



# COVER DEFINITIONS

Specified Serious Illness Cover



## INTRODUCTION

We've a strong heritage in Ireland and have been protecting customers here for over 190 years, most recently known as Caledonian Life. Today we are owned by The Royal London Mutual Insurance Society Limited – the largest financial life, pensions and investments mutual in the UK.

Our parent company's mutuality means we share a common sense of integrity and purpose, and with no external shareholders, whoever you are and whatever your aims, we'll look to provide you with great long-term value, first class service and support at all times.

As one of Ireland's leading providers of Protection products, Royal London believe that we should always explain to you in clear and concise language exactly what our products do and how they work.

That's why we've developed this booklet to provide you with a detailed description and also an explanation of the 52 specified serious illnesses we cover under our Specified Serious Illness Cover and the 33 partial payments covered under Partial Payment Specified Serious Illness Cover.

This booklet states in a clear and easy to understand manner, the exact conditions which need to be met for a Specified Serious Illness Cover claim to be paid. This means you'll know precisely which serious illnesses are covered under your policy.

It is very important that you note that you are only covered under your Royal London Specified Serious Illness Cover policy for illnesses listed in this booklet and as defined in your Policy Conditions. You are not covered for any other illness or condition. For more information on the illnesses covered by Royal London contact your Financial Broker or Royal London at 01 429 3333.

Details of any exclusions or additional conditions that may apply to your policy are contained in the Policy Conditions booklet and your policy schedule. **This guide should be read in conjunction with the relevant Policy Conditions booklet which contains full details of the Benefits provided and the Terms and Conditions which apply. The Policy Conditions booklet is available on request.**



# SPECIFIED SERIOUS ILLNESS COVER DEFINITIONS

## Important Note

The explanations under “What does this mean?” in this section DO NOT form part of the policy conditions for your policy and are provided solely for information purposes. In the event of a claim under the Specified Serious Illness Cover on your policy, the policy definitions will apply.

### 1. Alzheimer’s Disease – resulting in permanent symptoms

#### Policy definition

A definite diagnosis of Alzheimer’s disease by a Consultant Neurologist, Psychiatrist or Geriatrician. There must be permanent clinical loss of the ability to do all of the following:

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

For the above definition, the following are not covered:

- Other types of dementia (these are covered under the Dementia definition).

#### What does this mean?

Alzheimer’s Disease is a progressive and degenerative disease. The nerve cells in the brain deteriorate and the brain shrinks. The symptoms can include a severe loss of memory and concentration but there is an overall decline in all mental faculties.

### 2. Aorta Graft Surgery – for disease

#### Policy definition

The undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches. The undergoing of surgery for traumatic injury to the aorta needing excision and surgical replacement of a portion of the aorta with a graft is also covered.

For the above definition, the following is not covered:

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

#### What does this mean?

The aorta is the main artery in the body, which carries the blood through the thorax (chest) and abdomen. The aorta may be weakened by an aneurysm (which means a thinning and bulging of the arterial wall) or it may become narrowed by fatty deposits. An operation can be carried out to correct the narrowing or to replace or repair the damaged part of the aorta wall.

### 3. Aplastic Anaemia – of specified severity

#### Policy definition

A definite diagnosis by a Consultant Haematologist of permanent bone marrow

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

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

For the above definition, the following is not covered:

- other forms of anaemia.

#### What does this mean?

Aplastic anaemia is a rare and very serious form of anaemia in which there is a decrease in the quantity of blood-forming cells in the bone marrow. This then causes impairment of all blood cell production. This condition can be present from birth or may develop in later life. In most cases the bone marrow failure is permanent. However, in some cases (for example due to drug or radiation treatment or to infection) it is temporary. *Temporary bone marrow failure would not be covered by the definition.*

### 4. Bacterial Meningitis – resulting in permanent symptoms

#### Policy definition

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

For the above definition, the following is not covered:

- all other forms of meningitis other than those caused by bacterial infection.

### **What does this mean?**

Bacterial meningitis is a condition resulting from bacterial infection. This causes inflammation to the meninges, which is the protective layer around the brain. There are many forms of meningitis. It is only bacterial meningitis that is covered; all other forms, including viral meningitis, are excluded.

## **5. Balloon Valvuloplasty – to correct heart valve abnormalities**

### **Policy definition**

The 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?**

The valves of the heart open and close as a part of the pumping action, which circulates blood around the body. When these valves become diseased, the ability of the heart to pump properly is reduced. It is sometimes possible to open these valves with balloon valvuloplasty, where a small narrow tube containing a deflated balloon at its tip is advanced from a blood vessel in the groin through the aorta into the heart. Once it is in place the balloon is inflated until the flaps of the valves are opened.

## **6. Benign Brain Tumour – resulting in permanent symptoms**

### **Policy definition**

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

For the above definition, the following are not covered:

- Tumours or lesions in the pituitary gland.
- Angiomas.

In addition, the requirement for permanent neurological deficit with persisting clinical symptoms will be waived if the benign brain tumour is surgically removed.

### **What does this mean?**

Unlike cancer, which is a malignant tumour, benign tumours are localised and grow by expansion only. They therefore do not invade and destroy surrounding tissue and do not spread to other parts of the body. Once surgically removed they tend not to recur. However, a benign tumour can still be very dangerous because it can put pressure on the brain and lead to possible damage, haemorrhage and ulceration. Deficit to the neurological system means muscle weakness or sensory loss. Surgery to cure the condition may not always be possible.

## **7. Benign Spinal Cord Tumour – resulting in permanent symptoms or requiring surgery**

### **Policy definition**

A non-malignant tumour of the spinal canal or spinal cord, causing pressure and or interfering with the function of the spinal cord which requires surgery or results in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- Angiomas

The requirement for permanent neurological deficit with persisting clinical symptoms will be waived if the benign spinal cord tumour is surgically removed either by invasive surgery or stereotactic radiosurgery. The diagnosis must be made by a Consultant Neurologist or Neurosurgeon and must be supported by CT, MRI or histopathological evidence.

### **What does this mean?**

A benign tumour of the spinal canal or spinal cord is a non-cancerous but abnormal growth of tissue. It can be very serious as the growth may be pressing on areas of spinal cord or spinal canal. In order for a claim to be paid a Life Assured must have undergone surgery to have it removed or are suffering from permanent neurological deficit as a result of the tumour.

## 8. 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?

Sight can be lost because of an accident or illness. In order for a claim to be paid, the loss of sight must be permanent and irreversible. If the loss was only temporary, it would not be covered by the definition.

## 9. Brain Injury due to Anoxia or Hypoxia – resulting in permanent symptoms

### Policy Definition

Death of brain tissue due to reduced oxygen supply resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition the following are not covered:

- Children under the age of 90 days.

### What does this mean?

Anoxia (no oxygen) or hypoxia (a poor oxygen supply) can result in permanent brain damage leaving the individual with lifelong problems. There are many causes including carbon-monoxide poisoning, near drowning, poisoning by anaesthesia and others.

## 10. Cancer – 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 cutaneous lymphoma (lymphoma confined to the skin).

For the above definition, the following are not covered:

- All cancers which are histologically classified as any of the following:
  - pre-malignant,
  - non-invasive;
  - cancer in situ;
  - having either borderline malignancy; or
  - having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

### What does this mean?

Cancer is a malignant tumour or a malignancy. It causes uncontrolled growth of abnormal cells that invade, damage and destroy surrounding bodily tissue. These cells can then spread and cause damage to other parts of the body. Pre-malignant and non-invasive cancers and cancer in situ are very early stage cancers that have not invaded surrounding tissue and have not spread to other areas of the body. Treatment is relatively easy and successful and these cancers are not covered. With increased and improved screening prostate cancer is being detected at an earlier stage. Accordingly, the less advanced prostate cancers are not covered. More advanced and more aggressive cases (typically those that are currently detected) will continue to be covered.

Most skin cancers, including cutaneous lymphoma, are also easy to treat and are also excluded. However, malignant melanoma is a very serious form of skin cancer that can very quickly spread throughout the body. This form of skin cancer is therefore included if it has invaded beyond the epidermis (outer layer of skin).

## 11. Cardiac Arrest – with insertion of a defibrillator

### Policy definition

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



- Implantable Cardioverter-Defibrillator (ICD) or
- Cardiac Resynchronization Therapy with Defibrillator (CRT-D).

For the above definition, the following are not covered:

- Insertion of a pacemaker
- Insertion of a defibrillator without cardiac arrest
- Cardiac arrest secondary to illegal drug use.

#### What does this mean?

Cardiac arrest happens when the heart suddenly stops beating, sometimes because of an abnormal rhythm (arrhythmia) or coronary heart disease. This can stop the heart from pumping blood which can cause loss of consciousness due to lack of oxygen in the brain. A device known as an Implantable Cardioverter Defibrillator (ICD or CRT-D) can be implanted inside a Life Assured's body which will monitor the rhythm in their heart, delivering an electric pulse or shock should their heart rhythm become abnormal. This will restore the rhythm back to normal and prevent a cardiac arrest.

You can claim if a Life Assured had a cardiac arrest followed by the permanent insertion of an ICD or CRT-D. A cardiac arrest not accompanied by the insertion of an ICD or CRT-D is not covered under this condition. A cardiac arrest secondary to illegal drug misuse is not covered under this condition.

## 12. Cardiomyopathy – of specified severity

### Policy definition

A definite diagnosis by a Consultant Cardiologist of cardiomyopathy resulting in permanently impaired ventricular function such that the ejection fraction is 40% or less for at least 6 months when stabilised on therapy advised by the Consultant. The diagnosis must also be evidenced by:

- electrocardiographic changes; and
- echocardiographic abnormalities.

The evidence must be consistent with the diagnosis of cardiomyopathy.

For the above definition, the following are not covered:

- all other forms of heart disease and/or heart enlargement;
- myocarditis; and
- cardiomyopathy related to alcohol or drug misuse.

### What does this mean?

Cardiomyopathies are a group of disorders of the heart muscle, which can cause sudden death and heart failure. Cardiomyopathy can occur in young people and can be inherited. Myocarditis is an acute inflammation of the heart muscle, typically caused by infection, and is not covered by the definition.

## 13. Chronic Lung Disease – of specified severity

### Policy definition

Confirmation by a Consultant Physician of chronic lung disease resulting in all of the following:

- the need for continuous daily oxygen therapy on a permanent basis;
- FEV1 being less than 40% of normal; and
- Vital Capacity less than 50% of normal.

### What does this mean?

Chronic lung disease can be caused by a number of conditions such as severe chronic bronchitis and emphysema and lung fibrosis. It is associated with persistent breathlessness at rest, or on minimal exertion, requiring daily oxygen therapy.

## 14. Chronic Pancreatitis – of specified severity

### Policy Definition

A definite diagnosis of Chronic Pancreatitis by a Consultant Gastroenterologist. The diagnosis must be evidenced by all of the following:

- calcification of the pancreas.
- malabsorption due to failure of secretion of pancreatic enzymes.
- chronic inflammation of the pancreas as shown by Endoscopic Retrograde Cholangiopancreatography (ERCP) or Magnetic Resonance Cholepancreatography (MRCP).



- pancreatic duct dilatation, beading and stricture.

For the above definition the following is not covered:

- Chronic pancreatitis secondary to alcohol or drug misuse.
- Acute pancreatitis.

#### **What does this mean?**

Pancreatitis is an inflammation of the pancreas, an organ that is important in both the digestive and endocrine systems of the body. Chronic pancreatitis is an ongoing, inflammatory process with continued and permanent injury to the pancreas.

Acute pancreatitis is a sudden inflammation of the pancreas. It can be serious with severe complications. However, it usually settles and the patient can make a full recovery.

ERCP (endoscopic retrograde cholangiopancreatography) is a procedure that uses an endoscope (a thin, flexible telescope) to look at the bile duct and pancreatic duct. A dye can be injected into the bile duct and pancreatic duct so that these can be seen clearly on an X-ray.

MRCP (magnetic retrograde cholangiopancreatography) is a medical imaging technique that uses magnetic resonance imaging to visualise the biliary and pancreatic ducts.

### **15. Chronic Rheumatoid Arthritis – of specified severity**

#### **Policy definition**

The confirmation by a Consultant Rheumatologist of a definite diagnosis of chronic rheumatoid arthritis as evidenced by all of the following:

- The condition must be diagnosed, established and treated for a period of at least twelve months.
- There must be morning stiffness in the affected joints.
- There must be arthritis in at least three joint groups with joint destruction and either soft tissue swelling or fluid observed by a rheumatologist.
- The arthritis must involve at least one or more of the following sites:
  - Wrists or ankles
  - Hands and fingers
  - Feet and toes
- The arthritis must affect both sides of the body
- Presence of rheumatoid factor or anti-CCP antibodies, unless all other criteria are met
- There must be radiographic changes typical of active rheumatoid Arthritis.

#### **What does this mean?**

Rheumatoid Arthritis is a chronic disease involving inflammation of the joints and their surrounding tissue. This inflammatory process can result in progressive destruction and deformity of the affected joints. The joints most commonly affected are the hands, wrists, elbows, cervical spine (neck), knees, ankles and metacarpophalangeal joints in the feet (joints in the toes and feet). Before a claim can be made, the disease must have progressed to such severity that it satisfies all of the detailed conditions listed above.

### **16. Coma – resulting in permanent symptoms**

#### **Policy definition**

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

- Continues for a period of at least 96 hours
- Requires life supporting systems including assisted ventilation throughout the period of unconsciousness
- results in permanent neurological deficit with persisting clinical symptoms

For the above definition, the following is not covered:

- Coma secondary to alcohol or drug misuse.

### **What does this mean?**

A coma is a deep state of unconsciousness from which it is impossible to be aroused. The cause of the coma may be as a result of another illness such as a stroke, infection, and very low blood sugar or may be brought on by a serious accident. The coma needs to result in permanent damage to the nervous system in order to be covered by the definition.

### **17. Coronary Artery Bypass Graft Surgery – with surgery to divide the breastbone**

#### **Policy definition**

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

For the above definition, the following are not covered:

- balloon angioplasty;
- atherectomy;
- rotablation;
- insertion of stents; and
- laser treatment.
- Or any other procedures.

### **What does this mean?**

If one or more of the coronary arteries, which supply oxygenated blood to the heart, becomes obstructed by the build up of fatty

deposits angina can result and can even cause a heart attack. A coronary by-pass operation involves inserting a short length of artery or vein, the latter usually taken from the leg, around the narrowed coronary artery thus restoring an adequate supply of blood to the heart.

### **18. Creutzfeldt-Jakob Disease – resulting in permanent symptoms**

#### **Policy definition**

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

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

For the above definition, the following is not covered:

- other types of dementia (these are covered under the dementia definition).

### **What does this mean?**

Creutzfeldt-jakob disease is a degenerative organic brain disease which may be inherited or acquired. There is a progressive degeneration of the nerve cells of the central nervous system which will result in defective muscular control and dementia. There is no cure.

### **19. Crohn's Disease – of specified severity**

#### **Policy Definition**

A definite diagnosis by a Consultant Gastroenterologist of Crohn's Disease with fistula formation and intestinal strictures. There must be evidence of ongoing symptoms despite optimal treatment and surgical interventions.

There must be evidence of continued inflammation of the bowel and all of the following:

- Stricture formation causing intestinal obstruction requiring admission to hospital.
- Fistula formation between the loops of the bowel or the bowel and another organ.
- At least two resections of a segment of the bowel.

In the event of a claim for this illness, the amount of any Life Insured's Specified Serious Illness Benefit payment will be reduced by the amount of any Partial Payment Specified Illness Benefit paid for Crohn's Disease – treated with Surgical intestinal resection (condition number 7.14).

### **What does this mean?**

Crohn's Disease is an inflammatory disease that affects the digestive system. The main symptoms of the disease are stomach cramps, diarrhoea and tiredness.

A stricture is an abnormal blockage or partial blockage which forms in the bowel.

A fistula is an abnormal passageway that can form between parts of the body that are not normally connected.

A bowel resection is when a part of the diseased bowel is removed during surgery.

A claim can only be made if the life assured has had a part of the bowel removed on two or more separate occasions as well as experiencing ongoing symptoms, fistula formation and strictures in spite of ongoing treatment.

## 20. 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?

Loss of hearing may be caused by illness or by a serious accident. The loss must be permanent and irreversible. If the loss was only temporary, it would not be covered by the definition.

## 21. Dementia – resulting in permanent symptoms

### Policy definition

A definite diagnosis of dementia by a Consultant Neurologist, Psychiatrist or Geriatrician. There must be permanent clinical loss of the ability to do all of the following:

- remember;
- reason; and

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

For the above definition, the following is not covered:

- Dementia secondary to alcohol or illegal drug misuse.

### What does this mean?

Dementia is a disorder of the mental process and results in loss of memory and impairment of behaviour and recognition. There is no cure and the cause is unknown. Definite diagnosis must be established via accepted standard medical tests and questionnaires.

## 22. Devic's (Neuromyelitis) Disease – with persisting symptoms

### Policy Definition

A definite diagnosis of Devic's disease by a Consultant Neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least six months.

For this definition the following is not covered:

- Multiple Sclerosis.

### What does this mean?

Devic's Disease is an autoimmune, inflammatory disorder in which a person's own immune system attacks the optic nerves and spinal cord. This produces an inflammation of the optic nerve (optic neuritis) and the spinal cord (myelitis). Although inflammation

may also affect the brain, the lesions are different from those observed in the related condition, multiple sclerosis. Spinal cord lesions lead to varying degrees of weakness or paralysis in the legs or arms, loss of sensation (including blindness), and/or bladder and bowel dysfunction. Devic's Disease is also known as Neuromyelitis Optica (NMO), or Devic's syndrome.

## 23. Encephalitis – resulting in permanent symptoms

### Policy definition

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

For the above definition the following is not covered:

- myalgic encephalomyelitis and chronic fatigue syndrome.

### What does this mean?

Encephalitis is inflammation of the brain. It can occur at any age. The inflammation is caused either by an infection invading the brain (infectious); or through the immune system attacking the brain in error (post-infectious/auto-immune encephalitis). The inflammation can damage nerve cells resulting in "acquired brain injury." Encephalitis frequently begins with a flu-like illness or headache. Typically more serious symptoms follow hours to days later.

## 24. Heart Attack

### Policy definition

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

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

The evidence must show a definite acute myocardial infarction.

The following are not covered:

- other acute coronary syndromes
- angina without myocardial infarction.

### What does this mean?

A heart attack is more usually referred to in medical terms as “myocardial infarction”. It is a serious medical emergency in which the supply of blood to the heart is suddenly blocked, usually by a blood clot. The heart is a pump which ensures that oxygenated blood circulates through the body without which the cells in the body would not survive. The heart itself also needs its own blood supply in order to function and if this is cut off then it can seriously damage the heart by causing part of the heart muscle to die. Coronary heart disease (CHD) is the leading cause of heart attacks and is a condition in which coronary arteries (the major blood vessels that supply blood to the

heart) get clogged up with deposits of cholesterol. These deposits are called plaques. Before a heart attack, one of the plaques usually ruptures (bursts), causing a blood clot to develop at the site of the rupture. The clot may then block the supply of blood running through the coronary artery, triggering a heart attack. A heart attack can be diagnosed using various tests. Damage to the heart muscle usually causes severe pain and results in an increase in cardiac enzymes and Troponins, which are released and can be detected in the blood. An electrocardiogram (ECG) will also show specific findings. Angina is chest pain associated with CHD. However, it may occur without damage to the heart muscle and where this is the case it is not covered by the definition.

## 25. Heart Structural Repair – with surgery to divide the breastbone

### Policy definition

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

### What does this mean?

The surgical division of the breastbone and the opening up of the chest wall, for the purpose of correcting a structural abnormality of the heart, for example, the surgical correction of a ventricular septal defect.

## 26. Heart Valve Replacement or Repair

### Policy definition

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

### What does this mean?

The valves of the heart open and close as a part of the pumping action, which circulates blood around the body. When these valves become diseased, the ability of the heart to pump properly is reduced. Surgery can be undertaken to either repair or replace the damaged valve.

## 27. HIV Infection

### Policy definition

Infection by Human Immunodeficiency Virus 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 occupations listed below after the start date and satisfying all of the following:
  - the incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures;

- Where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within five days of the incident;
- There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus;
- The incident causing infection must have occurred in one of the following countries: European Union, Norway, Switzerland, Canada, North America, Australia, and New Zealand.

For the above definition, the following is not covered:

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

#### **Occupations covered**

- Ambulance workers
- Dental nurses
- Dental surgeons
- General practitioners and nurses employed by them
- Hospital caterers
- Hospital cleaners

- Hospital doctors/surgeons/consultants
- Hospital laboratory workers
- Hospital Laundry workers
- Hospital nurses
- Hospital porters
- Members of the Gardaí
- Midwives
- Paramedics
- Prison officers
- Refuse collectors
- Social workers
- Taxi drivers.

#### **What does this mean?**

Evidence suggests that infection with HIV can eventually lead to the development of AIDS. There is currently no cure for AIDS. It causes the body's defence mechanisms to break down leaving the sufferer open to various infections, which would normally pose little threat to people unaffected by AIDS. These infections usually prove to be fatal.

More and more cases of physical assault are being reported to the police where the victim has been brought into contact with the HIV virus. A claim would be paid where the attack had been reported to the police and it is proved that the HIV infection was because of the attack.

## **28. Intensive Care – requiring mechanical ventilation for 10 consecutive days**

### **Policy definition**

Any sickness or injury resulting in the life assured 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 an Irish or UK hospital.

For the above definition the following are not covered:

- sickness or injury as a result of drug or alcohol intake or other self-inflicted means;
- children under the age of 90 days.

### **What does this mean?**

There are many causes leading to admission to an intensive care unit (ICU). Reasons include severe illness, accident or surgery. People in ICUs may have had multiple organ failure and require medical equipment to take the place of these functions while they recover. To meet our definition the life assured must not be able to breathe on their own and require mechanical ventilation.

## **29. 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 function of the kidneys is to remove waste material from the bloodstream. If they do not work properly there can be a build up of waste material in the blood, which can become life threatening. The body can function perfectly well with only one kidney, but if both fail there will be a need for regular dialysis, to clean the blood artificially, or for a kidney transplant.

### 30. Liver Failure – end stage

#### Policy definition

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

- permanent jaundice;
- ascites; and
- encephalopathy.

For the above definition, the following is not covered:

- liver failure secondary to alcohol or drug misuse.

### What does this mean?

The liver has many functions and is essential to life. Cirrhosis is due to longstanding damage to the liver caused by a number of conditions including viral infections, inflammation, biliary obstruction, alcohol and certain drugs. Liver failure results in jaundice (yellow skin), fluid in the abdomen (ascites) and damage to the brain (encephalopathy).

### 31. Loss of Independent Existence – permanent and irreversible

#### Policy definition

The permanent and irreversible loss of the ability to function independently which is defined as follows:

- (i) Permanent confinement to a wheelchair, or
- (ii) Being permanently hospitalised or resident in a nursing home as a result of a medical impairment on the advice of a registered medical practitioner, or
- (iii) Being permanently unable to fulfil at least three of the following activities listed below without the help of another person, but with the use of appropriate assistive aids and appliances; and the disability is irreversible with no reasonable prospect of there ever being any improvement.
  - washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) such that an adequate level of personal hygiene can be maintained
  - dressing – the ability to dress and undress, ability to fasten and unfasten all necessary clothing including any surgical devices worn.

- transferring – the ability to move from a bed to an upright chair, or wheelchair, or to get on or off a commode or toilet
- mobility – the ability to move from one room to another on a level surface
- continence – the ability to manage bowel and bladder functions such that an adequate level of personal hygiene can be maintained
- feeding – the ability to eat and drink, once food or drink has been prepared and made available.

The condition must continue for at least six months following diagnosis by a Consultant neurologist, physician or geriatrician of a major hospital in Ireland or the UK.

### What does this mean?

This benefit is not linked to any particular Serious Illness. It is based on a Life Assured's permanent inability to carry out a variety of events outlined above without the assistance of another person. It is intended to provide more extensive cover for events where a Life Assured suffers drastic lifestyle changes.

### 32. Loss of Limb – permanent physical severance

#### Policy Definition

Permanent severance of one or more hands from above the wrist or one or more feet from above the ankle joint. Permanent loss does not include loss of use or function only. It means having a hand or foot completely severed.

From the above definition, the following are not covered:

- Loss of any individual fingers or toes or combination of fingers and toes
- Loss of a limb as a result of a life insured's own deliberate act
- Loss of a limb as a result of a penalty imposed by a court of law.

#### What does this mean?

A claim can be made if the life insured has lost one or more limbs where the limb or limbs have been severed above the wrist in event of loss of hands and above the ankle in the event of loss of feet.

### 33. 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.

#### What does this mean?

Loss of speech may be caused if the vocal chords are damaged in an accident or by a disease such as

cancer of the larynx. The loss must be total, permanent and irreversible. Therefore a claim would not be paid if the loss was only partial or was a temporary condition. It is possible for the power of speech to be lost without physical damage to the vocal chords, possibly because of a severe mental trauma or shock. However, in such cases it is nearly impossible to determine whether the loss is permanent and therefore a claim would not be paid.

### 34. Major Organ Transplant – specified organs

#### Policy definition

The undergoing as a recipient of a transplant of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or inclusion on an official Irish or UK programme waiting list for such a procedure.

For the above definition, the following is not covered:

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

#### What does this mean?

Sometimes a major organ of the body (such as the liver) becomes so diseased that it fails and becomes life threatening. It may therefore be essential to replace it with a healthy organ.

For some rare illnesses, such as aplastic anaemia, a major organ transplant (in this case of the bone marrow) may be the only long-term cure available.

It can take a long time to find the right donor organ, and the waiting list for such operations is often long. The claim will be met therefore upon inclusion onto the official programme waiting list of a major Irish or UK hospital for a transplant.

### 35. Motor Neurone Disease and specified diseases of the motor neurones – resulting in permanent symptoms

#### Policy definition

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

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

There must be permanent clinical impairment of motor function.

#### What does this mean?

Motor neurone disease is a degenerative condition that results in weakness and the wasting of muscles. A claim can be made if there is a definite diagnosis by a Consultant Neurologist that the Life Insured is suffering from the disease.



### 36. Multiple Sclerosis – resulting in specified symptoms

#### Policy definition

A definite diagnosis of multiple sclerosis by a Consultant Neurologist that has resulted in either of the following:

- Current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least three months, or
- Two or more attacks of impaired motor or sensory function together with findings of clinical objective evidence on Magnetic Resonance Imaging (MRI).

All of the evidence must be consistent with multiple sclerosis.

#### What does this mean?

Multiple sclerosis (MS) is an incurable disease of the central nervous system. Nerve fibres are normally covered by a myelin sheath, which protects and insulates them. In MS this sheath degenerates which interrupts the smooth transmission of nerve impulses around the body, leading to loss of power and/or lack of co-ordination and/or sensory impairment usually affecting different parts of the body. The symptoms and signs can come and go over the years or can progressively worsen.

Investigations such as an MRI scan of the brain and/or spinal cord and examination of the cerebrospinal fluid can be helpful in supporting the diagnosis, but do not in themselves make a definite diagnosis.

### 37. Muscular Dystrophy

#### Policy definition

A hereditary muscular dystrophy confirmed by a Consultant neurologist resulting in the inability to fulfil at least three of the following activities listed below without the help of another person, but with the use of appropriate assistive aids and appliances:

- washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) such that an adequate level of personal hygiene can be maintained
- dressing – the ability to dress and undress, ability to fasten and unfasten all necessary clothing including any surgical devices worn
- transferring – the ability to move from a bed to an upright chair, or wheelchair, or to get on or off a commode or toilet
- mobility – the ability to move from one room to another on a level surface
- continence – the ability to manage bowel and bladder functions such that an adequate level of personal hygiene can be maintained
- feeding – the ability to eat and drink, once food or drink has been prepared and made available.

#### What does this mean?

Muscular Dystrophy is a genetic (inherited) condition where slow progressive muscle wasting leads to increasing weakness and disability.

### 38. Necrotising Fasciitis – requiring surgery

#### Policy definition

A definite diagnosis of necrotising fasciitis or gas gangrene by a Consultant Physician, requiring surgery to remove necrotic tissue and intravenous antibiotic treatment.

For the above definition, the following is not covered:

- All other forms of gangrene or cellulitis.

#### What does this mean?

Necrotising fasciitis is an infection caused by flesh-eating bacteria. It can destroy skin, fat and the tissue covering muscles in a short time period. A claim can be made if a Consultant Physician diagnoses necrotising fasciitis that requires treatment by surgery and intravenous antibiotics.

### 39. Paralysis of One Limb – total and irreversible

#### Policy Definition

Total and irreversible loss of muscle function to the whole of one or more limbs. The paralysis must be permanent and confirmed by a Consultant Neurologist.

### What does this mean?

Paralysis or paraplegia of one or more limbs is evidenced by permanent and irreversible loss of movement and sensation. It could be caused by accident or by an illness.

### 40. 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, rigidity of movement and postural instability.

For the above definition, the following are not covered:

- Parkinson's Disease secondary to chronic alcohol misuse or illegal drug misuse
- other Parkinsonian syndrome.

### What does this mean?

Parkinson's Disease causes a disturbance of voluntary movement. It causes tremors in the limbs and head and rigidity of the muscles. The condition usually takes a long time to progress and some drugs are available which can slow the process down even further but treatment becomes less effective as time goes by. For a claim to be paid the onset of Parkinson's disease must be idiopathic. This means it must have developed naturally rather than because of some other medical treatment or illness.

### 41. Parkinson Plus Syndromes – resulting in permanent symptoms

#### Policy Definition

A definite diagnosis by a Consultant Neurologist of one of the following Parkinson Plus syndromes:

- Multiple System Atrophy
- Progressive Supranuclear Palsy
- Parkinsonism-Dementia-Amyotrophic lateral sclerosis complex
- Corticobasal Ganglionic degeneration
- Diffuse Lewy Body disease.

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; or
- bladder control and postural hypotension.

#### What does this mean?

Parkinson Plus syndromes are a group of neurodegenerative disorders which share the features of idiopathic Parkinson's disease but with other unique characteristics specific to the condition diagnosed.

A claim can be made if a Life Assured is diagnosed by a Consultant Neurologist with

one of the Parkinson Plus syndromes named above and has permanent symptoms as defined.

### 42. Peripheral Vascular Disease – treated with by-pass surgery

#### Policy Definition

A definite diagnosis of Peripheral Vascular Disease by a Consultant Cardiologist or Vascular Surgeon with objective evidence from ultrasound of an obstruction in the arteries that results in the claimant undergoing by-pass graft surgery to the leg.

For this definition the following is not covered:

- Angioplasty.

In the event of a claim for this illness, the amount of any Life Insured's Specified Serious Illness Benefit payment will be reduced by the amount of any Partial Payment Specified Serious Illness Benefit paid for Peripheral Vascular Disease – treated with angioplasty (condition number 7.23).

#### What does this mean?

Peripheral vascular disease is the most common disease of the arteries and refers to any disease or disorder of the circulatory system outside of the brain and heart. It is caused by build-up of fatty material which causes an artery to gradually become blocked, narrowed, or weakened. Peripheral

vascular disease is sometimes called arteriosclerosis, or hardening of the arteries. By-pass graft surgery is often performed for severe Peripheral vascular disease that is unresponsive to medication or angioplasty.

#### 43. Pneumonectomy – removal of a complete lung

##### Policy Definition

The undergoing of surgery on the advice of an appropriate medical specialist to remove an entire lung for disease or traumatic injury suffered by the life assured.

For the above definition the following are not covered:

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

##### What does this mean?

Pneumonectomy is the removal of a complete lung. It may also be the most appropriate treatment for a tumour located near the centre of the lung that affects the pulmonary artery or veins, which transport blood between the heart and lungs. In addition, pneumonectomy may be the treatment of choice when the patient has a traumatic chest injury that has damaged the main air passage (bronchus) or the lung's major blood vessels so severely that they cannot be repaired.

#### 44. Primary Pulmonary Hypertension – of specified severity

##### Policy Definition

A definite diagnosis by a Consultant Cardiologist of primary pulmonary hypertension resulting in permanent loss of the ability to perform physical activities to at least Class III of the New York Heart Association (NYHA) classification. This means there is marked limitation of physical activities, with less than ordinary activity causing fatigue, palpitations or shortness of breath.

For the above definition the following is not covered:

- pulmonary hypertension secondary to any other known cause – in other words, not primary.

##### What does this mean?

Primary pulmonary hypertension is where the blood pressure is abnormally high in the arteries that provide blood to the lungs. In order to claim, the condition must have reached a position where there are symptoms of a particular severity as detailed in the definition and must be of a permanent nature. Because of the complexities involved in the diagnosis and classifying symptoms, the diagnosis must also be made by a Consultant Cardiologist (an expert in heart diseases). The NYHA classifications are an internationally recognised system of describing symptoms of heart disease.

Explanation of the NYHA classification is as follows:

Class	Symptoms
Class I (Mild)	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation or shortness of breath.
Class II (Mild)	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation or shortness of breath.
Class III	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation or shortness of breath.
Class IV (Severe)	Unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.

#### 45. Primary Sclerosing Cholangitis – of specified severity

##### Policy Definition

A definite diagnosis of Primary Sclerosing Cholangitis as evidenced

by imaging confirmation of typical multifocal formation of bile duct strictures and dilation of intrahepatic and/or extrahepatic bile ducts.

For the above definition, the following are not covered:

- All other causes of bile duct stricture formation and dilation; or
- Primary Sclerosing Cholangitis secondary to liver disease which is associated with alcohol.

#### **What does this mean?**

Primary Sclerosing Cholangitis (PSC) is a chronic (lasting years), progressive (worsening over time) disease of the bile ducts that channel bile from the liver into the intestines. PSC caused by alcohol is not covered.

#### **46. Pulmonary Artery Surgery – with surgery to divide the breastbone**

##### **Policy Definition**

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

##### **What does this mean?**

The surgical division of the breastbone and the opening up of the chest wall is performed to gain access to repair the diseased section of the pulmonary artery with a graft.

#### **47. Short Bowel Syndrome – requiring permanent total parenteral nutrition**

##### **Policy Definition**

A definite diagnosis by a Consultant Gastroenterologist of a short bowel syndrome resulting in massive loss of the small intestine and requiring parenteral nutrition on a permanent basis.

##### **What does this mean?**

Short Bowel Syndrome (SBS) occurs when there is impaired ability to absorb food nutrients in the intestinal tract usually caused by surgery, injury or trauma to the small intestine. It usually does not develop unless more than two thirds of the small intestine has been removed. Total parenteral nutrition is where a person needs to be fed intravenously, bypassing the usual process of eating and digestion with no significant nutrition being obtained by other routes.

#### **48. Spinal Stroke – resulting in permanent symptoms**

##### **Policy Definition**

Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in permanent neurological deficit with persisting clinical symptoms.

##### **What does this mean?**

A spinal stroke occurs when there is an interruption in the flow of blood to the spinal cord. Like other strokes these may occur when there is a blockage in the blood supply or there is a bleed due to a burst blood vessel.

#### **49. Stroke – resulting in specified symptoms**

##### **Policy definition**

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

- permanent neurological deficit with persisting clinical symptoms; or
- definite evidence of death of brain tissue or haemorrhage on a brain scan; and
- neurological deficit with persisting symptoms lasting at least 24 hours.

For the above definition, the following is not covered:

- transient ischaemic attack
- Central Retinal Artery Occlusion or Central Retinal Vein Occlusion (Eye Stroke).

##### **What does this mean?**

As with a heart attack the cause of a stroke is inadequate blood supply, this time to the brain. It can be caused by a blood clot becoming caught in an artery of the brain or the bursting of one of the brain's blood vessels. The event that triggers the stroke may result from problems within the body, such as clogged up arteries or weaknesses in the wall of a blood vessel. A claim can be made if the event causes clinical symptoms of a stroke which last at least 24 hours and results

in evidence of brain damage. Transient ischaemic attacks are often known as mini-strokes but do not result in permanent damage. They are therefore excluded.

### **50. Systemic Lupus Erythematosus – with severe complications**

#### **Policy definition**

A definite diagnosis of systemic lupus erythematosus by a Consultant Rheumatologist where either of the following are present:

- (i) Severe kidney involvement with systemic lupus erythematosus as evidenced by:
  - permanent impaired renal function with a glomerular filtration rate below 30ml/min/1.73m<sup>2</sup>, and
  - abnormal urinalysis showing proteinuria or haematuria.

In addition to the above criteria, the disease must have been unresponsive to disease modifying drugs for a continuous period of at least 12 months.

or

- (ii) Severe central nervous system involvement with systemic lupus erythematosus as evidenced by permanent deficit of the neurological system as evidenced by at least any one of the following symptoms, which must be present on clinical

examination and expected to last for the remainder of the life of the life assured:

- paralysis
- dysarthria (difficulty with speech)
- aphasia (inability to speak)
- dysphagia (difficulty in swallowing)
- difficulty in walking
- lack of coordination
- severe dementia where the insured needs constant supervision; or
- permanent coma.

For the purposes of this definition seizures, headaches, fatigue, lethargy or any symptoms of psychological or psychiatric origin or injury secondary to alcohol or illegal drug misuse will not be accepted as evidence of permanent deficit of the neurological system.

#### **What does this mean?**

The body's immune system produces white blood cells and proteins called antibodies to destroy viruses and bacteria that are foreign to the body. Lupus, like other auto-immune diseases, mistakes the body's own tissue as foreign and attacks it causing inflammation. It can affect major organs in the body and stop them functioning properly.

### **51. Third Degree Burns – covering 20% of the body's surface area**

#### **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 50% loss of surface area of the face which for the purpose of this definition includes the forehead and ears.

#### **What does this mean?**

Third degree burns are the most serious type of burn. They involve the destruction of the full thickness of the skin and can cause damage to the fat, muscle and bone.

### **52. 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.

For the above definition, the following is not covered:

- Injury secondary to alcohol where there is a history of alcohol misuse.
- Injury secondary to illegal drug misuse.

#### **What does this mean?**

Damage to brain tissue could be caused by an external trauma such as a severe head injury received in a road traffic accident.



# PARTIAL PAYMENT SPECIFIED SERIOUS ILLNESS COVER DEFINITIONS

## 1. Brain Abscess drained via craniotomy

### Policy definition

Undergoing the surgical drainage of an intracerebral abscess within the brain tissue through a craniotomy by a Consultant Neurosurgeon. There must be evidence of an intracerebral abscess on CT or MRI imaging.

### What does this mean?

A brain abscess is a rare, life-threatening infection of the brain. When bacteria, fungi or parasite infect part of the brain, inflammation occurs. The infected brain cells accumulate causing our immune system to create a membrane to isolate the infection creating an abscess. As the abscess grows it places pressure on delicate brain tissue, which can become damaged or destroyed.

Craniotomy – this is a surgical operation in which an opening is made in the skull. The abscess is either drained of pus, or removed.

## 2. Carcinoma in Situ of the Cervix – with surgery

### Policy definition

A definite diagnosis with histological confirmation of carcinoma in situ of the cervix uteri resulting in trachelectomy (removal of the cervix) or hysterectomy.

For the above definition the following are not covered:

- Loop excision

- Laser surgery
- Conisation
- Cryosurgery and Cervical Intraepithelial Neoplasia (CIN) grade I or II.

### What does this mean?

Carcinoma in situ is an early form of cancer which affects only the cells in which it originated and has not begun to spread to other cells, i.e. it is non-invasive. The policy will pay your claim if, after diagnosis of carcinoma in situ of the cervix, a Life Assured's cervix is surgically removed or they undergo a hysterectomy.

## 3. Carcinoma in Situ of the Colon or Rectum – resulting in intestinal resection

### Policy definition

A definite diagnosis with histological confirmation of carcinoma in situ of the colon or rectum resulting in intestinal resection.

For the above definition the following are not covered:

- Local excision
- Polypectomy.

### What does this mean?

Carcinoma in situ is an early form of cancer which affects only the cells in which it originated and has not begun to spread to other cells, i.e. it is non-invasive. The policy will pay your claim if, after diagnosis of

carcinoma in situ of the colon or rectum, a Life Assured undergoes a surgical resection of their intestines.

## 4. Carcinoma in Situ of the Oesophagus - treated by specific surgery

### Policy definition

Definite diagnosis of a carcinoma in situ of the oesophagus positively diagnosed with histological confirmation by biopsy, which has been treated surgically by removal of a portion or all of the oesophagus. A carcinoma in situ is a malignancy that has not invaded the basement membrane but shows cytologic characteristics of cancer. Histological evidence will be required.

- Treatment by any other method is specifically excluded.

### What does this mean?

The oesophagus is the portion of the digestive system that leads from the mouth to the stomach, sometimes called the gullet. This muscular passage carries food and liquids from the mouth to the stomach.

Carcinoma in situ is an early form of cancer. In situ means that these abnormal cells are found in the innermost layer of tissue lining the oesophagus. The policy will pay your claim if, after diagnosis of carcinoma in situ of the oesophagus, a surgeon removes a part or all of a Life Assured's oesophagus.

## 5. Carcinoma in Situ of the Testicle – requiring surgical removal of one or both testicles

### Policy definition

A definite diagnosis of carcinoma in situ of the testicle (also known as intratubular germ cell neoplasia unclassified or ITGCNU) supported by histological evidence, which has been treated surgically with a orchidectomy (complete removal of the testicle).

### What does this mean?

Carcinoma in situ is an early form of cancer. In situ means that there are abnormal cells in the testicle but they are completely contained and so cannot spread, as cancer cells can. Carcinoma in situ is most often found when a man has a testicular biopsy to investigate infertility. There is no lump and usually no other symptom. You can claim if a Life Assured has been diagnosed as having carcinoma in situ of the testicle requiring surgical removal of one or both testicles.

## 6. Carcinoma in Situ of the Urinary Bladder – requiring surgical removal

### Policy Definition

A definite diagnosis of a carcinoma in situ of the urinary bladder positively diagnosed with histological confirmation by biopsy, which is treated by complete removal of the bladder.

For the above definition, the following is not covered:

- Any urinary bladder tumour which has been histologically classified as stage Ta or non-invasive papillary carcinoma

### What does this mean?

Carcinoma in situ is an early form of cancer. Carcinoma-in-situ of the urinary bladder affects the lining of the bladder without any invasion into the deeper tissues. You can claim if a Life Assured has been diagnosed as having carcinoma-in-situ of the urinary bladder requiring surgical removal of the entire bladder.

## 7. Carcinoma in Situ of the Vagina – resulting in surgery to remove the tumour

### Policy Definition

A definite diagnosis with histological confirmation of carcinoma in situ of the vagina resulting in surgery to remove the tumour.

For the above definition, the following are not covered:

- Laser surgery and diathermy
- Vaginal Intraepithelial Neoplasia (VAIN) grade 1 or 2.

### What does this mean?

Carcinoma in situ is an early form of cancer which affects only the cells in which it originated and has not begun to spread to other cells, i.e. it is non-invasive. You can claim if a Life Assured has been diagnosed with carcinoma in situ of the vagina resulting in surgical removal of the tumour.

## 8. Carcinoma in Situ of the Vulva – resulting in surgery to remove the tumour

### Policy Definition

A definite diagnosis with histological confirmation of carcinoma in situ of the vulva resulting in surgery to remove the tumour.

For the above definition, the following are not covered:

- Laser surgery and diathermy
- Vulval Intraepithelial Neoplasia (VIN) grade 1 or 2.

### What does this mean?

Carcinoma in situ is an early form of cancer which affects only the cells in which it originated and has not begun to spread to other cells, i.e. it is non-invasive. You can claim if a Life Assured has been diagnosed with carcinoma in situ of the vulva resulting in surgical removal of the tumour.

## 9. Carcinoma in Situ (Other) – with surgery

### Policy Definition

A definite diagnosis of carcinoma in situ based on histological confirmation, that has been treated by surgery to remove the tumour.

For the above definition, the following are not covered:

- Any skin cancer (including melanoma)
- Tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment; and



- Intra-epithelial neoplasia or pre-malignant conditions.

This definition excludes all other specified carcinoma in situ conditions listed in the Partial Payment Specified Serious Illness Cover Definitions section (i.e. partial payment definition numbers 2, 3, 4, 5, 6, 7, 8 and 16). For example, if a claim is made for carcinoma in situ of the cervix and the definition specific to that condition is not met, the carcinoma in situ (other) definition cannot be used instead.

#### What does this mean?

Carcinoma in situ is an early form of cancer which affects only the cells in which it originated and has not begun to spread to other cells, i.e. it is non-invasive. You can claim if a Life Assured has been diagnosed with carcinoma in situ which results in surgery. This excludes all other carcinoma in situ sites specified as partial payments, which are subject to their own definitions.

### 10. Carotid Artery Stenosis – treated by Endarterectomy or Angioplasty

#### Policy definition

Undergoing endarterectomy or therapeutic angioplasty with or without stent to correct symptomatic stenosis involving at least 70% narrowing or blockage of the carotid artery. Angiographic evidence will be required.

#### What does this mean?

Carotid Endarterectomy is the surgical procedure to remove fatty

tissue from the neck arteries. Stenosis occurs when the arteries become blocked with the fatty tissue and the brain does not get enough oxygen.

An angioplasty involves the insertion of a balloon tipped tube into the blocked blood vessel. The balloon is inflated, compressing the fatty deposits against the arterial walls resulting in restoration of blood flow. A mechanical device known as a small metal mesh tube is placed inside the artery where the blockage occurred to widen the opening and support the artery wall. *This benefit does not cover any other treatment of the carotid artery or vascular system.*

### 11. Cerebral Aneurysm – treated by craniotomy or endovascular repair

#### Policy Definition

Undergoing of either of the following surgical procedures in order to treat a cerebral aneurysm:

- Surgical correction via craniotomy; or
- Endovascular treatment using coils or other materials (embolisation).

For the above definition, the following is not covered:

- Cerebral arteriovenous malformation.

#### What does this mean?

The junctions of arteries in the brain may develop weak spots. Aneurysms occur when these weak spots balloon out and fill with blood. Aneurysms

may leak or rupture, spilling blood into surrounding tissues.

The surgical treatments are:

Craniotomy – this is a surgical operation in which an opening is made in the skull and the abnormal connection is removed by a Consultant Neurosurgeon.

Endovascular treatment using coils or other materials to cause embolisation is carried out by a Consultant Neurosurgeon and uses the natural access to the brain through the bloodstream via the arteries using catheters, balloons and stents.

### 12. Cerebral Arteriovenous Malformation – treated by craniotomy or endovascular repair

#### Policy definition

Undergoing surgical treatment via craniotomy by a Consultant Neurosurgeon of a cerebral AV fistula or malformation. Or undergoing endovascular treatment by a Consultant neurosurgeon or Radiologist using coils to cause thrombosis of a cerebral AV fistula or malformation.

For the above definition, the following are not covered:

- Intracranial aneurysm.

#### What does this mean?

A cerebral arteriovenous malformation (AVM) is an abnormal connection between the arteries and veins in the brain that usually forms before birth. The condition

occurs when arteries in the brain connect directly to nearby veins, the blood does not flow into the capillaries which are the small vessels that normally transport blood from the arteries to the veins.

A cerebral arteriovenous malformation (AVM) rupture occurs because of pressure and damage to blood vessel tissue. This allows blood to leak into the brain or surrounding tissue reducing blood flow to the brain.

The surgical treatments are:

Craniotomy – this is a surgical operation in which an opening is made in the skull and the abnormal connection is removed by a Consultant neurosurgeon.

Endovascular treatment is carried out by a Consultant neurosurgeon and involves the injection of a glue like substance into the abnormal vessels in the AVM via a micro-tube or catheter.

### 13. Coronary Angioplasty – of specified severity

#### Policy definition

The undergoing of coronary artery angioplasty, atherectomy, laser treatment or stent insertion on the advice of a Consultant Cardiologist to any of the main coronary arteries to correct :

- narrowing or blockages of at least 70%, confirmed by angiographic evidence; or
- narrowing or blockages where there is a fractional flow reserve ratio of <0.8.

The Main Coronary Arteries for this purpose are defined as:

- Right Coronary Artery;
- Left Main Stem;
- Left Anterior Descending Coronary Artery; and
- Circumflex Coronary Artery.

Two or more procedures on the same Main Coronary Artery or a branch of the same Main Coronary Artery or two or more procedures on multiple branches of the same Main Coronary Artery will be regarded as one *Single Angioplasty Event* even if the procedures are performed at different times.

The undergoing of the above procedures on two or more Main Coronary Arteries at the same time is regarded as a *Double Angioplasty Event*.

The amounts payable for a *Single Angioplasty Event* and a *Double Angioplasty Event* are set out in Section 5.7 of your Policy Conditions booklet.

#### What does this mean?

Fatty material builds up on the walls of the coronary artery blood vessels preventing the heart getting the blood supply it needs. There are several types of interventional procedures which may be used when performing angioplasty.

Angioplasty involves the insertion of a thin plastic tube with a small balloon tip into the artery, once the balloon tip reaches the narrowed section of the artery the balloon is inflated

and the fatty material is compressed into the artery wall increasing the blood flow to the heart. Stenting involves the insertion of a small metal mesh tube into the narrowed artery. Atherectomy and laser treatment are also techniques which involve passing a thin plastic tube (catheter) into the blocked artery. We will require angiographic evidence showing at least 70% stenosis in the coronary arteries.

### 14. Crohn's Disease – treated with surgical intestinal resection

#### Policy Definition

A definite diagnosis by a Consultant Gastroenterologist of Crohn's disease and where the Life Assured has undergone surgery to remove part of the small or large intestine.

For the above definition, the following are not covered:

- Other types of inflammatory bowel disease
- Intestinal biopsy

The amount of any Specified Serious Illness Benefit to be paid for Crohn's Disease – of specified severity (condition number 6.19) will be reduced by the amount of any Partial Payment Specified Serious Illness Benefit paid for Crohn's Disease – treated with surgical intestinal resection.

#### What does this mean?

Crohn's Disease is an inflammatory disease that affects the digestive system. The main symptoms of the disease are stomach cramps, diarrhoea and tiredness.

A claim can only be made if the life assured has had an operation to surgically remove part of the small or large intestine (bowel) as a result of Crohn's disease. A claim will not be considered for a diagnosis of Crohn's disease unless it has resulted in surgery as shown in the definition.

### 15. Cystectomy – removal of a complete bladder

#### Policy Definition

A complete surgical removal of the urinary bladder.

For the above definition the following are not covered:

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

#### What does this mean?

A claim can be made only where an entire bladder has been removed as a result of injury or disease. Claims for removal of only part of the bladder will not be paid.

### 16. Ductal Carcinoma in Situ – breast, treated by surgery

#### Policy definition

A definite diagnosis of a ductal carcinoma in situ (DCIS) of the breast positively diagnosed with histological confirmation by biopsy, which has been removed surgically by mastectomy, partial mastectomy, segmentectomy or lumpectomy. A carcinoma in situ is a malignancy that has not invaded the basement membrane but shows cytologic characteristics of cancer. Histological evidence will be required.

For the above definition, the following are not covered:

- mastectomy, partial mastectomy, segmentectomy or lumpectomy, operations for reasons other than DCIS, for example, prophylactic mastectomy or lobular carcinoma in situ (LCIS).

#### What does this mean?

Ductal carcinoma in situ is a term used to describe an early stage of cancer where the abnormal cells remain confined to the milk ducts of the breast. They have not spread deeper into the breast tissue or to other parts of the body.

A claim can be made if treatment is carried out involving the removal or partial removal of the breast or surgical removal of the tumour itself following a diagnosis of ductal carcinoma in situ.

### 17. Eye Stroke – Central Retinal Artery Occlusion or Central Retinal Vein Occlusion – resulting in permanent visual loss

#### Policy Definition

Death of optic nerve or retinal tissue due to inadequate blood supply within the central retinal artery or vein. This must result in permanent visual impairment.

For the above definition the following are not covered:

- Branch retinal artery or branch retinal vein occlusion or haemorrhage; or

- Traumatic injury to tissue of the optic nerve or retina.

#### What does this mean?

The retina is the light-sensitive layer of tissue at the back of the eyeball. The central retinal artery and vein transport blood to and from the retina. Central retinal artery/vein occlusion occurs when these blood vessels become blocked causing permanent damage and visual loss.

### 18. Gastrointestinal Stromal Tumour (GIST) - with surgery

#### Policy definition

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

For the above definition, the following is not covered:

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

#### What does this mean?

A claim can be made following a diagnosis of gastrointestinal stromal tumour (GIST) and where this has been treated by surgery. Your claim must be supported by a microscopic examination of a sample of the relevant cells. This is known as 'histology' and would usually be carried out as part of a normal hospital investigation.

## 19. Implantable Cardioverter Defibrillator – for the primary prevention of sudden cardiac death

### Policy definition

Undergoing of the insertion of an Implantable Cardioverter-Defibrillator (ICD) on the advice of a Consultant Cardiologist for the primary prevention of sudden cardiac death.

For the above definition, the following is not covered

- Insertion of a pacemaker.

### What does this mean?

An implantable cardioverter defibrillator (ICD) is a small electrical device implanted in patients who are at risk of sudden death due to life-threatening, irregular heart rhythms. The ICD monitors the rhythm of the patient's heartbeat. When the ICD records arrhythmia (abnormal electrical activity in the heart), it acts to restore rhythm.

Inserting a pacemaker is excluded as this is a different device and is used to treat conditions that are generally less serious.

## 20. Liver Resection

### Policy definition

Undergoing a partial hepatectomy (liver resection) on the advice of a specialist surgeon in gastroenterology and hepatology.

For this definition the following are not covered:

- Surgery relating to liver disease resulting from alcohol or drug misuse;
- Surgery for liver donation (as a donor);
- Liver Biopsy

### What does this mean?

A liver resection is surgery to remove part of the liver. There are many reasons for removing part of the liver, including benign tumours, cysts, or traumatic injury.

## 21. Low Level Prostate Cancer – with Gleason score between 2 and 6 and with specific treatment

### Policy definition

Positive diagnosis with a prostate cancer which has been histologically classified as having a Gleason score between 2 and 6 inclusive, provided:

- The tumour has progressed to at least clinical TNM classification T1N0M0 and
- The life assured has undergone treatment by prostatectomy, external beam or interstitial implant radiotherapy.

For the above definition, the following are not covered:

- Treatment with cryotherapy, transurethral resection of the prostate, 'experimental' treatments or hormone therapy.

### What does this mean?

The prostate is a walnut sized gland in the male reproductive system located at the base of the bladder. Cancer of the prostate is one of the most common types of cancer in men. The Gleason score is a system of grading prostate cancer tissue based on how it looks under a microscope. The scores range from 2 to 10 and indicate how likely it is that a tumour will spread. A low Gleason score means the cancer is less likely to spread, a high Gleason score means that the cancer is more likely to spread. In order for a claim to be valid the histology report must show a Gleason score between 2 and 6. A Gleason score greater than 6 will result in a full Specified Serious Illness Cover claim.

## 22. Neuroendocrine Tumour (NET) of low malignant potential – with surgery

### Policy definition

Neuroendocrine tumours of low malignant potential, including Merkel cell cancer of the skin, diagnosed by histological confirmation and that has been treated by surgery to remove the tumour.

The following are not covered:

- Tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment

### **What does this mean?**

A claim can be made if a Life Assured has been diagnosed as having a neuroendocrine tumour and where this has been treated by surgery.

Your claim must be supported by a microscopic examination of a sample of the relevant cells. This is known as 'histology' and would usually be carried out as part of a normal hospital investigation.

### **23. Ovarian Tumour of borderline malignancy/low malignant potential – with surgical removal of an ovary**

#### **Policy definition**

An ovarian tumour of borderline malignancy/low malignant potential that has been positively diagnosed with histological confirmation and has resulted in surgical removal of an ovary.

For the above definition, the following is not covered:

- Removal of an ovary due to cyst.

#### **What does this mean?**

A claim can be made if a Life Assured has been diagnosed as having an ovarian tumour of borderline malignancy/low malignant potential, and where this has been treated by surgery. Your claim must be supported by a microscopic examination of a sample of the relevant cells. This is known as 'histology' and would usually be carried out as part of a normal hospital investigation.

### **24. Peripheral Vascular Disease – treated with angioplasty**

#### **Policy definition**

Undergoing a balloon angioplasty, atherectomy, laser treatment or stent insertion on the advice of a Consultant Cardiologist or Vascular Surgeon to correct at least 70% narrowing or blockage to an artery of the legs. Angiographic evidence will be required.

The amount of any Accelerated or Standalone Specified Serious Illness Benefit to be paid for Peripheral Vascular Disease – with bypass surgery (condition number 6.42) will be reduced by the amount of any Partial Payment Specified Serious Illness Benefit paid for Peripheral Vascular Disease – treated by angioplasty.

#### **What does this mean?**

Peripheral vascular disease is the most common disease of the arteries and refers to any disease or disorder of the circulatory system outside of the brain and heart. It is caused by build-up of fatty material which causes an artery to gradually become blocked, narrowed, or weakened. Peripheral vascular disease is sometimes called arteriosclerosis, or hardening of the arteries.

Balloon angioplasty involves a surgeon passing a fine balloon catheter (a flexible plastic tube) into the narrowed artery. When the balloon reaches the place where the artery has narrowed,

it is inflated to force the walls of the artery apart. Atherectomy and laser treatment are also techniques which involve passing a catheter into the blocked artery.

### **25. Permanent Pacemaker**

#### **Policy definition**

The permanent insertion of an artificial pacemaker to correct an abnormal rhythm of the heart. The abnormal rhythm of the heart must have been documented on electrocardiograph (ECG) and be available to the company.

#### **What does this mean?**

A claim can be made if a Life Assured is treated for an abnormal rhythm of the heart with insertion of a pacemaker. For the claim to be valid, there must be supporting ECG evidence of the abnormal rhythm of the heart.

### **26. Pituitary Tumour – resulting in permanent symptoms or surgery**

#### **Policy definition**

A definite diagnosis of a non-malignant tumour in the pituitary gland by a Consultant Neurologist or Neurosurgeon resulting in either of the following:

- Permanent neurological deficit with persisting clinical symptoms; or
- Treatment of the tumour by surgery or stereotactic radiosurgery.



For the above definition, the following are not covered:

- Where symptoms of pituitary tumour are absent with on-going medical treatment; and
- Tumours in the brain.

### What does this mean?

The pituitary gland makes hormones that control many other glands in the body. A pituitary tumour is a growth of abnormal cells in the pituitary gland. Most tumours of the pituitary gland are benign and slow-growing. However, they can cause a variety of symptoms including headache, loss of vision, and infertility. Treatment may include surgery, radiation therapy and drug therapy. Pituitary tumours where symptoms are controlled by ongoing medication only are excluded.

## 27. Serious Accident Cover – resulting in at least 28 consecutive days in hospital

### Policy definition

A serious accident resulting in severe physical injury where the life assured is immediately admitted to hospital for at least 28 consecutive days to receive medical treatment. The 28 days can include a stay in a rehabilitation hospital as long as the life assured goes straight from the hospital to the rehabilitation centre. Severe physical injury means injury resulting solely and directly from

unforeseen, external violent and visible means and independent of any other cause. A life assured may claim only once under this cover.

For the above definition, the following are not covered:

- Stays in hospital of less than 28 consecutive days
- An accident as a result of involvement in the armed forces
- An accident as a result of involvement in hazardous pursuits (as outlined in Section 11.2 of your Policy Conditions booklet)
- An accident secondary to alcohol where there is a history of alcohol misuse
- An accident secondary to illegal drug misuse.

### What does this mean?

A claim can be made for this benefit if the life assured following a serious accident is confined to hospital for at least 28 consecutive days in order to receive medical treatment for the injuries sustained in the accident. The 28 consecutive days can include time spent in a rehabilitation centre if the transfer is made directly from the hospital in order for treatment to be continued. Serious accident secondary to alcohol or drug misuse is not covered. You can only make one claim for injuries resulting from the same accident.

## 28. Significant Visual Impairment – permanent and irreversible

### Policy definition

Permanent and irreversible reduction in the sight of both eyes to the extent that even when tested with the use of visual aids, vision is measured at 6/18 or worse in the better eye using a Snellen eye chart, while wearing any corrective glasses or contact lenses.

For the above definition, the following are not covered

- If a Life Assured is 'registered blind', your claim will only be met if the loss of sight meets the criteria outlined in the definition outlined above.

### What does this mean?

In order for the life assured to claim under this definition the loss of sight in both eyes must be irreversible to the extent that even when using glasses or other visual aids, the degree of loss is measured at 6/18 or worse on the Snellen eye chart. A Snellen chart is an eye chart used by eye care professionals to measure visual acuity. The chart consists of rows of letters that decrease in size downwards. A result of 6/18 indicates that the life assured can only see at 6 metres what someone with normal sight can see at 18 metres away.

## 29. Single Lobectomy – removal of a complete lobe of a lung

### Policy definition

The undergoing of medically essential surgery to remove a complete lobe of a lung for disease or traumatic injury.

For the above definition, the following are not covered:

- Partial removal of a lobe of the lungs (segmental or wedge resection)
- Any other form of lung surgery.

#### **What does this mean?**

A lobectomy is an operation during which a single lobe of the lung is removed. People have two lungs located on either side of the heart within the rib cage. They are not identical, the right lung has three lobes and the left one has two lobes.

### **30. Surgical Removal of One Eye**

#### **Policy definition**

Undergoing surgical removal of a complete eyeball for disease or trauma.

#### **What does this mean?**

The surgical removal of an entire eyeball due to either disease or injury.

### **31. Syringomyelia or Syringobulbia – treated by surgery**

#### **Policy definition**

A definite diagnosis of Syringomyelia or Syringobulbia by a Consultant Neurologist which has been treated surgically. This includes surgical insertion of a permanent drainage shunt.

#### **What does this mean?**

Syringomyelia is a disorder in which a cavity forms in the spinal column. This cavity can extend or expand over time causing damage to the spinal cord.

Syringobulbia is a cavity that forms in the part of the brain called the brain stem. This cavity can extend or expand over time causing damage to the brain stem.

The symptoms of these disorders are wide ranging and may include for example pain, or loss of the ability to feel extreme heat or cold.

### **32. Third Degree Burns – covering at least 10% of the body's surface**

#### **Policy definition**

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 10% and less than 20% of the body's surface area or at least 25% of the surface area of the face which for the purpose of this definition includes the forehead and the ears.

#### **What does this mean?**

There are only three degrees of burns and all three refer to how deep the burn goes through the skin, the higher the number the worse the burn. First and second degree burns can heal without scarring. 3rd degree burns are the most serious type of burn, they involve the destruction of the full thickness of the skin, fat, muscle and bone. In order for

a claim to be valid burns must involve damage or destruction of the skin covering at least 10% and less than 20% of the body's surface area or at least 25% of the surface area of the face. Burns in excess of 20% of the body's surface area or at least 50% of the surface area of the face will result in a full Specified Serious Illness Cover claim.

### **33. Total Colectomy – including a Total Colectomy performed as a result of Ulcerative Colitis**

#### **Policy definition**

The surgical removal of the entire colon.

For the above definition the following is not covered:

- Total Colectomy as a result of Crohn's Disease
- Partial removal of the colon

#### **What does this mean?**

The colon is the final section of the digestive system linking the stomach to the anus.

Colectomies are used to treat a variety of medical conditions including cancer, trauma of the colon, colon obstructions and intestinal irritants such as Ulcerative Colitis.

A total colectomy is the surgical removal of the whole colon.



## ADDITIONAL DEFINITIONS

### Consultant

A registered medical practitioner who has specialist qualifications in an appropriate branch of medicine and who is practising at a major hospital in the Republic of Ireland or UK.

### Irreversible

An illness or condition is irreversible if after having appropriate treatment, including surgery, there is no reasonable hope of a recovery according to medical knowledge at that time.

### Major Hospital

An institution in the Republic of Ireland or UK which has facilities for diagnosis, treatment and major surgery and has accommodation for in-patients. It does not include a long-term nursing unit, a geriatric or pre-convalescent ward, or an extended-care facility for convalescence, rehabilitation or other similar function.

### Medical Specialist

A registered medical practitioner who has specialist qualifications in an appropriate branch of medicine and who is practising at a major hospital in the Republic of Ireland or UK.

### Permanent

Expected to last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire.

### Permanent neurological deficit with persisting clinical symptoms

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:

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

### Registered Medical Practitioner

A person who meets the legal requirements for carrying on a medical practice in the Republic of Ireland or UK and who actually practices medicine in either of those countries.





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