

Symptoms can include shortness of breath, chest pain and palpitations. To claim, the condition must have been diagnosed by a cardiologist and reached a point where performing less than ordinary tasks causes significant symptoms.

16. Heart valve replacement or repair

The undergoing of surgery to replace or repair one or more defective heart valves. The following procedures are covered under this definition:

- Heart valve replacement or repair with full sternotomy (vertical division of the breastbone), partial sternotomy or thoracotomy
- Ross Procedure
- Catheter-based valvuloplasty
- Trans-catheter aortic valve implantation (TAVI).

The surgery must be determined to be medically necessary by a consultant cardiologist or cardiac surgeon and supported by echocardiogram or cardiac catheterization findings.

For the above definition, the following is not covered:

- Trans-catheter mitral valve clipping.

Glossary

Median sternotomy – a heart operation that requires surgery to divide the breastbone.

Having a defective heart valve replaced or repaired is covered if the procedure is done using open heart surgery involving the surgical division of the breast bone. This reflects the serious nature of this procedure and the consequent recovery times for patients.

17. HIV infection – caught in a specified country from a blood transfusion, a physical assault or work in an eligible occupation

Infection by Human Immunodeficiency Virus resulting from:

- a blood transfusion given as part of medical treatment;
- a physical assault; or
- an incident occurring during the course of performing normal duties of employment from the eligible occupations listed below after the **date risk assumed** of the **policy**, satisfying all of the following:
  - the incident must have been reported to appropriate State and professional authorities and have been investigated in accordance with the established procedures
  - where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within 10 days of the incident
  - there must be a further HIV test within 4 months confirming the presence of HIV or antibodies to the virus
  - the incident causing infection must have occurred in a specified country (as defined on page 8).

Exclusions

For the above definition, the following is not covered:

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

Glossary

Eligible occupations:

- a member of the medical or dental professions
- a police, prison or fire officer
- a pharmacist, laboratory assistant or an employee in a medical facility.

HIV is covered if it is caught in a specified country through a blood transfusion, a physical assault or at work in an eligible occupation. HIV resulting from any other cause, for example sexual activity or drug abuse, is not covered.

Where the incident relates to a physical assault, the incident should be reported to the police.

If the incident occurred at work, the incident should be reported in line with the employer's procedures. Many employers, including people who work in the health or emergency services, have set procedures for dealing with incidents that may potentially result in the person becoming infected by HIV.

In all cases, a test for HIV should be taken within 10 days of the incident – a negative test result will show that the person did not have HIV before the incident. A further test within four months where the test result is positive will confirm that the infection resulted from the reported incident.

18. Impairment of daily activities through permanent disability before age 65

A **life assured** will satisfy the permanent disability assessment criteria if before their 65th birthday they are permanently and irreversibly unable, because of illness or accidental injury, to perform at least three of the following six tests* and have been unable to do so for a continuous period of 90 days:

1. Walking on the flat

Walk 200 metres on an even surface, with the use of walking sticks or crutches if required, without having to stop due to breathlessness or severe pain.

2. Climbing

- walk up a flight of 12 stairs; and
- walk down a flight of 12 stairs

with the use of a handrail, walking sticks or crutches if required, without having to stop due to breathlessness or severe pain.

3. Bending

- get into a standard saloon car; and
- get out of a standard saloon car; and
- bend or squat to pick up a light object from the floor and straighten up.

4. Lifting and carrying

Lift and carry a 2.5kg bag with a handle from a surface one metre above the floor to a surface of similar height five metres away, with the use of a walking stick(s) or crutch(es) if required.

5. Dressing

- put on (without the need for fastening/buttoning) their coat or jacket; and
- take off their coat or jacket; and
- put on or take off a pair of socks.

6. Dexterity

Have the physical ability required to:

- use a desk-top personal computer keyboard; and
- write legibly using a pen or pencil.

*For each test there must be clear evidence, to the reasonable satisfaction of our Chief Medical Officer, that can be demonstrated by independent testing in clinical conditions, of physical disorder, illness or injury to support the degree of discomfort, pain, disability or loss of function claimed by the **life assured**.

Exclusions

Disability that is directly or indirectly attributable to any of the following is excluded:

- mental or functional nervous disorders or any non specific chronic viral infection or any chronic fatigue syndrome
- carrying a human immunodeficiency type virus or antibodies to such a virus
- alcohol, drug or chemical abuse.

Glossary

Alcohol, drug or chemical abuse – Inappropriate use of alcohol, drugs or other chemicals, including but not limited to the following:

- consuming too much alcohol
- taking an overdose of drugs, whether lawfully prescribed or otherwise
- taking controlled drugs otherwise than in accordance with a lawful prescription
- solvent abuse.

Impairment of daily activities through permanent disability before age 65 is a measure of permanent physical disability caused by illness or accident. We will assess the level of your disability using the tests described in the condition definition.

If the disability means that you are unable to do three or more of the described tests and there is no chance of improving, it will be serious enough to qualify for payment.

If you are unable to do two of the tests but can do all the others, or the condition is not permanent, then you will not qualify for any payment. This will not stop you claiming in the future should your condition deteriorate to a point when you do qualify.

Any disability caused by alcohol, drug or chemical abuse, mental illness or any chronic fatigue syndrome or carrying an HIV type virus, is not covered.

19. **Kidney failure** – requiring dialysis

End stage kidney disease presenting as chronic irreversible failure of both kidneys to function. This must be evidenced by the undergoing of regular renal dialysis or undergoing a renal transplantation.

Glossary

Chronic – of long duration and cannot be cured by medical treatment and/or surgical procedures used at the time of the claim.

End stage – the final phase of a disease process.

Dialysis – the artificial means of removing toxic substances (impurities and wastes) from the blood when the kidneys are unable to do so.

Kidneys clean the blood of waste products produced by the body. As the body can function normally with just one healthy kidney, a claim for kidney failure will be valid if both kidneys have irreversibly stopped functioning and the person is having regular dialysis (a process using a machine to perform the function of the kidneys).

20. **Liver failure** – resulting from advanced liver disease

Liver failure due to cirrhosis and resulting in all of the following:

- permanent jaundice
- ascites
- encephalopathy.

Exclusions

Liver disease secondary to alcohol, drug or chemical abuse is excluded.

Glossary

Alcohol, drug or chemical abuse – Inappropriate use of alcohol, drugs or other chemicals, including but not limited to the following:

- consuming too much alcohol
- taking an overdose of drugs, whether lawfully prescribed or otherwise
- taking controlled drugs otherwise than in accordance with a lawful prescription
- solvent abuse.

Ascites – the accumulation of free fluid within the abdominal cavity.

Cirrhosis – the formation of fibrous tissue, nodules, and scarring within the liver, which prevents the flow of blood and leads to a progressive loss of liver function.

Encephalopathy – disease that affects the functioning of the brain resulting in mental confusion.

Jaundice – the yellowing of the skin or white of the eyes.

Liver failure: permanent jaundice, ascites and encephalopathy are indicators of chronic liver disease. To make a valid claim, there will need to have been made a definite diagnosis of end stage liver failure due to cirrhosis, with symptoms and signs of jaundice, ascites and mental confusion. Liver failure resulting from alcohol and drug abuse, or the abuse of any other substance, is excluded.

21. Loss of limbs (hands or feet) – permanent physical severance

Permanent physical severance of any combination of two or more hands or feet at or above the wrist or ankle joints.

For a claim to be successful, two limbs need to be severed at or above the wrist or ankle. This can either be two hands, two feet or one hand and one foot. The severance must be permanent and may be as a result of accident or disease.

22. Loss of speech – total, permanent and irreversible

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

Exclusions

For the above definition, the following is not covered:

- loss of speech arising from a psychiatric or psychological disorder.

Speaking involves the use of the vocal cords in the throat, the tongue and the lips in the mouth and the brain. The loss of speech must be total and permanent for a claim to be successful. It can take some time to establish this. Loss of speech arising from mental trauma is not covered.

23. Major organ transplant

The undergoing as a recipient of a transplant, to replace a diseased or damaged organ, of bone marrow or of one of the following complete human organs: heart, kidney, liver, lung or pancreas or inclusion on an official waiting list in a specified country for such a procedure.

Exclusions

For the above definition, the following is not covered:

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

An organ transplant is required if it is necessary to replace a diseased or damaged organ with a healthy one. This benefit is only payable to a recipient of one of the organs specified and cannot be claimed by a bone marrow donor.

A claim for a major organ transplant will be valid if any of the following organs need to be replaced by undergoing a transplant:

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

A claim will be valid from the point at which either:

- the person is added to a waiting list in a specified country (as defined in the **policy conditions**) for a suitable replacement organ to become available, or
- the organ transplant takes place.

24. **Motor neurone disease** – with permanent symptoms

Unequivocal diagnosis of motor neurone disease with permanent typical neurological symptoms, confirmed by a Consultant Neurologist supported by definitive evidence of appropriate and relevant clinical examination findings (e.g. Electromyography, Electroneurography, Nerve Conduction Velocity).

Motor neurone disease is a degenerative condition that results in weakness and the wasting of muscles. The condition is covered if there is a definite diagnosis made by a Consultant Neurologist upon clinical examination and the disease has reached the point where it has caused permanent impairment of the ability to move.

25. **Multiple sclerosis** – with ongoing symptoms

Definite diagnosis of multiple sclerosis which must be confirmed by a consultant neurologist and supported by all of the following criteria;

- Current clinical impairment of motor or sensory function which must have persisted for a continuous period of at least 6 months
- Magnetic resonance imaging (MRI) showing at least two lesions of demyelination in the brain or spinal cord characteristic of multiple sclerosis

For the above definition the following are not covered;

- Possible multiple sclerosis and neurologically or radiologically isolated syndromes suggestive but not diagnostic of multiple sclerosis
- Isolated optic neuritis or neuromyelitis optica.

Glossary

Clinical impairment – the clinical symptoms associated with the condition.

Motor – relating to movement.

Sensory – relating to the senses (sight, hearing, touch, taste or smell).

Multiple sclerosis, often abbreviated to MS, is a disease which attacks the central nervous system and can result in deterioration of the senses and/or the ability to control movement. A claim for MS will be valid from the point where the disease has caused physical impairment of the person's ability to move or to their senses (sight, hearing, touch, taste or smell).

The diagnosis must be confirmed by a Consultant Neurologist.

26. **Open heart surgery** – with surgery to divide the breastbone

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.

Glossary

Median sternotomy – a heart operation that requires surgery to divide the breastbone.

Open heart surgery means the surgical division of the breast bone and the opening up of the chest wall, for the purpose of correcting a structural abnormality of the heart.

27. Paralysis of limbs – total, permanent and irreversible

Total, permanent and irreversible loss of muscle function to the whole of any two limbs as a result of physical injury or disease.

Exclusions

For the above definition, the following is not covered:

- loss of function arising from a psychiatric or psychological disorder.

Glossary

Paralysis – paralysis is the loss of power of movement of a part of the body.

Paralysis is covered if the **life assured** totally and irreversibly loses the ability to move, or use, any two or more limbs (both legs, both arms or an arm and a leg), whether through accident or disease. The disability must be considered permanent.

Paralysis of the right or left half of the body is called hemiplegia. If all four limbs are paralysed this is called quadriplegia.

28. Parkinson's disease before age 65 – with permanent symptoms

The definite diagnosis before the 65th birthday of Parkinson's disease by a Consultant Neurologist. There must be permanent clinical impairment of motor function with associated tremor, rigidity of movement and postural instability.

Exclusions

Parkinson's disease secondary to alcohol, drug or chemical abuse is excluded.

Glossary

Clinical impairment – The clinical symptoms associated with the condition.

Alcohol, drug or chemical abuse – Inappropriate use of alcohol, drugs or other chemicals, including but not limited to the following:

- consuming too much alcohol
- taking an overdose of drugs, whether lawfully prescribed or otherwise
- taking controlled drugs otherwise than in accordance with a lawful prescription
- solvent abuse.

Postural instability – loss of the ability to prevent falling over by maintaining your balance and righting yourself.

Tremor – involuntary, rhythmic movement of part of the body, most commonly the hands and arms, often the head and voice, and rarely the legs.

Parkinson's disease is a degenerative brain disease that causes involuntary tremor of the hands, muscle rigidity and the slowing of body movements. The condition is covered if there is a definite diagnosis made by a Consultant Neurologist before the **life assured's** 65th birthday, and the disease has reached the point where there is permanent clinical impairment of motor function with associated tremor, rigidity of movement and postural instability. However, Parkinson's disease caused by any of the following is not covered:

- taking an overdose of drugs, prescribed or otherwise
- misuse of alcohol or drugs, including taking controlled drugs unless lawfully prescribed
- inappropriate use of chemicals, for example sniffing glue or lighter fuel.

29. Progressive supra nuclear palsy – with permanent symptoms

The definite diagnosis of progressive supra nuclear palsy by a Consultant Neurologist. There must be permanent clinical impairment of eye movements and motor function.

Glossary

Motor – relating to movement.

Progressive supra nuclear palsy causes a deterioration of the brain leading to impairment of balance, eye movements and swallowing difficulties. It is a progressive disease that can result in permanent physical disability.

30. Respiratory failure – from advanced lung disease

The definite diagnosis of advanced stage emphysema or other chronic lung disease diagnosed by a Consultant Pulmonologist and resulting in all of the following:

- the need for daily oxygen treatment on a permanent basis
- the permanent impairment of lung function tests as follows; Forced Vital Capacity (FVC) and Forced Expiratory Volume at 1 second (FEV1) being less than 30% of normal
- arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO2 < 55mmHg)
- dyspnoea at rest.

Glossary

Emphysema – is a chronic disease where the lung tissue is permanently damaged causing difficulty breathing. Causes include smoking and chronic bronchitis.

Dyspnoea – difficult or painful breathing.

Partial oxygen pressures – this is a measure of oxygen in the blood that reflects how well the lungs are functioning. The normal range for a healthy adult is 80-100 mmHg.

FVC – forced vital capacity is the total amount of air that can be blown out after full inspiration. The normal amount expected will take into account the person's age, sex, height and weight.

FEV1 – forced expiratory volume in 1 second is the total amount of air that can be blown out in 1 second. As with FVC the normal amount expected will take into account the person's age, sex, height and weight.

Respiration is the process whereby oxygen enters the body and carbon dioxide is released from the body through the lungs.

Respiratory failure prevents sufficient oxygen from entering the body. This can result in significant restriction in normal daily activities and severe breathlessness.

To claim the condition must be permanent and require regular treatment to increase the body's absorption of oxygen by breathing it in via a face mask or nasal tubes. It will also be necessary, for the lung function tests, to demonstrate that the lungs are functioning at less than 30% of their expected level and that the amount of oxygen being transferred to the blood stream is reduced to a defined level.

31. **Severe mental illness** – permanent, with the need for full time care

The diagnosis of a chronic psychotic mental illness or bipolar disorder by a Consultant Psychiatrist, where the illness has not demonstrated any improvement despite the **life assured** receiving standardised conventional treatment by a Consultant Psychiatrist. The illness must have been monitored for over 24 months and have no prospect of improvement.

The illness must affect the **life assured** to the extent that they will need care and supervision from another person to wash, dress and provide meals and medication for the rest of their life, irrespective of when the cover ends or they retire. Without this there would be significant health and/or safety concerns.

Exclusions

Severe mental illness secondary to alcohol, drug or chemical abuse is excluded.

Glossary

Psychotic – a mental disorder characterised by a distorted or non-existent sense of objective reality, there may be hallucinations or delusional beliefs. Schizophrenia is a form of psychotic illness.

Bipolar disorder – also known as manic depression, is a mental disorder that causes radical mood swings including manic highs and depressive lows.

Alcohol, drug or chemical abuse – Inappropriate use of alcohol, drugs or other chemicals, including but not limited to the following:

- consuming too much alcohol
- taking an overdose of drugs, whether lawfully prescribed or otherwise
- taking controlled drugs otherwise than in accordance with a lawful prescription
- solvent abuse.

Psychotic mental illness is a disorder characterised by a distorted or non-existent sense of objective reality, there may be hallucinations or delusional beliefs. Schizophrenia is a form of psychotic illness.

Bipolar disorder (also known as manic depression) consists of radical mood swings including manic highs, where there may be feelings of euphoria, excitement, energy or irritability, and depressive lows.

To make a claim the condition must be permanent and have progressed to an extent that the **life assured** requires round the clock care to prevent harm to themselves or others.

32. **Stroke** – with permanent symptoms

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in;

- Acute onset of new neurological symptoms and;
- New objective neurological deficits on clinical examination.

The neurological deficit must persist for more than 3 months following the date of diagnosis. The diagnosis must be confirmed by a consultant neurologist with evidence of new characteristic changes on a CT scan, MRI scan or other reliable imaging techniques.

Exclusions

For the above definition, the following are not covered:

- Transient ischaemic attack (TIA) and prolonged reversible ischaemic neurological deficit (PRIND)
- Traumatic injury to brain tissue or blood vessels
- Neurological deficits due to general hypoxia, infection, inflammatory disease, migraine or medical intervention
- Incidental imaging findings (CT or MRI scan) without clearly related clinical symptoms (silent stroke).

Glossary

Haemorrhage – bleeding from a ruptured blood vessel.

Transient ischaemic attacks – temporary disruption of the blood circulation to part of the brain. The symptoms may be similar to those of a stroke but patients recover within 24 hours.

A stroke, doctors call these cerebrovascular accidents (CVA's), is caused by an interruption to the flow of blood to the brain. This can be due to either a blocked artery which prevents blood reaching the brain or a burst blood vessel in the brain. In either case, a claim will be valid if it causes ongoing clinical symptoms of a stroke which are expected to be permanent.

Transient ischaemic attacks, also called 'mini-strokes' are not covered. These are attacks that produce temporary symptoms similar to a mild stroke but typically patients recover completely in less than 24 hours.

Traumatic injury to brain tissue or blood vessels is not covered under this definition.

33. **Systemic lupus erythematosus** – with permanent symptoms

The definite diagnosis by a Consultant Rheumatologist of systemic lupus erythematosus resulting in permanent neurological deficit with persistent clinical symptoms or the permanent impairment of kidney function where the; glomerular filtration rate (GFR) is below 30 ml/min. The neurological deficit must persist for more than 3 months following the date of diagnosis.

Exclusions

For the above definition, the following is not covered:

- Discoid lupus erythematosus.

Glossary

Systemic lupus erythematosus – a chronic inflammatory condition caused by an autoimmune disease. Sometimes the name of the condition is shortened to Lupus or SLE.

Glomerular filtration rate (GFR) – a measure of how well the kidneys are performing their function of filtering and removing waste products.

Systemic lupus erythematosus is a condition where the body's healthy tissues and cells are attacked by its own immune system. This causes a chronic inflammation with symptoms such as fatigue and painful joint swelling. The condition can also affect internal organs such as the kidneys.

To make a claim the condition must have progressed to an extent that there are permanent clinical symptoms or that the kidneys are permanently affected so that the GFR is below 30 ml/min.

Discoid lupus only affects the skin and this condition is not covered.

34. **Third degree burns** – covering a specified proportion of the body's surface area

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 15% of the body's surface area or 50% of the surface area of the face.

Third degree burns damage or destroy the skin to its full depth and cause damage to the tissue underneath. These are covered if at least 15% of the body surface area or in the case of the face 50% of the surface area has been affected.

35. **Traumatic head injury** – with permanent symptoms

Death of brain tissue due to traumatic injury caused by external means and confirmed by new changes on a CT or MRI scan, resulting in permanent neurological deficit with persisting clinical symptoms, assessed and confirmed by a Consultant Neurologist with the evidence of new changes on a CT or MRI scan or other reliable imaging techniques no later than 6 weeks from the date of the traumatic injury. The neurological deficit must persist for more than 3 months following the date of diagnosis.

Traumatic head injury is covered if it results in ongoing clinical symptoms resulting from permanent brain damage.

An abnormality seen on brain or other scans without definite related clinical symptoms is not covered.

Please speak to your financial adviser for more information about International Protector Middle East and to apply.

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