

# Critical illness definitions



# Contents

<b>1. Critical illness introduction</b>	<b>3</b>
<b>2. Critical illness cover</b>	<b>4</b>
<b>3. Important information</b>	<b>5</b>
<b>4. Conditions key</b>	<b>6</b>
<b>Appendix 1A - Cancer</b>	<b>8</b>
<b>Appendix 1B - Brain and the central nervous system</b>	<b>11</b>
<b>Appendix 1C - Heart and the circulatory system</b>	<b>15</b>
<b>Appendix 1D - Organs</b>	<b>18</b>
<b>Appendix 1E - Auto-immune disorders</b>	<b>20</b>
<b>Appendix 1F - Senses</b>	<b>22</b>
<b>Appendix 1G - Mental Health</b>	<b>23</b>
<b>Appendix 1H - Terminal Illness</b>	<b>24</b>
<b>Appendix 1I - Hospital Benefit</b>	<b>24</b>
<b>Appendix 1J - Children's cover</b>	<b>25</b>
<b>Appendix 2 - Extra care cover</b>	<b>30</b>
<b>Appendix 3 - Total permanent disability</b>	<b>31</b>

# 1. Critical illness **introduction**

We've produced this guide to help you to understand the cover we offer. It tells you which illnesses we cover, the circumstances in which we'll pay a claim and the exclusions we use.

We've assumed you're the policyholder and the life covered. However, you can also take out a policy to cover someone else. We will only pay the cover amount once. So when we've accepted a claim, the policy will end.

However, if you have selected extra care cover and claim for critical illness, upgraded critical illness or total permanent disability, you may be still be eligible to make a further claim for extra care cover.

The contents of this document are given for guidance only and do not affect your policy conditions.

You can request copies of the policy conditions from the contact details at the end of this guide.

## 2. Critical illness **cover**

Critical illness cover pays out a lump sum if you're diagnosed with, or receive treatment for a critical illness that meets our policy definition during the policy term and then survive for at least 10 days. We only cover the critical illnesses we define in our policy and no others.

Our critical illness cover can be taken out as a standalone policy known as Critical Illness+.

Critical illness cover can also be combined with a Life Insurance+ policy. If you choose to do this, your policy will pay out if you meet our definition of critical illness, or if you:

- develop a terminal illness that meets our policy definition; or
- die.

Critical illness cover is available for a term of your choice subject to:

- your age
- the type of premiums you choose
- the options you include on your policy.

Your policy has no cash-in value at any time. If you stop paying your premiums, your policy, and your cover, will end.

Our critical also includes children's critical illness benefit, hospital benefit and children's death benefit, as described below.

It covers any child under the policy. Children are covered from the age of 30 days until their 18th birthday (or 21st birthday if in full time education).

They must be between these ages at the time they:

- meet the definition for one of our children's critical illness conditions, or
- stay in hospital, or
- die.

We'll accept a claim for each of the below benefits for each child.

The cover will continue for any other child.

# 3. **Important** information

This guide gives you detailed information about the range of critical illnesses covered by your Aviva policy. It doesn't replace the policy conditions. If you need to make a claim, we'll refer to the definitions in your policy conditions. Please also be aware that individual acceptance terms may exclude certain conditions and these will be confirmed on your policy schedule.

There are two other key documents that you must read in conjunction with this definitions guide:

- **Policy summary** – this gives you information about the main points of your policy.
- **Policy conditions** – this is the basis of any contract we enter into with you for critical illness cover.

Please remember that it's important when applying for critical illness cover that you give us accurate information as we use this to make a decision about the cover we can offer.

Please ensure your application is answered fully, accurately and truthfully. If you don't, it could affect whether we pay or not in the event of a claim.

# 4. Conditions **key**

## **Critical illness – full payment conditions**

We'll pay the cover amount after which the policy will end for all benefits under the policy except extra care cover (if selected), for which that life covered may be eligible to claim.

## **Additional critical illness**

We'll pay the lower of £25,000 or 25% of the cover amount.

## **Children's critical illness**

We'll pay the lower of £25,000 or 50% of the cover amount.

Children are covered from age 30 days until their 18th birthday, or 21st birthday if in full time education.

These conditions are covered if upgraded critical illness benefit has been selected

## **Upgraded critical illness - full payment conditions**

We'll pay the cover amount after which the policy will end for all benefits under the policy except extra care cover (if selected), for which that life covered may be eligible to claim.

## **Upgraded additional critical illness**

We'll pay the lower of £25,000 or the cover amount.

## **Upgraded children's critical illness**

We'll pay £25,000.

## **Child extra care cover**

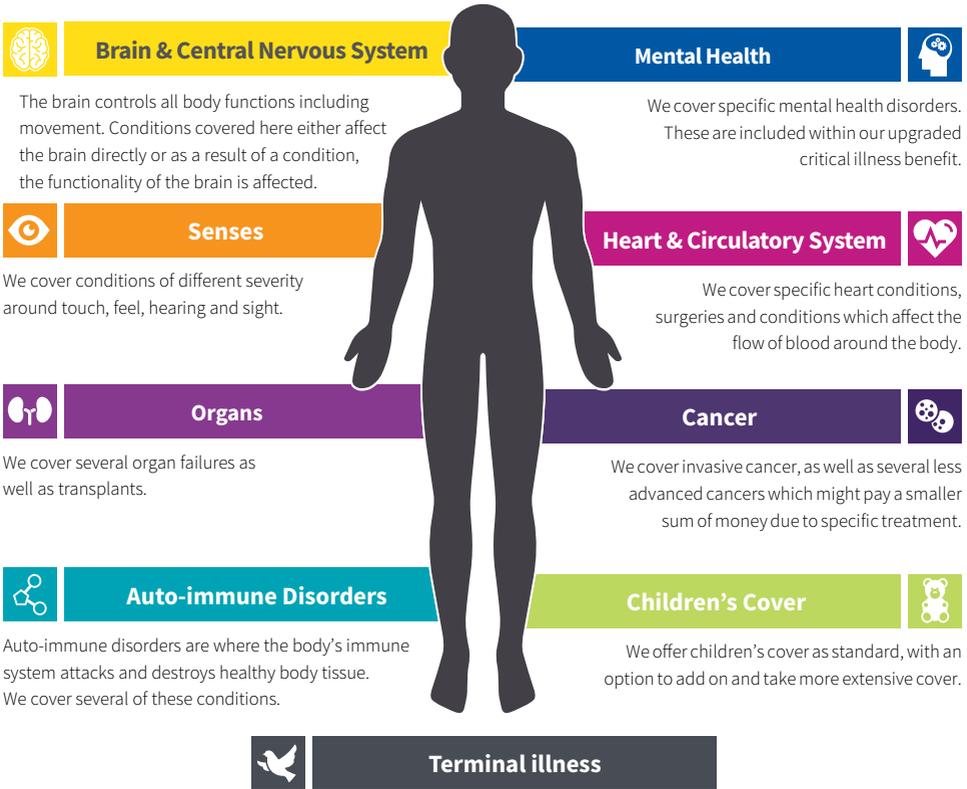
We'll pay £50,000 or £25,000 if you've already made a claim for upgraded children's critical illness.

## **Optional benefits available with critical illness cover**

These are benefits that can be added to your cover for an additional cost. For further information on other optional benefits available, please speak to your financial adviser.

**If you would like further information on our definitions, please see the policy conditions.**

We'll be presenting the critical illnesses we cover using groupings. Each group represents what the illness or condition relates to using a simple body picture as shown below. You can see at a glance the types of conditions you are covered for and can find more detail in the following pages.



We cover a number of types of conditions, illnesses and treatments. This table sets out which appendices you should refer to for each of type of condition or illness.

<b>Appendix 1A - Cancer</b>
<b>Appendix 1B - Brain and the central nervous system</b>
<b>Appendix 1C - Heart and the circulatory system</b>
<b>Appendix 1D - Organs</b>
<b>Appendix 1E - Auto-immune disorders</b>
<b>Appendix 1F - Senses</b>
<b>Appendix 1G - Mental Health</b>
<b>Appendix 1H - Terminal illness</b>
<b>Appendix 1I - Hospital benefit</b>
<b>Appendix 1J - Children's Cover</b>

# Appendix 1A - Cancer



## Cancer

### Critical illness benefit (full payment)

Cancer

### Critical illness benefit (additional benefits)

Less advanced cancer of the breast

Less advanced cancer of the prostate

The below definitions are included if you have chosen to include upgraded critical illness benefit at extra cost to your premium.

### Upgraded critical illness benefit (additional benefits)

Less advanced cancer of the breast

Less advanced cancer of the renal pelvis and ureter

Less advanced cancer of the larynx

Less advanced cancer of the testicle

Less advanced cancer of the ovary

Less advanced cancer of the urinary bladder

Less advanced cancer of the prostate

Less advanced cancer in situ – with surgery

Low malignant potential tumour of gastrointestinal stromal (GIST) or Neuroendocrine (NET) types – with surgery

### Critical illness benefit (full payment)

**Cancer** – excluding less advanced cases.

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.

The term malignant tumour includes:

- leukaemia
- sarcoma
- lymphoma (except cutaneous lymphoma – lymphoma confined to the skin)
- pseudomyxoma peritonei
- Merkel cell cancer

The following are not covered:

- all cancers which are histologically classified as any of the following:
  - pre-malignant
  - non-invasive
  - cancer in situ
  - having borderline malignancy
  - having low malignant potential
- all tumours of the prostate unless histologically classified as having a Gleason score of 7 or above, or having progressed to at least TNM classification T2bN0M0
- malignant melanoma skin cancer that is confined to the epidermis (outer layer of skin)
- any non-melanoma skin cancer or cutaneous lymphoma unless it has spread to lymph nodes or distant organs.

## Critical illness benefit (additional benefits)

**For the following two definitions we will pay out the lower of £25,000 or 25% of the cover amount. If Upgraded critical illness benefit is included, the calculation will change to that shown below.**

**Less advanced cancer of the breast** – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ or neuroendocrine tumour (NET) of low malignant potential of the breast with surgery to remove the tumour.

**Less advanced cancer of the prostate** – of specified severity and treatment

Tumours of the prostate histologically classified as having a Gleason score between 2 and 6 inclusive providing the tumour has progressed to a clinical TNM classification between T1N0M0 and T2aN0M0 and the tumour has been treated by one of the following:

- complete removal of the prostate
- external beam or interstitial implant therapy
- cryotherapy
- hormone therapy
- high intensity focused ultrasound.

The following is not covered:

- prostate cancers where the treatment is not one of the specified treatments above, or requires observation only.

**If Upgraded critical illness benefit is selected, we will pay the lower of £25,000 or the cover amount for these two definitions.**

## Upgraded critical illness benefit (additional benefits)

The below definitions will pay the lower of £25,000 or the cover amount.

**Less advanced cancer of the larynx** – with specified treatment

A positive diagnosis with histological confirmation of cancer in situ of the larynx treated with surgery, laser or radiotherapy.

**Less advanced cancer of the ovary** – with surgical removal

A positive diagnosis with histological confirmation of ovarian tumour of borderline malignancy or low malignant potential which has resulted in surgical removal of an ovary.

The following is not covered:

- removal of an ovary due to a cyst.

**Less advanced cancer of the renal pelvis or ureter** – of specified severity

A positive diagnosis with histological confirmation of cancer in situ of the renal pelvis or ureter.

The following are not covered:

- non-invasive papillary carcinoma
- tumours of TNM classification stage Ta.

**Less advanced cancer of the testicle** – with specified surgery

A positive diagnosis with histological confirmation of intratubular germ cell neoplasia unclassified (ITGCNU) or benign testicular tumour resulting in orchidectomy (removal of a testicle).

**Less advanced cancer of the urinary bladder** – of specified severity

A positive diagnosis with histological confirmation of cancer in situ of the urinary bladder.

The following are not covered:

- non-invasive papillary carcinoma
- TNM classification stage Ta bladder cancer.

**Less advanced cancer in situ** – with surgery

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

The following are not covered:

- Any skin cancer (including melanoma)
- Tumours treated with radiotherapy, laser therapy, cryotherapy, cone biopsy, LLETZ (large loop excision of the transformation zone), diathermy treatment or topical therapy.

**For this definition, you can claim more than once as long as the in situ cancer is of a separate site to one previously claimed for and also is not covered under any of the less advanced cancer definitions of named sites.**

**Low malignant potential tumour of gastrointestinal stromal (GIST) or Neuroendocrine (NET) types** – with surgery

Gastrointestinal stromal tumour (GIST) or neuroendocrine tumour (NET) of low malignant potential diagnosed with histological confirmation and that has been treated with surgery to remove the tumour.

The following are not covered:

Tumours treated with radiotherapy, laser therapy, cryotherapy, diathermy treatment or topical therapy.

**For this definition, you can claim more than once as long as the Gastrointestinal tumour or Neuroendocrine tumour is of a separate site to one previously claimed for and also is not covered under any of the less advanced cancer definitions of named sites.**

# Appendix 1B - Brain and the central nervous system



## Brain and the central nervous system

### Critical illness benefit (full payment)

Bacterial meningitis	Encephalitis
Benign brain tumour	Motor neurone disease
Brain injury due to trauma, anoxia or hypoxia	Multiple sclerosis
Coma	Paralysis of a limb
Creutzfeldt-Jakob disease	Parkinson's disease
Dementia	Stroke or spinal cord stroke

The below definitions are included if you have chosen to include upgraded critical illness benefit at extra cost to your premium.

### Upgraded critical illness benefit (full payment)

Benign spinal cord tumour	Neuromyelitis optica (Devic's disease)
Brain abscess	Parkinson's plus syndromes
Intensive care	Syringomyelia or syringobulbia

### Upgraded critical illness benefit (additional benefits)

Cauda equina syndrome	Drug resistant epilepsy
Cerebral spinal aneurysm	Non-malignant pituitary adenoma
Cerebral or spinal arteriovenous malformation	

### Critical illness benefit (full payment)

**Bacterial meningitis** – resulting in permanent symptoms

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis must be confirmed by a consultant neurologist.

The following are not covered:

- all other forms of meningitis including viral meningitis.

**Benign brain tumour** – resulting in permanent symptoms or undergoing defined treatments

A non-malignant tumour or cyst originating in the brain, cranial nerves or meninges within the skull, resulting in any of the following:

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

The following are not covered:

- tumours in the pituitary gland
- angiomas.

**Brain injury due to trauma, anoxia or hypoxia** – resulting in specified symptoms

Death of brain tissue due to traumatic injury or reduced oxygen supply (anoxia or hypoxia) resulting in permanent neurological deficit with persisting clinical symptoms.

**Coma** – with associated permanent symptoms

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

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

**Creutzfeldt-Jakob disease**

A definite diagnosis of Creutzfeldt-Jakob disease by a consultant neurologist.

**Dementia** – resulting in permanent symptoms

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

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

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

**Encephalitis** – resulting in permanent symptoms

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

**Motor neurone disease** – resulting in permanent symptoms

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

- amyotrophic lateral sclerosis (ALS)
- Kennedy's disease
- primary lateral sclerosis (PLS)

- progressive bulbar palsy (PBP)
- progressive muscular atrophy (PMA)
- spinal muscular atrophy (SMA).

There must also be permanent clinical impairment of motor function.

**Multiple sclerosis** – where there have been symptoms

A definite diagnosis of multiple sclerosis by a consultant neurologist. There must have been clinical impairment of motor or sensory function caused by multiple sclerosis.

**Paralysis of a limb** – total and irreversible

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

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

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

The following are not covered:

- Parkinsonian syndromes
- Parkinsonism.

**Stroke or spinal cord stroke**

Death of brain or spinal cord tissue due to inadequate blood supply or haemorrhage within the skull or spinal cord resulting in either:

- Permanent neurological deficit with persisting clinical symptoms; or
- Definite evidence of death of tissue or haemorrhage on a brain or spinal cord scan; and
- Neurological deficit with persistent clinical symptoms lasting at least 24 hours.

The following is not covered

- Transient ischaemic attacks (TIA)
- Death of tissue of the optic nerve or retina/ eye stroke.

## Upgraded critical illness benefit (full payment)

**Benign spinal cord tumour** – resulting in permanent symptoms or undergoing defined treatments

A non-malignant tumour or cyst in the spinal cord, spinal nerves or meninges, resulting in any of the following:

- Permanent neurological deficit with persisting clinical symptoms; or
- Undergoing invasive surgery to remove part or all of the tumour; or
- Undergoing either stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells.

The following are not covered:

- granulomas, haematomas, abscesses, disc protrusions and osteophytes.

**Brain abscess** – undergoing defined treatments

A definite diagnosis of an intracerebral abscess within the brain tissue by a consultant neurologist, resulting in either of the following:

- surgical removal; or
- surgical drainage of the abscess

**Intensive care** – requiring mechanical ventilation for 10 consecutive days

Any sickness or injury resulting in the insured requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) or more in an intensive care unit in a UK hospital.

**Neuromyelitis optica (Devic's disease)** – where there have been symptoms

A definite diagnosis of neuromyelitis optica (Devic's disease) by a consultant neurologist. There must have been clinical impairment of motor or sensory function caused by neuromyelitis optica.

The following is not covered:

- neuromyelitis optica spectrum disorder.

**Parkinson's plus syndromes** – resulting in permanent symptoms

A definite diagnosis of one of the following Parkinson's plus syndromes by a consultant neurologist or geriatrician.

- multiple system atrophy
- progressive supranuclear palsy
- Parkinsonism-dementia-ALS complex
- diffuse lewy body disease
- corticobasal degeneration.

There must also be permanent clinical impairment of at least one of the following:

- motor function; or
- eye movement disorder; or
- postural instability; or
- dementia.

The following are not covered:

- other Parkinsonian syndromes
- Parkinsonism.

**Syringomyelia or syringobulbia** – requiring surgery

The undergoing of surgery to treat a syrinx in the spinal cord or brain stem.

**We will make an advance payment of the cover amount if you are placed on an NHS waiting list for this surgical treatment.**

### Upgraded critical illness benefit (additional benefits)

The below definitions will pay the lower of £25,000 or the cover amount.

**Cauda equina syndrome** – with permanent symptoms

Compression of the lumbosacral nerve roots (cauda equina) resulting in all of the following:

- permanent bladder dysfunction; and
- permanent weakness and loss of sensation in the legs.

The diagnosis must be supported by appropriate neurological evidence.

**Cerebral or spinal aneurysm** – with specified surgery

The undergoing of either of the following surgical procedures:

- surgical correction via craniotomy (surgical opening of the skull) or embolisation treatment using coils or other materials, in order to treat a cerebral aneurysm; or
- surgical resection, wrapping, clipping or embolisation of a spinal aneurysm.

**Cerebral or spinal arteriovenous malformation** – with specified surgery

The undergoing of either of the following surgical procedures:

- surgical correction via craniotomy (surgical opening of the skull) or endovascular treatment using coils or other materials, in order to treat a cerebral arteriovenous malformation; or
- surgical correction or embolisation of a spinal arteriovenous malformation.

**Drug resistant epilepsy** – with specified surgery

The undergoing of invasive surgery to brain tissue in order to control epilepsy that cannot be controlled by oral medication.

The following is not covered:

- deep brain stimulation.

**Non-malignant pituitary adenoma** – with specified treatment

A non-malignant pituitary tumour requiring radiotherapy or surgical removal.

The following is not covered:

- non-malignant tumours of the pituitary gland treated by any other method.

# Appendix 1C - Heart and the circulatory system



## Heart and the circulatory system

### Critical illness benefit (full payment)

Aorta graft surgery	Primary Cardiomyopathy
Cardiac arrest	Pulmonary arterial hypertension
Coronary artery bypass grafts	Pulmonary artery surgery
Heart attack	Structural heart surgery
Heart valve replacement or repair	

The below definitions are included if you have chosen to include upgraded critical illness benefit at extra cost to your premium.

### Upgraded critical illness benefit (full payment)

Heart failure	Peripheral vascular disease
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### Upgraded critical illness benefit (additional benefits)

Aortic aneurysm	Central retinal artery or vein occlusion
Carotid artery stenosis	Coronary angioplasty

### Critical illness benefit (full payment)

#### Aorta graft surgery

The undergoing of surgery to the aorta with excision and surgical replacement of a portion of the affected aorta with a graft. The term aorta includes the thoracic and abdominal aorta, but not its branches.

The following are not covered:

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

**We will make an advance payment of the cover amount if you are placed on an NHS waiting list for this surgical treatment.**

**Cardiac arrest** – with insertion of a defibrillator

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

- implantable cardioverter-defibrillator (ICD); or

- cardiac resynchronisation therapy with defibrillator (CRT-D).

#### Coronary artery bypass graft

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

**We will make an advance payment of the cover amount if you are placed on an NHS waiting list for this surgical treatment.**

#### Heart attack

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

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

The evidence must show a definite acute myocardial infarction.

The following are not covered:

- other acute coronary syndromes
- angina without myocardial infarction.

### **Heart valve replacement or repair**

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

### **We will make an advance payment of the cover amount if you are placed on an NHS waiting list for this surgical treatment.**

**Primary cardiomyopathy** – of specified severity or undergoing a defined treatment

A definite diagnosis by a consultant cardiologist of primary cardiomyopathy. The disease must result in at least one of the following:

- left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months by an MRI scan.
- marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
- implantation of a Cardioverter Defibrillator (ICD) on the specific advice of a cardiologist for the prevention of sudden cardiac death.

The following are not covered:

- any secondary cardiomyopathy
- all other forms of heart disease, heart enlargement and myocarditis.

**Pulmonary arterial hypertension** – of specified cause and severity

A definite diagnosis of one of the following by a consultant cardiologist or consultant respiratory physician of either:

- idiopathic pulmonary arterial hypertension
- chronic thrombo-embolic pulmonary hypertension.

There must be all of the following:

- a systolic pulmonary arterial pressure (PAP) of greater than 50mmHg (mm of mercury) for more than a year
- permanent and irreversible right ventricular dilatation and hypertrophy on echocardiogram and electrocardiogram (ECG).

### **Pulmonary artery surgery**

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) or thoracotomy on the advice of a consultant cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

### **We will make an advance payment of the cover amount if you are placed on an NHS waiting list for this surgical treatment.**

### **Structural heart surgery**

The undergoing of heart surgery requiring median sternotomy (surgery to divide the breast bone) or thoracotomy on the advice of a consultant cardiologist to correct any structural abnormality of the heart.

### **We will make an advance payment of the cover amount if you are placed on an NHS waiting list for this surgical treatment.**

## **Upgraded critical illness benefit (full payment)**

**Heart failure** – of specified severity

A definite diagnosis by a consultant cardiologist of failure of the heart to function as a pump which is evidenced by all of the following:

- permanent and irreversible limitation of function to at least class III on the New York Heart

Association (NYHA) classification of functional capacity (i.e. heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitations, breathlessness or chest pain)

- permanent and irreversible ejection fraction of 39% or less.

**Peripheral vascular disease** – requiring bypass surgery

A definite diagnosis of peripheral vascular disease by a consultant cardiologist or vascular surgeon with objective evidence from imaging of obstruction in the arteries requiring bypass graft surgery to an artery of the legs.

The following is not covered:

- angioplasty.

**We will make an advance payment of the cover amount if you are placed on an NHS waiting list for this surgical treatment.**

### Upgraded critical illness benefit (additional benefits)

The below definitions will pay the lower of £25,000 or the cover amount.

**Aortic aneurysm** – with endovascular repair

The undergoing of endovascular repair of an aneurysm of the thoracic or abdominal aorta with a graft.

The following is not covered:

- procedures to any branches of the thoracic or abdominal aorta.

**Carotid artery stenosis** – with surgical repair

The undergoing of endarterectomy or angioplasty with or without stent on the advice of a consultant physician to treat severe symptomatic stenosis in a carotid artery. This operation must be to treat:

- at least 50% diameter narrowing; and

- angiographic evidence will be required.

**Central retinal artery or vein occlusion** – with permanent visual impairment

Death of the optic nerve or retinal tissue due to inadequate blood supply or haemorrhage within the central retinal artery or vein, resulting in permanent visual impairment of the affected eye.

The following are not covered:

- branch retinal artery or vein occlusion or haemorrhage
- traumatic injury to tissue of the optic nerve or retina.

**Coronary angioplasty** – with specified treatment

Percutaneous coronary intervention (PCI) to correct narrowing or blockages of the left main stem artery, or two or more main coronary arteries. Multiple vessels must be treated at the same time or as part of a planned stage procedure within 60 days for the first PCI.

The main coronary arteries for this purpose are defined as right coronary artery, left anterior descending artery, circumflex artery, or their branches.

PCI is defined as any therapeutic intra-arterial catheter procedure including balloon angioplasty and/or stenting.

The following are not covered:

- diagnostic angioplasty
- two angioplasty procedures to a single main artery or branches of the same artery.

# Appendix 1D - Organs



## Organs

### Critical illness benefit (full payment)

Kidney failure	Respiratory failure
Liver failure	Third degree burns
Major organ transplant	

The below definitions are included if you have chosen to include upgraded critical illness benefit at extra cost to your premium.

### Upgraded critical illness benefit (full payment)

Crohn's disease – treated with two resections	Pneumonectomy
Interstitial lung disease	Ulcerative colitis

### Upgraded critical illness benefit (additional benefits)

Crohn's disease – one intestinal resection	Removal of one or more lobe(s) of the lung
Less severe third degree burns	

### Critical illness benefit (full payment)

#### **Kidney failure** – requiring permanent dialysis

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

#### **Liver failure**

Chronic liver disease, being end stage liver failure due to cirrhosis and resulting in all of the following:

- permanent jaundice
- ascites
- encephalopathy.

**Major organ transplant** – from another donor where applicable

Undergoing, as a recipient, a transplant of:

- bone marrow; or
- haematopoietic stem cells preceded by total bone marrow ablation; or

- a complete heart, kidney, liver, lung, or pancreas from another donor; or
- a whole lobe of the lung or liver from another donor; or
- inclusion on an official UK waiting list for such a procedure.

The following is not covered:

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

#### **Respiratory failure** – of specified severity

Confirmation by a consultant physician of severe lung disease with permanent impairment of lung function resulting in all of the following:

- the need for daily oxygen therapy for a minimum of 15 hours per day for at least six months
- forced expiratory volume at one second (FEV1) below 50% of normal
- forced vital capacity (FVC) below 50% of normal.

### **Third degree burns** – of specified severity

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 at least 20% of the surface area of the face or head.

### **Upgraded critical illness benefit (full payment)**

**Crohn's disease** – treated with two intestinal resections or total colectomy

A definite diagnosis by a consultant gastroenterologist of Crohn's disease, resulting in either:

- surgical intestinal resection to remove part of the small intestine or bowel on at least two separate occasions; or
- total colectomy (removal of entire large bowel).

**Interstitial lung disease** – of specified severity

A definite diagnosis of interstitial lung disease by a consultant respiratory physician resulting in all of the following:

- radiological evidence of pulmonary fibrosis
- permanent and irreversible DLCO (diffusing capacity of the lung for carbon monoxide) below 40% of predicted.

### **Pneumonectomy**

The undergoing of surgery on the advice of a consultant medical specialist to remove an entire lung due to disease or traumatic injury.

The following is not covered:

- other forms of surgery to the lungs including removal of a lobe of the lungs (lobectomy) or lung resection.

**We will make an advance payment of the cover amount if you are placed on an NHS waiting list for this surgical treatment.**

**Ulcerative colitis** – with total colectomy

A definite diagnosis of ulcerative colitis by a consultant gastroenterologist, which is treated with total colectomy (removal of entire large bowel).

**We will make an advance payment of the cover amount if you are placed on an NHS waiting list for this surgical treatment.**

### **Upgraded critical illness benefit (additional benefits)**

The below definitions will pay the lower of £25,000 or the cover amount.

**Crohn's disease** – treated with one intestinal resection

A definite diagnosis by a consultant gastroenterologist of Crohn's disease, which has been treated with surgical intestinal resection.

### **Removal of one or more lobe(s) of the lung**

The undergoing of surgery for the removal of one or more lobes of the lung due to underlying disease or trauma. The surgery must be carried out on the advice of a consultant physician.

**Third degree burns** – covering at least 5% of the body's surface area or 10% of the face or head.

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 5% of the body's surface area or covering at least 10% of the surface area of the face or head.

# Appendix 1E - Auto-immune disorders



## Auto-immune disorders

### Critical illness benefit (full payment)

Aplastic anaemia – with bone marrow failure

Systemic lupus erythematosus

The below definitions are included if you have chosen to include upgraded critical illness benefit at extra cost to your premium.

### Upgraded critical illness benefit (full payment)

Rheumatoid arthritis

### Upgraded critical illness benefit (additional benefits)

Aplastic anaemia – of specified severity

Guillain-Barre syndrome

Diabetes mellitus type 1

### Critical illness benefit (full payment)

#### **Aplastic anaemia** – with bone marrow failure

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

#### **Systemic lupus erythematosus** – of specified severity

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

- permanent neurological deficit with persisting clinical symptoms; or
- permanent impairment of kidney function with glomerular filtration rate (GFR) below 30 ml/min.

### Upgraded critical illness benefit (full payment)

#### **Rheumatoid arthritis** – of specified severity

Severe chronic rheumatoid arthritis evidenced by widespread joint destruction and deformity of at least three major joint groups, resulting in the inability to do three of the following:

- bend or kneel to pick up an object from the floor
- use hands or fingers to pick up or manipulate small objects such as cutlery or a pen
- lift or carry an everyday object such as a kettle
- walk a distance of 200m on flat ground with or without the use of a walking stick and without experiencing severe discomfort.

## Upgraded critical illness benefit (additional payments)

The below definitions will pay the lower of £25,000 or the cover amount.

### **Aplastic anaemia** – of specified severity

A definite diagnosis of aplastic anaemia by a consultant haematologist. There must be bone marrow hypocellularity confirmed by biopsy with at least two of the following:

- absolute neutrophil count (ANC)  $<0.5 \times 10^9/L$
- platelet count  $<20 \times 10^9/L$
- Hb  $<100 \text{ g/L}$  ( $<10 \text{ g/dL}$ )

The following is not covered:

- other types of anaemia.

### **Diabetes mellitus type 1**

A definite diagnosis of type 1 diabetes mellitus, requiring the permanent use of insulin injections.

The following are not covered:

- gestational diabetes
- type 2 diabetes (including type 2 diabetes treated with insulin).

### **Guillain-Barre syndrome** – with persisting clinical symptoms

A definite diagnosis of Guillain-Barre syndrome by a consultant neurologist. There must be clinical impairment of motor or sensory function which must have persisted for a continuous period of at least six months.

# Appendix 1F - Senses



## Senses

### Critical illness benefit (full payment)

Blindness

Loss of hand or foot

Deafness

The below definitions are included if you have chosen to include upgraded critical illness benefit at extra cost to your premium.

### Upgraded critical illness benefit (additional benefits)

Severe visual loss

### Critical illness benefit (full payment)

**Blindness** – permanent and irreversible

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

**Deafness** – permanent and irreversible

Permanent and irreversible loss of hearing to the extent that the quietest sound that can be heard in the better ear is 70 decibels across all frequencies using a pure tone audiogram.

**Loss of hand or foot** – permanent physical severance

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

### Upgraded critical illness benefit (additional benefits)

The below definitions will pay the lower of £25,000 or the cover amount.

**Significant visual loss** – permanent and irreversible

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

# Appendix 1G - Mental Health



## Mental Health

### Upgraded critical illness benefit (full payment)

Psychosis and bipolar affective disorder

The below definitions are included if you have chosen to include upgraded critical illness benefit at extra cost to your premium.

### Upgraded critical illness benefit (full payment)

**Psychosis and bipolar affective disorder** – of specified severity

A definite diagnosis by a consultant psychiatrist of any of the following:

- bipolar affective disorder; or
- paranoid (delusional) psychosis; or
- schizo-affective disorder; or
- schizophrenia, which has resulted in at least three of the following occurring within one year:
  - being under the care of a psychiatrist, psychiatric nurse, community mental health team or approved social worker
  - chronic symptoms lasting at least a year or requiring continuous therapy or medication to control them
  - in patient admission to a psychiatric ward for at least 14 consecutive nights
  - a court order being made by the Court of Protection under the Mental Capacity Act.

For the above definition the following are not covered:

- delirium where there is no underlying psychiatric disorder
- conditions caused by or exacerbated by alcohol or drug misuse.

# Appendix 1H - Terminal Illness



## Terminal illness

**Terminal illness** – where death is expected within 12 months

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

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

Terminal illness is not included under children's cover.

# Appendix 1I - Hospital Benefit



## Hospital Benefit

This is included if you have chosen to include upgraded critical illness benefit at extra cost to your premium.

We'll pay this benefit if the life covered is in hospital for more than seven consecutive nights. We pay it from the eighth night's stay; we won't pay for the first seven nights.

Upon making a successful claim we'll pay £100 a night, up to a maximum of 30 nights for each life covered.

If a claim meets the definition for critical illness, and/or an upgraded full payment condition and at the same time meets our definition of hospital benefit, we will only pay the cover amount.

# Appendix 1J - Children's cover



## Children's Benefit

**For our children's cover, all conditions covered under critical illness benefit are automatically included for children, with cover from 30 days old to their 18th birthday or 21 if in full time education.**

These conditions pay out 50% of the sum assured, capped at £25,000. The definitions below are what children are automatically covered for and the full definition wording can be found in the previous appendices.

Please note children are not covered for terminal illness benefit.

We cover natural, step, legally adopted, under legal guardianship and/or future children of the life covered.

 <b>Cancer</b>	
Cancer	Heart attack
 <b>Brain and the central nervous system</b>	Heart valve replacement or repair
Bacterial meningitis	Primary cardiomyopathy
Benign brain tumour	Pulmonary arterial hypertension
Brain injury due to trauma, anoxia or hypoxia	Pulmonary artery surgery
Coma	Structural heart surgery
Creutzfeldt-Jakob disease	 <b>Organs</b>
Dementia	Kidney failure
Encephalitis	Liver failure
Motor neurone disease	Major organ transplant
Multiple sclerosis	Respiratory failure
Paralysis of a limb	Third degree burns
Parkinson's disease	 <b>Auto-immune disorders</b>
Stroke or spinal cord stroke	Aplastic anaemia – with bone marrow failure
 <b>Heart and the circulatory system</b>	Systemic lupus erythematosus
Aorta graft surgery	 <b>Senses</b>
Cardiac arrest	Blindness
Coronary artery bypass grafts	Deafness
	Loss of hand or foot

For the critical illness definitions noted above, please see the relevant previous sections.

### Your child spends more than a week in hospital

**This is called children's hospital benefit.**

We'll pay this benefit if a child is in hospital for more than seven consecutive nights. We pay it from the eighth night's stay; we won't pay for the first seven nights.

Upon making a successful claim we'll pay £100 a night, up to a maximum of 30 nights for each child.

We won't pay if the stay in hospital is due to the child being born prematurely (before the 37th week of pregnancy). This benefit applies for each child under the policy.

### Your child dies

**This is called children's death benefit.**

We'll pay £5,000 if a child dies during the policy term.

We'll pay this in addition to any other benefit that may have been paid under the children's benefit.

This benefit applies for each child under the policy from age 30 days.



## Upgraded Children's benefit

**The below conditions are at extra cost. Upgraded children's benefit can be added at additional cost. It covers children under the policy from birth up to their 22nd birthday. This includes the automatically included conditions on the previous page which will pay out £25,000 unless stated otherwise below. The definitions below are included if this option is added.**

### Upgraded children's critical illnesses

Benign spinal cord tumour – resulting in permanent symptoms or undergoing defined treatments	Down's syndrome
	Hydrocephalus – treated with the insertion of a shunt
Brain abscess – undergoing defined treatments	Intensive care – requiring mechanical ventilation for 7 consecutive days
Cerebral palsy	
Crohn's disease – treated with two intestinal resections or total colectomy	Third degree burns – covering at least 5% of the body's surface area or 10% of the face or head
Cystic fibrosis	Ulcerative colitis – with total colectomy
Diabetes mellitus type 1	

We'll pay £25,000. After a successful claim we'll no longer cover that child for upgraded children's critical illness. You could still claim for that child for upgraded children's hospital benefit, advanced illness, child extra care cover and upgraded children's death benefit.

### Child extra care cover conditions

Blindness – permanent and irreversible	Major organ transplant – from another donor
Cancer – excluding less advanced cases	Motor neurone disease – resulting in permanent symptoms
Kidney failure – requiring permanent dialysis	Muscular dystrophy
Liver failure	Paralysis of two limbs – total and irreversible
Loss of independence	Spina bifida myelomeningocele
Loss of two limbs – permanent physical severance	Third degree burns – of specified severity

We'll pay £50,000, unless you've already made a claim for upgraded children's critical illness cover. Instead we'll only pay £25,000.

After a successful claim, we'll no longer cover that child for child extra care cover, upgraded children's critical illness or advanced illness. You could still claim for that child for children's hospital benefit and death benefit. More information can be found on page 7.

### Your child dies

We'll pay £5,000 if a child dies during the policy term.

We'll pay this in addition to any other benefit that may have been paid under the children's benefit. For this benefit, children are covered from the 24th week of pregnancy up until their 22nd birthday. This benefit applies for each child under the policy.

## Advanced illness

We'll pay this benefit if your child is diagnosed with an advanced or rapidly progressing illness with a life expectancy of no greater than 12 months and we haven't already paid under child extra care cover for that child. Once we've accepted a claim for advanced illness we will pay £10,000. That child won't be covered for any other benefit under the policy except for upgraded children's hospital benefit and upgraded children's death benefit.

## Upgraded children's critical illnesses

For these definitions, we'll pay out £25,000.

**Benign spinal cord tumour** – resulting in permanent symptoms or undergoing specified treatments

A non-malignant tumour or cyst in the spinal cord, spinal nerves or meninges, resulting in any of the following:

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

The following are not covered:

- granulomas, haematomas, abscesses, disc protrusions and osteophytes.

**Brain abscess** – undergoing defined treatments

A definite diagnosis of an intracerebral abscess within the brain tissue by a consultant neurologist, resulting in either of the following:

- surgical removal; or
- surgical drainage of the abscess.

### Cerebral palsy

A definite diagnosis of cerebral palsy made by an attending consultant.

**Crohn's disease** – treated with two intestinal resections or total colectomy

A definite diagnosis by a consultant gastroenterologist of Crohn's disease, resulting in either:

- surgical intestinal resection to remove part of the small intestine or bowel on at least two separate occasions, or
- total colectomy (removal of entire large bowel).

### Cystic fibrosis

A definite diagnosis of cystic fibrosis made by an attending consultant.

### Diabetes mellitus type 1

A definite diagnosis of type 1 diabetes mellitus, requiring the permanent use of insulin injections.

The following are not covered:

- gestational diabetes
- type 2 diabetes (including type 2 diabetes treated with insulin).

### Down's syndrome

A definite diagnosis of Down's syndrome by an attending paediatrician.

**Hydrocephalus** – treated with the insertion of a shunt

A definite diagnosis of hydrocephalus which is treated by the insertion of a shunt.

**Intensive care** – requiring mechanical ventilation for 7 consecutive days

Any sickness or injury resulting in a child requiring continuous mechanical ventilation by means of tracheal intubation for 7 consecutive days (24 hours per day) or more unless it is as a result of the child being born prematurely (before 37 weeks).

**Third degree burns** – covering at least 5% of the body's surface area or 10% of the face or head

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 5% of the body's surface area or covering at least 10% of the surface area of the face or head.

**Ulcerative colitis** – with total colectomy

A definite diagnosis of ulcerative colitis by a consultant gastroenterologist, which is treated with total colectomy (removal of entire large bowel).

### Child extra care cover conditions

For these definitions, we'll pay out £50,000, unless you've already made a claim for upgraded children's critical illness cover for that child. Instead we'll only pay out £25,000.

**Blindness** – permanent and irreversible

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

**Cancer** – excluding less advanced cases

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.

The term malignant tumour includes:

- leukaemia
- sarcoma
- lymphoma (except cutaneous lymphoma – lymphoma confined to the skin)
- pseudomyxoma peritonei
- Merkel cell cancer.

The following are not covered:

- all cancers which are histologically classified as any of the following:
  - pre-malignant
  - non-invasive
  - cancer in situ
  - having borderline malignancy
  - having low malignant potential
- all tumours of the prostate unless histologically classified as having a Gleason score of 7 or above, or having progressed to at least TNM classification T2bN0M0
- malignant melanoma skin cancer that is confined to the epidermis (outer layer of skin)
- any non-melanoma skin cancer or cutaneous lymphoma unless it has spread to lymph nodes or distant organs.

**Kidney failure** – requiring permanent dialysis

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

**Liver failure**

Chronic liver disease, being end stage liver failure due to cirrhosis and resulting in all of the following:

- permanent jaundice
- ascites
- encephalopathy.

**Loss of independence**

The total and permanent loss of the ability to perform routinely at least two of the specified six activities of daily living without the continual assistance of someone else, even with the use of special devices or equipment.

The following are activities of daily living:

- Washing – this means being able to wash and bathe unaided, including getting into and out of the bath or shower.
- Dressing – this means being able to put on, take off, secure and unfasten all necessary items of clothing.
- Feeding – this means being able to eat pre-prepared foods unaided.
- Continence – this means being able to control bowel or bladder functions, whether with or without the use of protective undergarments and surgical appliances.
- Moving – this means being able to move from one room to another on level surfaces.
- Transferring – this means being able to get on and off the toilet, in and out of bed and move from a bed to an upright chair or wheelchair and back again.

The loss of independence must be entirely due to illness or injury, and not as a result of the age of the **child**. Having met our definition, the **child** must survive for 90 days.

**Loss of two limbs** – permanent physical severance  
Permanent physical severance of any two limbs at or above the wrist or ankle joint.

**Major organ transplant** – from another donor where applicable

Undergoing, as a recipient, a transplant of:

- bone marrow, or
- haematopoietic stem cells preceded by total bone marrow ablation, or
- a complete heart, kidney, liver, lung, or pancreas from another donor, or
- a whole lobe of the lung or liver from another donor, or

- inclusion on an official UK waiting list for such a procedure.

The following are not covered:

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

**Motor neurone disease** – resulting in permanent symptoms

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

- amyotrophic lateral sclerosis (ALS)
- Kennedy's disease
- primary lateral sclerosis (PLS)
- progressive bulbar palsy (PBP)
- progressive muscular atrophy (PMA)
- spinal muscular atrophy (SMA).

There must also be permanent clinical impairment of motor function.

**Muscular dystrophy**

A definite diagnosis of muscular dystrophy made by a consultant neurologist.

**Paralysis of two limbs** – total and irreversible

Total and irreversible loss of muscle function to the whole of two limbs.

**Spina bifida myelomeningocele**

A definite diagnosis of spina bifida myelomeningocele or rachischisis by a consultant paediatrician.

The following are not covered:

- spina bifida occulta
- spina bifida with meningocele.

**Third degree burns** – of specified severity

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 at least 20% of the surface area of the face or head.

# Extra care cover

This benefit will pay out in one of three different circumstances as set out below.

## Extra carecover#1

### Our criteria

We'll accept a claim if, during the **policy term**, the **life covered** is totally and permanently unable to routinely perform at least three of the activities of daily living without the continual assistance of someone else, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.

The activities of daily living we assess against are listed below.

### Activities of daily living:

- 1. Washing** – being able to wash and bathe unaided, including getting into and out of the bath or shower.
- 2. Dressing** – being able to put on, take off, secure and unfasten all necessary items of clothing.
- 3. Feeding** – being able to eat pre-prepared foods unaided.
- 4. Continence** – being able to control bowel or bladder functions, whether with or without the use of protective undergarments and surgical appliances.
- 5. Moving** – being able to move from one room to another on level surfaces
- 6. Transferring** – being able to get on and off the toilet, in and out of bed and move from a bed to an upright chair or wheelchair and back again.

Once we've accepted a claim, the policy will end.

We won't pay this if during the **policy term** you've made, or are eligible to make, a claim for:

- a **main benefit**,
- an upgraded critical illness condition,
- the total permanent disability benefit.

### What do we pay?

We'll pay the **cover amount** shown in the **policy schedule** and at the same time we'll pay £50,000.

If you have chosen family income cover, we'll pay the £50,000 as a lump sum.

## Extra carecover#2

### Our criteria

We'll accept a claim if, during the **policy term**, the **life covered** is under age 55 when they either:

- meet our critical illness criteria for dementia, kidney failure, liver failure, Parkinson's disease, motor neurone disease or respiratory failure, or
- meet our criteria for Parkinson's plus syndrome or heart failure (if you've chosen **upgraded critical illness benefit**).

Once we've accepted a claim, the policy will end.

### What do we pay?

We'll pay the **cover amount** shown in the **policy schedule** and at the same time we'll pay £50,000.

If you've chosen family income cover, we'll pay £50,000 as a lump sum.

## Extra carecover#3

### Our criteria

We'll accept a claim, if before the first anniversary of meeting our criteria for critical illness, upgraded critical illness conditions, total permanent disability, (the "trigger claim"), the **life covered** is suffering from:

### Permanent loss of independence

The total and permanent loss of the ability to perform routinely at least three of the six activities of daily living detailed in the extra care cover #1 section above, without the continual assistance of someone else, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.

The claim must be as a direct result of the previous claim.

Extra care cover #3 must be claimed within 18 months of meeting our criteria for the "trigger claim".

Once we've accepted a claim, the policy will end.

### What do we pay?

We'll pay £50,000 in addition to the **cover amount** already paid.

If you've chosen family income cover, we'll pay £50,000 as a lump sum.

# Total permanent disability

We may ask you more underwriting questions before accepting your application to include this benefit on your policy.

We'll pay this benefit if the **life covered** meets our definition of total permanent disability during the **policy term**. We'll pay the **cover amount** shown in the **policy schedule**.

We have two definitions of total permanent disability (set out below):

- Own occupation, and
- Activities of daily work.

Your **policy schedule** will confirm which one applies to your policy.

Once we've accepted a claim, the policy will end, unless you've chosen extra care cover and the **life covered** claiming under this total permanent disability benefit is eligible to claim under extra care cover benefit.

**Own occupation definition** – unable before age 71 to do your own occupation ever again.

- “Own occupation” means your trade, profession or type of work you do for profit or pay. It is not a specific job with any particular employer and is irrespective of location and availability.
- We'll pay if the **life covered** loses physical or mental ability, through an illness or injury before age 71, to carry out the material and substantial duties of their own occupation ever again.
- “Material and substantial duties” are those normally required for, and/or forming a significant and integral part of performing the **life covered's** own occupation. They can't reasonably be left out or changed.
- Specialists must reasonably expect the disability will last for life with no prospect of improvement, irrespective of when the cover ends or the **life covered** expects to retire.
- The policy doesn't cover disabilities for which specialists can't give a clear prognosis.
- Your **policy schedule** will confirm the definition applying to your policy is own occupation. However, if the **life covered** was not working (for profit or pay) immediately before the onset of the total permanent disability, we'll use the activities of daily work definition instead. We've detailed this next.

**Activities of daily work definition** – unable before age 71 to do three specified work tasks ever again.

- We'll pay this if the **life covered** loses the physical ability, through an illness or injury before age 71, to do at least three of the six work tasks listed ever again.
- The specialists must reasonably expect the disability will last for life with no prospect of improvement, irrespective of when the cover ends or the **life covered** expects to retire.
- The **life covered** must need the help or supervision of another person. They must be unable to perform the task on their own, even if using special equipment routinely available to help and having taken any appropriate prescribed medication.
- The policy doesn't cover disabilities for which specialists can't give a clear prognosis.

**The work tasks are:**

- 1. Walking** – the ability to walk more than 200 metres on a level surface.
- 2. Climbing** – the ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
- 3. Lifting** – the ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.
- 4. Bending** – the ability to bend or kneel to touch the floor and straighten up again.
- 5. Getting in and out of a car** – the ability to get into a standard saloon car, and out again.
- 6. Writing** – the manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.

**What do we pay?**

We'll pay the **cover amount** shown in the **policy schedule**.

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