

Group critical illness cover

Appendix to quotation

Helping you understand the conditions we cover.

CIC 05/25

INSURED CONDITIONS

Cover can be provided for the listed insured conditions on one of the two following bases: **a) Core cover** or **b) Additional cover**. The cover basis quoted for is stated in the quotation.

Please note the following:

A **consultant** is defined as: a recognised consulting doctor on the specialist register or holding an appointment in a hospital in the UK, Republic of Ireland or in such other country that Legal & General may agree to in any particular case.

An **insured person** is defined as: the insured employee, any child and, where covered, a spouse or registered civil partner who has been accepted for insurance under this policy.

Irreversible is defined as: cannot be reasonably improved upon by medical treatment and/or surgical procedures used by the National Health Service in the UK at the time of the claim.

Occupation is defined as: 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.

Permanent is defined as: expected to last throughout the **insured person's** life with no prospect of improvement, irrespective of when the cover ends or the **insured person** expects to retire.

Permanent neurological deficit with persisting clinical symptoms is defined as: symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the **insured person's** life. Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma. The following are not covered:

- i. An abnormality seen on brain or other scans without definite related clinical symptoms.
- ii. Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
- iii. Symptoms of psychological or psychiatric origin.

a) Core cover

Cancer (including Hodgkin's disease) – *excluding less advanced cases*

Policy 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).

For this definition of cancer, the following are not covered:

- i. All cancers which are histologically classified as any of the following:
 - pre-malignant;
 - cancer in situ;
 - having borderline malignancy; or
 - having low malignant potential;
- ii. All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification cT2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate).
- iii. All urothelial tumours unless histologically classified as having progressed to at least TNM classification T1N0M0.
- iv. Malignant melanoma skin cancers that are confined to the epidermis (outer layer of skin).
- v. 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).
- vi. All thyroid tumours unless histologically classified as having progressed to at least TNM classification T2N0M0.
- vii. Neuroendocrine tumours without lymph node involvement or distant metastases unless classified as WHO Grade 2 or above.
- viii. 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.

What does this mean?

Cancer (also known as a malignant tumour) is a disease where normal cells change and grow in an abnormal way. If left untreated, they can destroy surrounding healthy cells and eventually destroy healthy cells in other parts of the body.

There are about 200 different types of cancer, varying widely in outlook and treatment.

Some cancers are not covered by this definition. These tend to be ones that have not yet spread or are localized and can usually be successfully treated. Examples of these include some skin cancers and early stage prostate cancer.

Cancer second and subsequent – *new and unrelated cancer*

Policy definition

A diagnosis that meets the definition under cancer, for an **insured person** who has previously met this insured condition, but which is not excluded by the pre-existing conditions exclusion due to the following statements being true:

- i. The **insured person** has been treatment free for a period of five years from the date of the most recent previous diagnosis of cancer, and
- ii. There is no evidence, confirmed by appropriate up-to-date investigations and tests, of any continuing presence, reoccurrence or spread of previous cancer, and
- iii. The new cancer:
 - affects an organ that is physically and anatomically separate to any previous cancer, and is not histologically or immunologically related. For paired organs, such as the breasts, testicles, kidneys, lungs, ovaries or eyes, a new cancer will be considered distinct if it occurs in the opposite organ and is histologically or immunologically unrelated to any previous cancer, or
 - for haematological cancer, the new cancer is categorised or divided according to defined cell characteristics in a distinctly different manner to any previous cancer.

Treatment includes immunotherapy, chemotherapy, radiotherapy, monoclonal antibody therapy, invasive or non-invasive surgery, or other targeted drug therapies aimed at controlling or eradicating cancer, even when used in maintenance settings to prevent progression. This does not include long-term hormone-based maintenance therapies, which are designed to reduce the risk of recurrence rather than actively treat cancer.

In no circumstance will a claim for Cancer second and subsequent be payable if the date of symptoms onset occurs within 120 days of:

- i. The policy commencement, or
- ii. The **insured person** joining the scheme, or
- iii. An increase in benefit (claims will still be considered for the pre-increase amount) and the **insured person** had a diagnosis of cancer or had any signs or symptoms of cancer, or was undergoing investigations that lead to a diagnosis of cancer, regardless of when the diagnosis was made.

What does this mean?

This definition covers a second diagnosis of cancer which is unrelated to the previous cancer diagnosis. Cancer (also known as a malignant tumour) is a disease where normal cells change and grow in an abnormal way. If left untreated, they can destroy surrounding healthy cells and eventually destroy healthy cells in other parts of the body.

Cardiac arrest – with insertion of a defibrillator

Policy definition

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

- i. Implantable cardioverter-defibrillator (ICD), or
- ii. Cardiac resynchronisation therapy with defibrillator (CRT-D).

For the above definition the following are not covered:

- i. Insertion of a pacemaker,
- ii. Insertion of a defibrillator without cardiac arrest,
- iii. Cardiac arrest secondary to illegal drug abuse.

What does this mean?

Cardiac arrest is a life-threatening condition in which the heart suddenly stops pumping blood around the body. There are many causes but the most common is abnormal and irregular heart rhythm.

For this definition the **insured person** must have had cardiac arrest requiring resuscitation and have a defibrillator fitted. This is a device which is put on the **insured person's** chest and used to correct and control dangerous and irregular heart rhythm.

Coronary artery bypass grafts – with large surgical incision through the chest wall or breastbone

Policy definition

The undergoing of thoracotomy (surgery making a large incision in the chest wall) or 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.

For the above definition, the following is not covered:

- any other surgical procedure or treatment.

What does this mean?

Coronary arteries can become narrowed or blocked by the build-up of fatty deposits caused by poor lifestyle such as a high fat diet or smoking. This may cause symptoms including chest pain and can sometimes cause a heart attack. Coronary artery bypass surgery is used to treat blocked arteries in the heart by diverting the blood supply around the blocked artery using a vein, usually taken from the leg, arm or chest.

This definition covers surgery if it requires the heart to be reached by a surgical incision through the chest wall or sternum (breastbone), to replace the blocked arteries with a vein. This definition doesn't cover other surgical procedures to treat blocked arteries such as balloon angioplasty or insertion of stents.

If you have the additional cover option, please check 'Heart surgery' if the illness doesn't meet this definition.

Creutzfeldt-Jakob disease (CJD) – *resulting in permanent symptoms*

Policy definition

A definite diagnosis of CJD made by a **consultant** neurologist. There must be **permanent** clinical loss of the ability in mental and social functioning to the extent that **permanent** supervision or assistance by a third party is required.

What does this mean?

Creutzfeldt-Jakob disease (CJD) is a rare disease of the nervous system. CJD can be present without symptoms for many years.

Once they appear, symptoms may include failing memory, problems with vision, immobility, loss of speech and coma in advanced stages. There is currently no known cure.

Dementia (including Alzheimer's Disease) – *of specified severity*

Policy 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:

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

For the above definition, the following are not covered:

- i. Mild cognitive Impairment (MCI)

What does this mean?

Dementia, including Alzheimer's disease is a condition which affects the brain. Symptoms include memory loss, confusion, communication problems and general impairment of mental function.

The condition gradually worsens, which can lead to changes in personality and makes routine tasks difficult. Eventually, 24-hour care may be needed.

Pre-senile dementia is a form of dementia that afflicts individuals during middle age, usually between 45 and 55, and is much less common than dementia in the elderly.

Pre-senile dementia affects the ability to remember, can impair speech and can lead to the misplacement of items. It can also affect mood and behaviour, and lead to a loss of ambition. In later stages poor hygiene can become a factor too.

Heart attack – of specified severity

Policy definition

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

- i. Typical clinical symptoms (for example, characteristic chest pain).
- ii. New characteristic electrocardiographic changes or new diagnostic imaging changes.
- iii. The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher: - Troponin T > 200 ng/L (0.2 ng/ml or 0.2 ug/L)
- Troponin I > 500 ng/L (0.5 ng/ml or 0.5 ug/L).

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- i. Myocardial injury without myocardial infarction.
- ii. Angina without myocardial infarction.

What does this mean?

A heart attack, also known as a myocardial infarction, happens when part of the heart muscle dies because it has been starved of oxygen. This causes severe pain and an increase in cardiac enzymes and troponins, which are released into the blood stream from the damaged heart muscle.

This definition doesn't cover angina or any other heart condition.

If you have the Additional cover option, please check 'Heart Surgery' if the illness doesn't meet this definition.

Kidney failure – requiring dialysis

Policy definition

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

What does this mean?

The kidneys perform an important role filtering the body's waste to pass as urine. If the kidneys fail, there is a harmful build-up of the body's waste products. In severe cases it may be necessary for the filtering to be done by a dialysis machine or, in some cases, a transplant may be needed.

Kidney failure can become life-threatening. This definition covers kidney failure that requires dialysis.

Major organ transplant – *from another donor*

Policy definition

The undergoing as a recipient of a transplant from another donor of bone marrow or of a complete heart, kidney, liver or a lobe of the liver, lung, or pancreas, or inclusion on an official UK, the Channel Islands or the Isle of Man waiting list for such a procedure.

For the above definition, transplants of any other organs, parts of organs, tissues or cells, are not covered.

What does this mean?

Occasionally, an organ may become so diseased that it needs to be replaced.

A claim can be made as soon as the **insured person** is put on the official UK waiting list because it may take a long time to find a donor.

This definition doesn't cover donating an organ.

Motor neurone disease – *resulting in permanent symptoms*

Policy definition

A definite diagnosis of one of the following motor neurone diseases by a **consultant** neurologist:

- i. Amyotrophic lateral sclerosis (ALS);
- ii. Primary lateral sclerosis (PLS);
- iii. Progressive bulbar palsy (PBP);
- iv. Progressive muscular atrophy (PMA); or
- v. Spinal muscular atrophy (SMA).

There must also be **permanent** clinical impairment of motor function.

What does this mean?

Motor neurone disease (MND) is a gradual weakening and wasting of the muscles, usually beginning in the arms and legs. This may cause difficulty walking or holding objects. As the disease develops, other muscle groups may be affected, such as those involving speech, swallowing and breathing. Eventually, 24-hour care may be needed.

The progression rate of MND varies between individuals. An effective treatment has yet to be discovered.

Multiple sclerosis – *with current clinical impairment*

Policy 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 does this mean?

Multiple sclerosis (MS) is the most common disabling neurological disease among young adults and is usually diagnosed between the ages of 20 and 40.

Symptoms may be slight, particularly in the early stages. Symptoms may include changes in vision, altered sensation, loss of muscle strength and lack of coordination. There's no known cure and treatment aims to manage symptoms only.

Parkinson's disease – *resulting in permanent symptoms*

Policy definition

A definite diagnosis of Parkinson's disease by a **consultant** neurologist. There must be **permanent** clinical impairment of motor function with associated tremor and rigidity of movement.

For the above definition, other Parkinsonian syndromes are not covered.

What does this mean?

Parkinson's disease is a slow progressive disease of the brain. Symptoms can include tremors (uncontrollable shaking or trembling), muscle stiffness and slowness of movement. Treatment focuses on slowing the progression of symptoms. There's currently no known cure.

Progressive supranuclear palsy – resulting in permanent symptoms

Policy definition

A definite diagnosis of progressive supranuclear palsy by a **consultant** neurologist. There must be **permanent** clinical impairment of eye movements and motor function.

What does this mean?

Progressive supranuclear palsy (PSP) is a brain disease that develops slowly. It progresses to seriously affect vision and movement. PSP can also cause changes in behaviour and personality, memory loss and slurred speech. As the disease progresses, the ability to swallow becomes difficult and physical movement less stable. 'Weighted walkers' and wheelchairs may be needed for mobility and communication may also become more difficult.

The effect and pattern of the disease varies between sufferers. Most cases start between ages 50 and 60, although it can occur from the late thirties onwards. There's currently no effective treatment or cure.

Stroke – resulting in symptoms lasting at least 24 hours

Policy definition

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in **permanent neurological deficit with persisting clinical symptoms** lasting at least 24 hours.

For the above definition, the following are not covered:

- i. Transient ischaemic attack.
- ii. Traumatic injury to brain tissue or blood vessels.
- iii. Death of tissue of the optic nerve or retina/eye stroke.

What does this mean?

Strokes are caused by a sudden loss of blood supply or haemorrhage to a particular part of the brain.

The symptoms and how well a person recovers will depend on which part of the brain is affected and the extent of the damage. Strokes are a significant cause of disability in the UK.

A transient ischaemic attack, sometimes referred to as a 'mini-stroke', is similar to a stroke. These are not covered by this definition, because symptoms aren't **permanent** and will disappear within 24 hours.

Systemic lupus erythematosus – *resulting in permanent symptoms*

Policy definition

A definite diagnosis of Systemic Lupus Erythematosus by a **consultant** rheumatologist resulting in either of the following:

- i. **permanent** neurological deficit with persisting clinical symptoms*; or
- ii. the **permanent** impairment of kidney function tests as follows;
Glomerular Filtration Rate (GFR) below 30 ml/min.

What does this mean?

Systemic Lupus Erythematosus (SLE), commonly known as lupus, is a long-term autoimmune disease. This means the body's immune system mistakenly attacks its own healthy tissues. Lupus can affect many parts of the body, including the skin, joints, kidneys, brain, and other organs. Common symptoms include joint pain, skin rashes, extreme tiredness, and sometimes more serious complications involving the heart, lungs, or kidneys.

Core child cover

The following cover is for children's benefit only.

Cerebral palsy

Policy definition

The child receives a definite diagnosis of cerebral palsy made by an attending **consultant**.

What does this mean?

Cerebral palsy is the general term for a number of conditions caused by problems in the brain and nervous system that affect movement and co-ordination. Cerebral palsy is caused by a problem in the brain responsible for controlling muscles. The condition can occur if the brain develops abnormally or is damaged before, during or shortly after birth.

Cystic fibrosis

Policy definition

The child receives a definite diagnosis of cystic fibrosis made by an attending **consultant**.

What does this mean?

Cystic fibrosis is an inherited condition in which the lungs and digestive system can become clogged with thick, sticky mucus. It can cause problems with breathing and digestion from a young age. Over many years the lungs become increasingly damaged and may eventually stop working properly.

Hydrocephalus – *Treated with insertion of a shunt*

Policy definition

The child suffers hydrocephalus if the hydrocephalus is treated with insertion of a shunt.

What does this mean?

Hydrocephalus is a build-up of fluid on the brain. The excess fluid puts pressure on the brain, which can damage it. Hydrocephalus can usually be treated with insertion of a shunt, a thin tube that's surgically implanted in the brain and drains away the excess fluid.

Child loss of independent existence

Policy definition

In the opinion of a specialist the child will not at 16 years old be able to perform routinely at least three or more of the following tasks without the assistance of another person, even with the use of special devices or equipment. The tasks are:

i. Washing

The ability to wash in the bath or shower (including getting into or out of the bath or shower) or wash satisfactorily by other means.

ii. Dressing

The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.

iii. Feeding

The ability to feed oneself once food has been prepared and made available.

iv. Toileting

The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.

v. Transferring

The ability to move from a bed to an upright chair or wheelchair and vice versa.

Muscular dystrophy

Policy definition

The child receives a definite diagnosis of muscular dystrophy made by a **consultant** neurologist.

What does this mean?

Muscular dystrophy is a genetic condition where slow progressive muscle wasting leads to increasing weakness and disability.

Spina bifida

Policy definition

The child receives a definite diagnosis of spina bifida myelomeningocele or rachischisis by a paediatrician. The following are not covered:

- i. Spina bifida occulta, and
- ii. Spina bifida with meningocele.

What does this mean?

Spina bifida is a condition where the spine doesn't develop properly, leaving a gap in the spine. Myelomeningocele and rachischisis are the most serious types of spina bifida. The opening in the spinal arches allows the spinal cord and the protective membranes surrounding it (the meninges) to push out and create a sac in the baby's back. It can be associated with significant damage to the spinal cord and can leave the nervous system vulnerable to life-threatening infections.

We will not pay a claim for spina bifida occulta (the opening is very small and covered with skin) or spina bifida with meningocele (only the meninges push out of the opening in the spine). Neither of these are severe forms.

b) Additional cover

if Additional cover is chosen, the following insured conditions are included in addition to those under Core cover.

Aorta graft surgery – *requiring surgical replacement*

Policy definition

The undergoing of surgery to the aorta with excision and surgical replacement of a portion of the aorta with a graft.

The term 'aorta' includes the thoracic and abdominal aorta but not its branches.

For the above definition, the following are not covered:

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

What does this mean?

The aorta is the body's main artery carrying blood from the heart. This definition covers surgery to the aorta, where part of it is removed and replaced with a graft. Surgery may be needed to correct a weakening or bulging in the artery. It covers only the aorta, which is the main blood vessel in the chest and abdomen. This definition doesn't cover the branches of the aorta.

Please check 'Heart surgery' if the illness doesn't meet this definition.

Aplastic anaemia – *with permanent bone marrow failure*

Policy definition

A definite diagnosis of Aplastic anaemia by a **consultant** haematologist. There must be **permanent** bone marrow failure with anaemia, neutropenia and thrombocytopenia.

What does this mean?

Aplastic anaemia is a condition where bone marrow does not produce sufficient new cells to replenish blood cells. The definition requires this to be **permanent** and also neutropenia (an abnormally low level of the most important type of white blood cell) and thrombocytopenia (a reduction in the amount of platelets, which help the blood to clot).

Bacterial meningitis – *resulting in permanent neurological deficit*

Policy definition

A definite diagnosis of bacterial meningitis resulting in **permanent neurological deficit with persisting clinical symptoms**.

For the above definition the following are not included:

All other forms of meningitis other than those caused by bacterial infection.

Our definition requires there to be ongoing and **permanent** neurological symptoms as a result of the illness.

What does this mean?

Meningitis is the inflammation of the protective membranes covering the brain and spinal cord, known collectively as the meninges. The inflammation may be caused by infection with viruses, bacteria and can be life-threatening because of the inflammation's proximity to the brain and spinal cord. Bacterial meningitis refers to meningitis that is caused by bacterial infection.

Balloon valvuloplasty – to relieve heart valvular abnormalities

Policy 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 does this mean?

Balloon valvuloplasty is a surgical procedure used to open a narrowed heart valve.

In balloon valvuloplasty, a thin tube with a small deflated balloon at its tip (balloon-tipped catheter) 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 to stretch the valve open and relieve the obstruction.

Please check 'Heart surgery' if the illness doesn't meet this definition.

Benign brain tumour – resulting in either surgical removal or permanent symptoms

Policy definition

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

For the above definition, the following are not covered:

- i. Tumours in the pituitary gland.
- ii. Tumours originating from bone tissue.
- iii. Angiomas and cholesteatoma.

What does this mean?

A benign brain tumour is a non-cancerous abnormal growth of tissue that can increase in size and cause pressure in the brain.

Symptoms may vary depending on where the tumour is but may include headaches, seizures and blurred vision. Surgery to remove the tumour might be possible and once removed they tend not to recur.

However, surgery isn't always an option due to the size or location of the tumour.

This definition covers the diagnosis of a tumour, which results in **permanent** neurological symptoms.

This definition doesn't cover tumours in the pituitary gland (a small gland within the brain) and angiomas (a benign tumour of blood vessels).

Blindness – *permanent and irreversible*

Policy definition

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.

WHAT DOES THIS MEAN?

This means **permanent** loss of vision. It's measured with a Snellen eye chart: the chart commonly used by opticians, which consists of a gradually decreasing series of letters and numbers. 3/60 vision means the **insured person** can read a letter at three metres that can normally be read at 60 metres. To claim, the **insured person's** vision must be 3/60 or worse in their better eye. This definition doesn't cover temporary blindness.

Cardiomyopathy – *of specified severity*

Policy definition

A definite diagnosis of cardiomyopathy by a **consultant** cardiologist. There must be clinical impairment of heart function resulting in the **permanent** loss of ability to perform physical activities to at least Class 3 of the New York Heart Association classifications of functional capacity*.

For the above definition, the following are not covered:

- i. Cardiomyopathy secondary to alcohol or drug abuse.
- ii. All other forms of heart disease, heart enlargement and myocarditis.

* 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 does this mean?

Cardiomyopathy, which literally means "heart muscle disease," is the deterioration of the function of the myocardium (the actual heart muscle) for any reason. Our definition requires there to be a diagnosis made by a **Consultant** Cardiologist and for there to be quite a significant limitation in the ability to perform physical activities as a result. The NYHA (New York Heart Association) has given classifications of how severely affected a person is by heart disease. Class 3 means that there would be a marked limitation in activity due to symptoms, even during less-than-ordinary activity, e.g. walking short distances (20–100 m) and that the person is only comfortable when resting.

The cover does not include cardiomyopathy that has been caused by drug or alcohol abuse, or any other form of heart disease.

Please check 'Heart surgery' if the illness doesn't meet this definition.

Coma – resulting in **permanent** symptoms

Policy definition

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

- i. requires the use of life support systems; and
- ii. results in **permanent neurological deficit with persisting clinical symptoms**.

For the above definition, coma secondary to alcohol or drug abuse is not covered.

What does this mean?

A coma is a state of unconsciousness from which the patient cannot be aroused and has no control over bodily functions. It may be caused by illness, stroke, infection, very low blood sugar or serious accident. Recovery rates vary, depending upon the depth and duration of the coma.

Coronary angioplasty – to treat specific conditions of specified severity

Policy definition

The undergoing of balloon angioplasty to correct the narrowing or blockage of two or more arteries, when the **insured person** has limiting anginal symptoms. Any claim must be supported by the evidence of:

- i. prior treatment (on appropriate medication) from an appropriate registered medical practitioner holding such an appointment at a hospital in the United Kingdom, European Union, the Channel Islands, the Isle of Man, USA, Australia, New Zealand, Japan or Canada, and
- ii. significant electrocardiogram changes, and evidence of angiography showing 70% obstruction of two or more coronary arteries.

What does this mean?

Coronary arteries are blood vessels that supply heart muscle with the blood and oxygen it needs to work properly. Over time a fatty substance, called atheroma, can build up inside coronary arteries, causing them to narrow.

When blood vessels become narrow, it means that less blood and oxygen reach the heart muscle.

A coronary angioplasty is a procedure to open up any narrowed arteries so that blood can flow more easily to the heart. During the procedure, the doctor will gently inflate a small balloon in the artery and insert a stent to keep it open.

Please check 'Heart surgery' if the illness doesn't meet this definition.

Deafness – *permanent and irreversible*

Policy 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 does this mean?

This means **permanent** loss of hearing in both ears, measured by using an audiogram across different frequencies, which vary from low to high pitch. The hearing loss must be across all frequencies. This definition doesn't cover partial loss of hearing.

Encephalitis – *resulting in permanent neurological deficit*

Policy definition

A definite diagnosis of encephalitis by a **consultant** neurologist resulting in **permanent neurological deficit with persisting clinical symptoms**.

WHAT DOES THIS MEAN?

Encephalitis is a sudden inflammation of the brain. Symptoms include headache, fever, confusion, drowsiness, and fatigue. More advanced and serious symptoms include seizures or convulsions, tremors, hallucinations, and memory problems.

Our definition requires there to be a diagnosis made by a **Consultant** Neurologist and for there to be ongoing and **permanent** neurological symptoms as a result of the illness.

Heart surgery – *with surgery to divide the breastbone*

Policy definition

The undergoing of open-heart surgery, on the advice of a **consultant** cardiologist, to correct valvular and structural abnormalities.

Surgical procedures that don't involve dividing the breastbone aren't covered.

What does this mean?

This covers instances of open-heart surgery which are not captured by other insured conditions related to the heart.

Open-heart surgery is any surgery where the chest is opened and surgery is done on the heart muscle, valves, arteries, or other parts of the heart (such as the aorta). The term 'open' means that the chest is 'cut' open. It does not include procedures that are carried out on the heart through smaller cuts.

Heart valve replacement or repair – *requiring surgery*

Policy definition

The undergoing of surgery on the advice of a **consultant** cardiologist to replace or repair one or more heart valves.

What does this mean?

Healthy heart valves are important to make sure blood flows through the heart in the right direction so that blood is circulated around the body efficiently. There are various causes of heart valve disease including birth defects, rheumatic fever, age and other heart-related conditions such as cardiomyopathy. Symptoms of heart valve disease include breathlessness, chest pain, swelling of the ankles and legs and fainting. This definition covers surgery to a heart valve to replace a heart valve.

Please check 'Heart surgery' if the illness doesn't meet this definition.

HIV infection – caught in the United Kingdom, European Union, the Channel Islands, the Isle of Man, USA, Australia, New Zealand, Japan, Hong Kong or Canada from a blood transfusion, a physical assault or at work in an eligible occupation¹

Policy definition

Infection by human immunodeficiency virus (HIV) resulting from:

- a. a blood transfusion given as part of medical treatment;
- b. a physical assault; or
- c. an incident occurring during the course of performing normal duties of employment (from the eligible occupations¹ listed below);

after the start of the policy and satisfying all of the following:

- i. The incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures.
- ii. 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 5 days of the incident.
- iii. There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.
- iv. The incident causing infection must have occurred in the United Kingdom, European Union, the Channel Islands or the Isle of Man, USA, Australia, New Zealand, Japan, Hong Kong or Canada.

For the above definition, HIV infection resulting from any other means, including sexual activity or drug abuse is not covered.

¹The eligible **occupations** for HIV caught at work are:

- i. The emergency services – police, fire, ambulance.
- ii. The medical profession – including administrators, cleaners, dentists, doctors, nurses and porters.
- iii. The armed forces.

What does this mean?

This definition covers HIV infection from a blood transfusion, physical assault or when caught at work.

HIV can lead to the development of acquired immune deficiency syndrome (AIDS). This is when the body's immune system breaks down, increasing the risk of infections and tumours. Although there are treatments for AIDS and HIV to slow down the virus's progression, there is currently no known cure.

This definition doesn't cover HIV infection through other means, including sexual activity or drug abuse.

Liver failure – *of advanced stage*

Policy definition

Liver failure due to cirrhosis and resulting in all of the following: **permanent** jaundice; ascites and encephalopathy.

For the above definition liver disease secondary to alcohol or drugs is not covered.

What does this mean?

The liver is a vital organ located in the right upper area of the **insured person's** abdomen under the ribs. Liver failure is caused by liver damage, which makes it difficult or impossible for the liver to function normally in processes that are critical to life, including blood clotting, clearing the blood of toxins, fighting infection, making bile that assists with digestion, producing proteins, enzymes, and healthy blood, removing waste and storing vitamins, minerals and energy.

Our definition requires that the liver failure is caused by cirrhosis (scarring of the liver and poor function) and that there is **permanent** jaundice (yellowing of the skin), ascites (swelling of the abdomen) and encephalopathy (a disorder of the brain). We won't pay a claim where the liver failure has been caused by alcohol or drugs.

Loss of hand or foot – *permanent physical severance*

Policy definition

Permanent physical severance of a hand or a foot at or above the wrist or ankle joints.

What does this mean?

This means physical severance and may be caused by illness or serious accident. This definition only requires severance of either a hand or foot above the wrist or ankle joints.

Loss of independent existence (including muscular dystrophy) – *permanent and irreversible*

Policy definition

The **permanent** inability to perform without the assistance of another person three or more of the following activities of daily living as confirmed by an appropriate **consultant** physician:

Washing

The ability to wash in the bath or shower (including getting into or out of the bath or shower) or wash satisfactorily by other means.

Dressing

The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.

Feeding

The ability to feed oneself once food has been prepared and made available.

Toileting

The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.

Transferring

The ability to move from a bed to an upright chair or wheelchair and vice versa.

Loss of speech – *permanent and irreversible*

Policy definition

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

This definition doesn't cover temporary loss of speech.

What does this mean?

This is when the **insured person** isn't able to talk again. It's often caused when the vocal cords need to be removed because of a tumour or a serious injury.

Paralysis of limb – *total and irreversible*

Policy definition

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

What does this mean?

Paralysis is the complete loss of use. It may be caused by injury or illness.

A limb is an arm or leg.

Primary pulmonary arterial hypertension – *of specified severity*

Policy definition

A definite diagnosis of pulmonary hypertension. 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 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.

For the above definition: Primary pulmonary arterial hypertension secondary to another cause or other types of hypertension are not covered.

What does this mean?

Primary Pulmonary Arterial Hypertension (PAH) is a condition where the blood pressure in the arteries that carry blood from the heart to the lungs is too high. This happens because the arteries become narrow or blocked, making it harder for blood to flow through them. As a result, the heart has to work harder to pump blood, which can lead to symptoms like shortness of breath, tiredness, and chest pain.

The Secondary Pulmonary Arterial Hypertension is not covered under this definition. (PAH) is high blood pressure in the arteries that carry blood from the heart to the lungs, caused by another health condition. This could be due to heart disease, lung disease, or blood clots. It makes it harder for blood to flow through the lungs, causing symptoms like shortness of breath, tiredness, and chest pain.

Pulmonary artery surgery – *to excise and replace with a graft*

Policy definition

The actual undergoing of surgery on the advice of a **consultant** cardiothoracic surgeon for a disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

What does this mean?

The pulmonary arteries carry deoxygenated blood from the heart to the lungs.

The surgical procedure requires the breastbone to be divided and involves taking a blood vessel from another part of the body, for example, the chest or the leg, and using it to bypass the diseased artery.

Please check 'Heart surgery' if the illness doesn't meet this definition.

Respiratory failure – of advanced stage

Policy definition

Advanced stage emphysema or other chronic lung disease, resulting in all of the following:

- i. The need for regular oxygen treatment on a **permanent** basis.
- ii. The **permanent** impairment of lung function tests as follows; Forced Vital Capacity (FVC) and Forced Expiratory Volume at 1 second (FEV1) being less than 50% of normal.

What does this mean?

The lungs allow us to breathe in oxygen and get rid of harmful carbon dioxide. This definition covers advanced lung failure when breathing is severely affected and regular oxygen therapy is required.

Respiratory failure may also be referred to as 'chronic lung disease' or 'severe lung disease'.

Rheumatoid arthritis – of specified severity

Policy definition

A definite diagnosis by a **consultant** rheumatologist of rheumatoid arthritis, with evidence of widespread joint destruction and deformity of at least three major joint groups (such as shoulders, elbows, hips, knees, wrists and hands), which results in **permanent** inability to perform at least three of the four following criteria:

- i. Bending - The inability to bend or kneel to pick up something from the floor and stand up again and the inability to get into and out of a standard saloon car
- ii. Dexterity - The inability to use hands and fingers to pick up and manipulate small objects such as cutlery, including being unable to write using a pen or pencil
- iii. Lifting - The inability to lift, carry or otherwise move everyday objects by hand. Everyday objects include a kettle of water, a bag of shopping and an overnight bag or briefcase
- iv. Mobility - The inability to walk a distance of 200 meters on flat ground, with or without the aid of a walking stick and without having to rest or experiencing severe discomfort

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 does this mean?

Rheumatoid arthritis is an autoimmune disease. This is when the immune system, which usually fights infection, attacks the cells that line the joints, making them swollen, stiff and painful. Over time, this can damage the joint itself, the cartilage and nearby bone.

The symptoms can be very painful, making it difficult to move around and do everyday tasks.

When symptoms become worse, this is known as a flare-up or flare. A flare-up is impossible to predict, making rheumatoid arthritis difficult to live with.

Terminal illness – *before state pension age where death is expected within 12 months*

Policy definition

A definite diagnosis by the attending **consultant** of an illness that satisfies both of the following:

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

What does this mean?

This definition provides cover for illnesses or conditions where the life expectancy is 12 months or less.

Third degree burns – *covering 20% of the surface area of the body or 20% of the face or head*

Policy 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 or covering 20% of the area of the face or head.

What does this mean?

Third-degree burns are the most serious type of burns, involving the full thickness of the skin and underlying connective tissue.

These can be life threatening and need numerous skin grafts. The burns must cover at least 20% of the body's surface area or 20% of the face or head.

Total and permanent disability – before state pension age and of specified severity

Policy definition

If, where insured, a spouse, registered civil partner or child is not in a gainful **occupation** immediately before the onset of disability, a claim for total and permanent disability before state pension age will be assessed against either definition (a) or (b) below.

For all other **insured persons**:

- i. Where the relevant category in the policy schedule shows total and permanent disability as any **occupation**, either definition (a) or (b) below will apply, and
- ii. where the relevant category in the policy schedule shows total and permanent disability as own **occupation**, either definition (a) or (c) below will apply.
- iii. where the relevant category in the policy schedule shows total and **permanent** disability as suited **occupation**, either definition (a) or (d) below will apply.

In all cases, to meet these definitions

- an **insured person** must be aged less than their state pension age,
- the relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the **insured person** expects to retire, and
- there must be a clear prognosis by the relevant specialists. Disabilities for which the relevant specialist cannot give a clear prognosis are not covered.

- a) Loss of the physical ability through an illness or injury to ever again do at least three of the six work tasks listed below. 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 work tasks are:

Walking: The ability to walk a distance of 200 metres on a level surface.

Bending: The ability to bend or kneel to touch the floor and straighten up again.

Getting in and out of a car: The ability to get into a standard saloon car and out again.

Lifting: The ability to pick up an object weighing 2 kg at table height and hold for 60 seconds before replacing the object on the table.

What does this mean?

If an insured member, spouse, registered civil partner, or child is not in gainful employment before the onset of disability, a claim for total and permanent disability before state pension age will be assessed against either definition (a) or (b).

For all other **insured persons**:

- If the policy schedule shows total and permanent disability as any **occupation**, either definition (a) or (b) will apply.
- If it shows total and permanent disability as own **occupation**, either definition (a) or (c) will apply.
- If it shows total and permanent disability as suited **occupation**, either definition (a) or (d) will apply.
- In all cases, the **insured person** must be under state pension age, the disability must be expected to last throughout life with no prospect of improvement, and there must be a clear prognosis by relevant specialists.

Definition (a) involves the loss of physical ability to perform at least three of six specified work tasks, requiring help, supervision or special equipment:

- Walking: Walk 200 meters on a flat surface.
- Bending: Bend or kneel to touch the floor and straighten up.
- Getting in and out of a car: Get in and out of a standard saloon car.
- Lifting: Picking up a 2 kg object at table height, hold for 60 seconds, and replace it.
- Writing: Write legibly with a pen or pencil, or type using a computer keyboard.
- Climbing: Climb up and down a flight of 12 stairs using a handrail if needed.

Writing: The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.

Climbing: The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.

- b) Loss of the physical or mental ability through an illness or injury to the extent that the **insured person** is unable ever again to do the duties of any **occupation** at all. The duties are those that are normally required for, and/or form a significant and integral part of the performance of the **occupation** that cannot reasonably be omitted or modified. Any **occupation** means any type of work at all, irrespective of location or availability.
- c) Loss of the physical or mental ability through an illness or injury to the extent that the **insured person** is unable to do the duties of their own **occupation** ever again. The duties are those that are normally required for, and/or form a significant and integral part of the performance of the **insured person's own occupation** that cannot reasonably be omitted or modified. Own **occupation** means the **insured person's** trade, profession or type of work they do for profit or pay. It is not a specific job with any particular employer and is irrespective of location or availability.
- d) Loss of the physical or mental ability through an illness or injury to the extent that the **insured person** is unable to do the duties of a suited **occupation** ever again. The 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. Suited **occupation** means work that could be done considering the individual's employment history, knowledge, transferable skills, training, education, and experience, irrespective of location or availability.

Definition (b) involves the loss of physical or mental ability to perform any **occupation** duties.

Definition (c) involves the loss of physical or mental ability to perform the duties of their own **occupation**.

Definition (d) involves the loss of physical or mental ability to perform the duties of a suited **occupation**, considering the individual's employment history, knowledge, skills, training, education, and experience.

To meet these definitions:

- The **insured person** must be under state pension age.
- Specialists must expect the disability to last for life with no improvement.
- There must be a clear prognosis by specialists. Disabilities without a clear prognosis are not covered.

Traumatic head injury – *resulting in permanent symptoms*

Policy definition

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

What does this mean?

Traumatic head injury is covered by this definition when **permanent** symptoms result from the injury. An example is a severe head injury caused by a road accident.

Exclusions

Exclusion relating to terminal illness

We will not consider a claim for the condition terminal illness submitted to us after the death of the **insured person**.

Pre-existing conditions exclusion

We will not pay benefit for any insured condition for which the **insured person**, before they were included for cover under the plan;

- i. has already met the definition of;
- ii. has already been in the insured condition's qualifying period when they were included for cover under the plan. Qualifying periods, where applicable, are shown in the insured condition definition. For example, as part of the qualification for multiple sclerosis specified symptoms must persist for six months.
- iii. for which this plan or any other plan, has already paid benefit in respect of them.
- iv. has experienced symptoms of, had taken medical advice on, have been investigated for or treated for.

The above applies even if diagnosis was not made prior to joining the scheme.

For avoidance of doubt, in respect of a child, we will not pay benefit for any insured condition which a parent or legal guardian knew, or had received medical advice, or counseling in respect of that disablement, illness or related condition, before the child was included for cover under the scheme.

For the purpose of the above, the diagnosis or undergoing of:

- aorta graft surgery
- balloon valvuloplasty
- cardiomyopathy
- coronary angioplasty
- cardiac arrest
- coronary artery bypass grafts
- a heart attack
- heart surgery
- undergoing a complete heart transplant as a recipient (with reference to major organ transplant)
- the inclusion on an official United Kingdom, Channel Islands or The Isle of Man transplant waiting list to receive a complete heart (with reference to major organ transplant)
- heart valve replacement or repair
- primary pulmonary arterial hypertension
- pulmonary artery surgery, or
- a stroke

are considered to be the same insured condition. For example, if a heart attack has occurred before cover starts under the scheme, no benefit shall be payable for any future angioplasty, aorta graft surgery, balloon valvuloplasty, cardiomyopathy, coronary artery bypass grafts, heart attack, heart surgery, heart transplant, heart valve replacement or repair, pulmonary artery surgery or stroke.

Group critical illness cover – Appendix to quotation

Under our pre-existing conditions exclusions, the diagnosis or undergoing of:

- kidney failure
- undergoing a complete kidney transplant (with reference to major organ transplant), or
- the inclusion on an official United Kingdom, Channel Islands or the Isle of Man transplant waiting list to receive a complete kidney (with reference to major organ transplant)

are considered to be the same condition.

Under our pre-existing conditions exclusions, the diagnosis or undergoing of:

- liver failure
- undergoing a complete liver, or lobe of liver, transplant (with reference to major organ transplant), or
- the inclusion on an official United Kingdom, Channel Islands or the Isle of Man transplant waiting list to receive a complete liver, or lobe of liver (with reference to major organ transplant)

are considered to be the same condition.

Under our pre-existing conditions exclusions, the diagnosis or undergoing of:

- respiratory failure
- cystic fibrosis
- undergoing a complete lung transplant (with reference to major organ transplant), or
- the inclusion on an official United Kingdom, Channel Islands or the Isle of Man transplant waiting list to receive a complete lung (with reference to major organ transplant)

are considered to be the same condition.

Under our pre-existing conditions exclusion, the following:

- aplastic anaemia
- undergoing a bone marrow transplant as a recipient (with reference to major organ transplant)
- the inclusion on an official United Kingdom, Channel Islands or Isle of Man transplant waiting list to receive bone marrow (with reference to major organ transplant)

are considered to be the same condition.

Under our pre-existing conditions exclusions, the diagnosis or undergoing of:

- Systemic Lupus Erythematosus with severe complications
- Antiphospholipid Syndrome (Hughes Syndrome)
- Sjogren's Syndrome or any autoimmune condition directly and causally associated with the development or progression of systemic lupus erythematosus

are considered to be the same condition.

In addition, where the **insured person** has been diagnosed with any malignant tumours, defined as cancer, we will not pay benefit for any subsequent cancer. For this purpose the subsequent cancer doesn't have to be connected to, or associated with, the earlier diagnosis of cancer. If the cancer is new and unrelated see Cancer second and subsequent.

We will not pay benefit for the following conditions if the disablement or illness started before the **insured person** joined the scheme:

- Loss of independent existence (including muscular dystrophy)
- Child loss of independent existence
- Terminal illness
- Total and permanent disability.
- Rheumatoid arthritis

For the conditions loss of independent existence (including muscular dystrophy), child loss of independent existence, paralysis of limbs, terminal illness, total and permanent disability and rheumatoid arthritis, we will not pay benefit if:

- the **insured person** has at any time, had or undergone any of the insured conditions, or
- a medical adviser chosen by us believes it has resulted from any condition which the **insured person** was known to have had, at, or before, joining the scheme.

As long as a later diagnosis confirms this, we'll consider an **insured person** to have:

- met an insured condition, or
- been in a duration period included in an insured condition definition before they joined the plan, whether or not the insured condition had been formally diagnosed.

We will not pay benefit for any insured condition occurring within two years of an **insured person** joining the scheme that has resulted from any related condition for which they:

- have received treatment;
- have, or had, symptoms of;
- have sought advice on; or
- were aware of.

For the above, the insured condition may have directly or indirectly resulted from a related condition. The decision as to whether something is a related condition will be based on the opinion of a medical adviser chosen by us. We have included a list of related conditions in the following section.

For a spouse or registered civil partner who is included for cover, wherever the pre-existing conditions exclusion refers to the day of joining the scheme it should be read as the day their cover starts.

When a child of an insured employee becomes eligible for inclusion, we will provide cover and the pre-existing conditions exclusion will apply to the cover for the child from the day they are included. For this purpose, wherever the pre-existing conditions exclusion refers to the day of joining the scheme, it should be read as the day the child's cover starts.

The pre-existing conditions exclusion outlined above will also apply to each increase in an **insured person's** benefit. With the exception of benefit increases that directly result from scheme earnings increases totaling not more 7% occurring within:

- the period starting on the inception date and ending on the day before the first annual renewal date, and
- each calendar year thereafter starting on an annual renewal date.

For benefit increases where we apply the pre-existing conditions exclusion, wherever the pre-existing conditions exclusion refers to the day of joining the scheme, it should be read as the day of the increase.

Related conditions

The conditions which apply as Related Conditions under the pre-existing conditions for the various insured conditions will include, but not be restricted to, those listed below:

Aplastic anaemia – with permanent bone marrow failure

Fanconi's anaemia
Cancer

Bacterial meningitis – resulting in permanent neurological deficit

Brain abscess	Sinusitis	Fungal meningitis
Venous sinus thrombosis	Mastoiditis	Sarcoidosis

Benign brain tumour – resulting in either surgical removal or permanent symptoms

Neurofibromatosis (Von Recklinghausen's disease)
Haemangioma (Von Hippel-Lindau)
Acoustic neuroma

Blindness – permanent and irreversible

Glaucoma	Retrolbulbar neuritis	Transient ischaemic attack
Pituitary tumour	Sarcoidosis	Stroke
Optic atrophy	Malignant exophthalmos	Multiple sclerosis
Papilloedema	Diabetes mellitus	Uveitis

Cancer (including Hodgkin's disease) – excluding less advanced cases

Polyposis coli	Crohn's disease	Any carcinoma in situ or ulcerative colitis
Papilloma of the bladder	Abnormal smear test	

Cardiac arrest – with insertion of a defibrillator

Coronary artery disease	Heart failure and cardiomyopathy	Left ventricular hypertrophy
Myocarditis	Hypertrophic cardiomyopathy	Arrhythmogenic right ventricular cardiomyopathy
Brugada syndrome	Idiopathic ventricular fibrillation (also called primary electrical disease)	Congenital or acquired long term QT syndrome
Familial sudden cardiac death (SCD) of uncertain cause	Wolff-Parkinson-White syndrome.	

Coma – resulting in permanent symptoms

Multiple sclerosis	Muscular dystrophy	A history of attempted suicide
Cerebral palsy	Brain abscess	
Any mental illness	Myasthenia gravis	Any lesion/growth of the brain or spinal cord
Any vascular lesion of the brain	Fits or convulsions of unknown origin	

Coronary angioplasty – aorta graft surgery, balloon valvuloplasty, cardiomyopathy, cardiac arrest, coronary artery bypass grafts, heart attack, heart surgery, heart valve replacement or repair and pulmonary artery surgery

Any disease or disorder of the heart, hypertension or any obstructive/occlusive arterial disease

Diabetes mellitus

Hypercholesterolaemia

Creutzfeldt-Jakob disease (CJD) – resulting in permanent symptoms

Dementia	Organic brain disease	Circulatory brain disorder
Amnesic disorder	Aphasia	Parkinson's disease
Epilepsy	Depression	Psychosis
Disease of the central nervous system	Memory loss or disorder	

Deafness – permanent and irreversible

Mastoiditis	Middle ear infection or tumour	Neurofibromatosis
Otitis media	Acoustic nerve injury	Cholesteatoma

Dementia including Alzheimer's disease of specified severity

Parkinson's disease	Memory loss or disorder	Organic brain disease
Epilepsy	Circulatory brain disorder	Depression
Amnesic disorder	Psychosis	Aphasia
Disease of the central nervous system		

Encephalitis – resulting in permanent neurological deficit

Brain abscess	Subarachnoid haemorrhage	Tuberculosis
Leptospirosis	Toxoplasmosis	

Kidney failure – requiring dialysis

Hypertension	Familial polycystic kidney disease or any chronic renal disease or disorder	
Diabetes mellitus		

Liver failure – of advanced stage

Gall stones	Haemochromatosis	Primary sclerosing cholangitis
Cystic fibrosis	Alpha 1 antitrypsin deficiency	Portal hypertension
Portal hypertension	Chronic liver disease	
Primary sclerosing cholangitis	Including but not limited to hepatitis B & C	

Loss of hand or foot – permanent physical severance

Vascular disease	Congenital deformities of limbs	Diabetes mellitus
Bone and soft tissue cancer	Brachial plexus trauma	

Loss of independent existence (including muscular dystrophy) – permanent and irreversible

Multiple sclerosis, whether a definite or tentative diagnosis	Cerebral palsy, or any disease or disorder of the brain	
Muscular dystrophy	Spinal cord or column	
Family history of muscular dystrophy	Diabetes mellitus	

Group critical illness cover – Appendix to quotation

Loss of speech – permanent and irreversible

Transient ischaemic attack	Multiple sclerosis	Brain tumour
Stroke	Cancer	Laryngeal polyps
Motor neurone disease		

Major organ transplant – from another donor

Cardiomyopathy	Chronic liver disease or failure Chronic kidney disease or failure	Diabetes mellitus
Coronary artery disease	Leukaemia	Chronic pancreatitis
Cardiac failure	Pulmonary hypertension or chronic lung disease	Cystic fibrosis

Motor neurone disease – resulting in permanent symptoms

Less rapidly progressing forms of motor neurone disease.

Multiple sclerosis – with current clinical impairment

Any form of neuropathy, encephalopathy, or myelopathy including, but not restricted to the following:	
Abnormal sensation (numbness) of the extremities, trunk or face	Difficulty of bladder control
Weakness or clumsiness of a limb	Optic neuritis
Double vision	Spinal cord lesion
Partial blindness	Abnormal MRI scan
Ocular palsy	Retrobulbar neuritis
Vertigo (dizziness)	

Paralysis of limb – total and irreversible

Multiple sclerosis, whether a definite or tentative diagnosis	Spinal cord or column
Muscular dystrophy, family history of muscular dystrophy	Diabetes mellitus
Cerebral palsy or any disease or disorder of the brain	

Parkinson's disease – resulting in permanent symptoms

Treatment with psychotropic medication	Extra pyramidal disease
Tremor	

Progressive supranuclear palsy – resulting in permanent symptoms

Organic brain disease	Disease of the central nervous system	Parkinson's disease
Treatment with dopamine antagonist	Tremor	Extra pyramidal disease
Epilepsy	Dementia	Amnesic memory disorder
Aphasia		

Primary pulmonary arterial hypertension – of specified severity

Primary pulmonary arterial hypertension secondary to another cause or other types of hypertension.

Pulmonary artery surgery – to excise and replace with a graft

Pulmonary valve stenosis	Patent ductus arteriosus
Fallot's tetralogy	Diabetes mellitus

Respiratory failure – of advanced stage

COAD (chronic obstructive airways disease)/COPD (chronic obstructive pulmonary disease)	
Emphysema	Adult respiratory distress syndrome
Interstitial/infiltrative lung disease	Bronchiectasis
Spinal cord or column	

Rheumatoid arthritis – of specified severity

Inflammatory polyarthropathies.

Stroke – resulting in symptoms lasting at least 24 hours

Hypertension	Intra-cranial aneurysm or any obstructive/occlusive arterial disease
Any valvular disorder of the heart	Diabetes mellitus
Transient ischaemic attacks	Hypercholesterolaemia

Systemic lupus erythematosus – resulting in permanent symptoms

Antiphospholipid Syndrome (Hughes Syndrome)
 Rheumatoid Arthritis
 Sjogren's Syndrome

Total and permanent disability – before state pension age and of specified severity

Multiple sclerosis, whether a definite or tentative diagnosis	Diabetes mellitus
Muscular dystrophy	Arthritis
Family history of muscular dystrophy	Chronic or recurrent back, neck, joint or muscle pain
Cerebral palsy, motor neurone or any other disease or disorder of the brain	
Progressive supranuclear palsy or any disease or disorder of the central nervous system including the spinal cord or column	

Related conditions for core child conditions

Child loss of independent existence

Multiple sclerosis, whether a definite or tentative diagnosis	Muscular dystrophy
Family history of muscular dystrophy	Spinal cord or column
Cerebral palsy, or any disease or disorder of the brain	Diabetes mellitus
Cystic fibrosis	Hydrocephalus
Spina bifida	

In addition, a Related Condition is any that we determine, on the basis of medical evidence, to have contributed to or exacerbated the occurrence of an insured condition.

Contact us



0345 026 0094

We may record and monitor calls. Call charges will vary.



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