Extended – (13/14-02/19)



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Introduction

- This guide gives you the full definitions of the critical illness's and operation's covered by your employer's policy. You should read this guide carefully along with the "Group Critical Cover For Flexible Benefits Guide to Cover" and keep it in a safe place afterwards.
- Under the policy a benefit is payable if the member or child are diagnosed with one of the specified medical conditions or undergoes one of the listed operations covered under the policy and survives for at least 14 days. For a benefit to be payable, the condition or operation must meet the definition in the policy conditions.
- The policy will only cover the critical illnesses defined in the policy and no others.
- Any diagnosis or medical opinion must be given by a specialist who is a registered medical practitioner who:
 - has at any time held and is not precluded from holding a substantive consultant appointment in an NHS hospital; or
 - holds a Certificate of Higher Specialist Training issued by the Higher Specialist Training Committee of the relevant Royal Collage or faculty; or
 - is included in the Specialist Register kept by the General Medical Council;

and who is recognised by Aviva Life and Pensions UK Limited to provide treatment the member or child needs for their condition.

 Please note that certain exclusions and limitations apply, and you can find these at the end of this guide.

List of critical illness conditions

Benefit payment is subject to the diagnosis meeting the definition of the relevant condition or operation as given in the policy conditions. No other conditions or operations are covered.

In the definitions of critical illness conditions and operations the following terms will have the meanings set out below:

Irreversible

Cannot be reasonably improved upon by medical treatment and/or surgical procedures used by the National Health Service in the UK at the time of the claim.

Permanent

Expected to last throughout the insured person's life, irrespective of when the cover ends or they 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.

Conditions covered by the policy

The policy covers the following conditions and operations (and no others).

Alzheimer's disease – resulting in permanent symptoms

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.

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 is not covered:

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

Aplastic anaemia – with permanent 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.

Bacterial Meningitis – resulting in permanent symptoms

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

For the above definition, the following are not covered:

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

Benign brain tumour – resulting in permanent symptoms or removed via craniotomy

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

- permanent neurological deficit with persisting clinical symptoms
- removal of the tumour by craniotomy (surgical opening of the skull).

The following are not covered:

- Tumours in the pituitary gland.
- Tumours originating from bone tissue.
- Angioma and cholesteatoma.

Benign spinal cord tumour

A non-malignant tumour in the spinal canal or spinal cord, resulting in either of the following:

- permanent neurological deficit with persisting clinical symptoms or
- invasive surgery to remove the tumour.

For the above definition, the following is not covered:

- Radiotherapy for any tumour.

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, as 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).

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 of 7 or above, or having progressed to at least TNM classification T2bN0M0.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- 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).
- All thyroid tumours unless histologically classified as having progressed to at least TNM classification T2N0M0

Cancer - Second and subsequent

This provides some cover for members who have been previously diagnosed with cancer. A lump sum benefit would be payable for a diagnosis of a new, unrelated cancer as defined by the policy terms.

The pre-existing condition exclusion applies in the normal manner to subsequent cancer claims unless:

- the member has been treatment free for a period of 5 years from the date of the most recent previous diagnosis of cancer, and
- there is no evidence, confirmed by appropriate up-to date investigations and tests, of any continuing presence, recurrence or spread of the previous cancer, and:
- the new cancer:
 - affects an organ that is physically and anatomically separate to any previous cancer, and
 - is not a secondary cancer or histologically related to any previous cancer; or
 - for haematological cancers, the new cancer is categorised or divided according to defined cell characteristics in a distinctly different manner to any previous cancer.

Treatment includes chemotherapy, radiotherapy, monoclonal antibody therapy, and invasive or non-invasive

surgery, but does not include long term maintenance hormone treatment.

In addition to the above, in no circumstances will a claim for subsequent cancer be payable if the member has:

- any signs, symptoms or investigations, that lead to a subsequent diagnosis of cancer regardless of when the diagnosis is made, or
- a subsequent diagnosis of cancer,

which gives rise to a claim during the 120 days following:

- start date of the policy, or
- the member joining the scheme, or
- an increase in benefit (claims will still be considered for the pre-increase amount).

Cardiac Arrest

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

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

Cardiomyopathy - of specified severity

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

For the above definition, the following are not covered:

- Cardiomyopathy secondary to alcohol or drug abuse.
- All other forms of heart disease, heart enlargement and myocarditis.
- * NYHA Class 3. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.

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 for a continuous period of at least 96 hours; and
- with associated permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following is not covered:

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

Coronary angioplasty – to two or more coronary arteries The undergoing of balloon angioplasty, atherectomy, laser treatment or stent insertion on the advice of a Consultant Cardiologist to correct at least 70 percent

narrowing or blockage of two or more coronary arteries as a single procedure.

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

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

Creutzfeldt-Jakob disease – resulting in permanent symptoms

A definite diagnosis of Creutzfeldt-Jakob disease by a Consultant Neurologist. There must be permanent clinical impairment of motor function and 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.

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

Dementia - resulting in permanent symptoms A

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

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

For the above definition, the following are not covered:

- dementia secondary to alcohol or drug abuse.

Encephalitis

A definite diagnosis of encephalitis by a Consultant Neurologist. There must be permanent neurological deficit with persisting clinical symptoms.

Heart attack - of specified severity

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

- typical clinical symptoms (for example characteristic chest pain)
- 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.

Heart valve replacement or repair

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

HIV infection – caught from a blood transfusion, a physical assault or at work in an eligible occupation

Infection by Human Immunodeficiency Virus resulting from:

- a blood transfusion given as part of medical treatment;
- a physical assault; or
- an incident occurring during the course of performing normal duties of employment

from the eligible occupations listed below:

- ambulance workers
- chiropodists
- dental nurses
- dental surgeons

- district nurses
- fire brigade firefighters
- general practitioners
- hospital caterers
- hospital cleaners
- hospital doctors, surgeons and consultants
- hospital laboratory technicians
- hospital laundry workers
- hospital nurses
- hospital porters
- midwives
- nurses employed by general practitioners
- occupational therapists
- paramedics
- physiotherapists
- podiatrists
- policemen and policewomen
- prison officers
- radiologists
- refuse collectors
- social workers

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

- the incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures
- where HIV infection is caught through a physical assault or as a result of an incident 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 following is not covered:

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

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 - of advanced stage

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

- permanent jaundice
- ascites, and
- encephalopathy.

For the above definition, the following is not covered:

- Liver disease secondary to alcohol or drug abuse.

Loss of hand or foot – permanent physical severance

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

Loss of independent existence - permanent and irreversible

The permanent loss of the ability to perform routinely at least three of the following six tasks without the assistance of another person, even with the use of special devices or equipment.

The tasks are:

- 1. Washing the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- Getting dressed and undressed the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- 3. Feeding yourself the ability to feed yourself when food has been prepared and made available.
- 4. Maintaining personal hygiene the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- 5. Getting between rooms the ability to get from room to room on a level floor.
- 6. Getting in and out of bed the ability to get out of bed into an upright chair or wheelchair and back again.

Loss of speech - total, permanent and irreversible

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

Major organ transplant

The undergoing as a recipient from another person of a:

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

For the above definition transplantation of any other organs, parts of organs, tissues or cell is not covered.

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)
- Primary lateral sclerosis (PLS)
- Progressive bulbar palsy (PBP)
- Progressive muscular atrophy (PMA).

There must also be permanent clinical impairment of motor function.

$\hbox{Multiple sclerosis - with persisting symptoms A}$

definite diagnosis of multiple sclerosis by a consultant neurologist, that has resulted in either of the following:

- 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.

Open heart surgery – with surgery to divide the breastbone

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

Paralysis of limb - total and irreversible

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

Parkinson's disease – resulting in permanent symptoms

A definite diagnosis of Parkinson's disease by a Consultant Neurologist or Consultant Geriatrician.

There must be permanent clinical impairment of motor function with associated tremor and muscle rigidity.

The following are not covered:

- Parkinsonian syndromes/Parkinsonism.

Primary pulmonary arterial hypertension

A definite diagnosis of pulmonary arterial hypertension of unknown cause. There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association classification of functional capacity (marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain).

The following is not covered:

 Pulmonary hypertension secondary to any other known cause i.e. not primary

Progressive supranuclear palsy – resulting in permanent symptoms

A definite diagnosis of progressive supranuclear palsy by a Consultant Neurologist or a Consultant Geriatrician.

There must be permanent clinical impairment of eye movements and motor function.

Pulmonary artery graft surgery

The undergoing of surgery on the advice of a Consultant Cardiothoracic Surgeon for a disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

We do not cover any other surgical procedure, for example endovascular repairs or the insertion of stents.

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

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

Rheumatoid arthritis - chronic and severe

A definite diagnosis of Rheumatoid Arthritis by a Consultant Rheumatologist resulting in all of the following:

- there must be morning stiffness in the affected joints of at least one-hour duration
- there must be arthritis of at least three joint groups with soft tissue swelling or fluid observed by a physician
- the arthritis must involve at least one of the following sites:
 - wrists or ankles
 - hands and fingers
 - feet and toes
- there must be symmetrical arthritis
- there must be radiographic changes typical of rheumatoid arthritis.

Stroke - resulting in permanent symptoms

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

- permanent neurological deficit with persisting clinical symptoms; or
- definite evidence of death of tissue or haemorrhage on a brain scan; and

 neurological deficit with persistent clinical symptoms lasting at least 24 hours.

The following are not covered:

- transient ischaemic attack
- traumatic injury to brain tissue or blood vessels
- death of tissue of the optic nerve or retina/eye stroke.

Systemic lupus erythematosus – with severe complications

A definite diagnosis of systemic lupus erythematosus by a Consultant Rheumatologist resulting in either of the following:

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

Terminal illness

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

- The illness either has no known cure or has progressed to the point where it cannot be cured; and
- In the opinion of the attending Consultant, the illness is expected to lead to death within 12 months.

Third degree burns – covering 20 percent of the body's surface area or 30 percent loss of surface area to the face

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20 percent of the body's surface area or 30 percent loss of surface area of the face which for the purposes of this definition includes the forehead and ears.

Traumatic brain injury – resulting in permanent symptoms

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

Child specific conditions

Cerebral palsy

We will pay childcover benefit if the child receives a definite diagnosis of cerebral palsy made by an attending consultant.

Children's intensive care benefit – requiring mechanical ventilation for 7 days

We will pay childcover benefit, if during the period of cover, a child due to sickness or injury is requiring continuous mechanical ventilation by means of tracheal intubation for 7 consecutive days (24 hours per day) unless it is as a result of the child being born prematurely (before 37 weeks).

Cystic fibrosis

We will pay childcover benefit if the child receives a definite diagnosis of cystic fibrosis made by an attending consultant.

Hydrocephalus – Treated with the insertion of a shunt We will pay childcover benefit if the child suffers hydrocephalus if the hydrocephalus is treated with an insertion of a shunt.

Loss of independent existence

We will pay childcover benefit if in the opinion of a specialist the child will not at 18 years old be able to perform routinely at least three of the following six tasks without the assistance of another person, even with the use of special devices or equipment.

The tasks are:

- 1. Washing the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- Getting dressed and undressed the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- 3. Feeding the ability to feed their self when food has been prepared and made available.
- 4. Maintaining personal hygiene the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- 5. Getting between rooms the ability to get from room to room on a level floor.
- Getting in and out of bed the ability to get out of bed into an upright chair or wheelchair and back again.

Muscular dystrophy

We will pay childcover benefit if the child receives a definite diagnosis of muscular dystrophy made by a consultant neurologist.

Spina bifida

We will pay childcover benefit if the child receives a definite diagnosis of spina bifida myelomeningocele or rachischisis by a paediatrician. The following are not covered:

- spina bifida occulta, and
- spina bifida with meningocele.

What is not covered?

Pre-existing conditions exclusion

See the definition of Cancer – second and subsequent for an explanation of how this exclusion apples to that benefit

We will not pay a claim if that same critical illness or operation:

- was pre-existing at any time prior to the date cover commenced under your employer's scheme, and;
- has previously met the conditions for a valid claim under your employer's scheme.

In addition, for any increases in cover, we will not pay the amount of any increase in lump sum benefit if the member or child has a valid claim for a critical illness or operation which was pre-existing at any time before the date of any increase in benefit. We will still consider the claim for the pre-increase amount.

A pre-existing condition is one that the member or any children covered by the policy have:

 received medication, advise, treatment or diagnostic tests or experienced symptoms of the critical illness whether the critical illness was diagnosed or not:

An operation is pre-existing if the member or any children covered by the policy, have:

- received medical, advise, treatment or diagnostic tests for the condition that led to the operation or
- experienced symptoms of the condition that led to the operation whether the operation was known or not.

Related conditions

When deciding if a condition is pre-existing we will not pay a claim if the critical illness or operation is related to:

- any critical illness or operation defined in the policy (whether covered by the policy or not) and which was pre-existing at any time prior to the date their cover commenced under your employer's scheme, and;
- a critical illness or operation that has previously met the conditions for a valid claim under the scheme.

In addition, for any increases in cover, we will not pay the amount of any increase in benefit if the member or child has a valid claim for a critical illness or operation which is related to a critical illness or operation defined

in the policy (whether covered by the policy or not) at any time before the date of each increase. We will still consider the claim for the pre-increase amount.

Please be aware that for this policy the following critical illnesses and operations are related:

- Aorta graft surgery
- Cardiac arrest
- Cardiomyopathy
- Coronary angioplasty
- Coronary artery by-pass graft
- Heart attack
- Heart transplant
- Heart valve replacement or repair
- Primary pulmonary arterial hypertension
- Open heart surgery
- Pulmonary artery graft surgery
- Stroke

For example, if the member or child experienced kidney failure before their cover started, we would not pay a claim if they have a kidney transplant in the future.

Also, if the member or child had a benefit paid for a heart attack, we would not pay a claim if they suffered a stroke in the future.

Associated conditions

We will not pay a lump sum benefit for a member or any child who has a critical illness or operation if they had an associated condition at any time prior to:

- the date their cover commenced under your employer's scheme. and;
- the most recent date (prior to the current claim) that they met the conditions for a valid claim for a critical illness or operation under your employer's scheme.

In addition, for any increases in cover, we will not pay the amount of any increase in lump sum benefit if the member or child has a valid claim for critical illness or operation but had an associated condition at any time prior to the date of each increase.

We will still consider the claim for the pre-increase amount.

This exclusion will apply indefinitely in respect of claims for:

- loss of independent existence permanent and irreversible; and
- paralysis of limbs total and irreversible.

For all other critical illnesses and operations, the exclusion will no longer apply if the member or child does not have a valid claim for that critical illness or operation within the first two years of the date they joined your employer's scheme.

For increases in benefit the exclusion will no longer apply to the increase in cover if the member or child does not have a valid claim for that critical illness or operation within the first two years of the date of each increase.

For example, if the member or child experienced reduced hearing or vision after their cover started but before an increase to their benefit and they make a claim within two years of the increase for a brain tumour, we will cap benefit at the pre-increase level of benefit if the symptoms of reduced hearing are considered to be an associated condition.

Exclusion for children

We will not pay a lump sum benefit for a child if symptoms first arose, the underlying condition was first diagnosed, or you or your spouse/partner received counselling or medical advice in relation to the condition:

- before the you joined your employer's scheme and
- before your legal adoption or legal guardianship of the child; and
- if the critical illness or operation was brought about by intentional harm inflicted on the child by you or your spouse/partner.

Terminal illness

We will not pay a lump sum benefit for terminal illness if the member or child died before **you** notified us of a claim.

Self-inflicted injury

We will not pay a claim if the critical illness or operation is a direct or indirect result of a self-inflicted injury.

The Associated Conditions are:

Condition: Alzheimer's disease

Associated conditions: Head injury, pure amnesia,

depression, psychosis, dementia.

Condition: Aorta graft surgery

Associated conditions: Any disease or disorder of the heart or any obstructive/occlusive arterial disease.

Condition: Aplastic anaemia – with permanent bone

marrow failure

Associated conditions: Polyposis Coli, papilloma of

the bladder or any cancer in situ.

Condition: Bacterial meningitis - resulting in

permanent symptoms

Associated conditions: Chronic ear disease,

hydrocephalus.

Condition: Benign brain tumour – resulting in permanent symptoms or removed via craniotomy

Associated conditions: Neurofibromatosis (von Recklinghausen's disease) or haemangioma

(von Hippel-Lindau's syndrome).

Condition: Benign spinal cord tumour Associated

conditions: Neurofibromatosis, meningomyelocele, and

syringomyelia.

Condition: Blindness - permanent and irreversible

Associated conditions: Stroke or transient ischaemic attack. No benefit will be payable under the blindness critical condition in respect of an insured member who, at any time prior to the date of entry into the scheme has been registered blind.

Condition: Cancer - excluding less advanced cases

Associated conditions: Polyposis Coli, papilloma of the

bladder or any cancer in situ.

Condition: Cardiac arrest

Associated conditions: Coronary artery disease, heart failure and cardiomyopathy, left ventricular hypertrophy, myocarditis, hypertrophic cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy, brugada syndrome, idiopathic VF (also called primary electrical disease), congenital or acquired long QT syndrome, familial SCD of uncertain cause, Wolff-Parkinson-White syndrome.

Condition: Cardiomyopathy - of specified severity

Associated conditions: Any disease or disorder of the heart, diabetes mellitus or any obstructive/occlusive arterial

disease.

Condition: Coma

Associated conditions: Self inflicted injury or misuse of

drugs or alcohol.

Condition: Coronary angioplasty – to two or more

coronary arteries

Associated conditions: Any disease or disorder of the heart, diabetes mellitus or any obstructive/occlusive arterial

disease.

Condition: Coronary artery by-pass grafts Associated conditions: Any disease or disorder of the heart, diabetes mellitus or any obstructive/occlusive arterial

disease.

Condition: Creutzfeldt-Jakob disease – resulting in

permanent symptoms

Associated conditions: Organic brain disease, disease of the central nervous system, Parkinson's disease, depression, epilepsy, dementia, amnesic memory

disorder, aphasia, psychosis.

Condition: Deafness - permanent and irreversible

Associated conditions: Acoustic nerve tumour,

neurofibromatosis.

Condition: Dementia - resulting in permanent

symptoms

Associated conditions: Stroke, cerebrovascular disease, organic brain disease, brain tumours, disease of the central nervous system, hydrocephalus, Alzheimer's disease, Creutzfeldt-Jakob disease, Parkinson's disease, depression, epilepsy, pure amnesia, aphasia, psychosis.

Condition: Heart attack - of specified severity

Associated conditions: Any disease or disorder of the heart, diabetes mellitus, hypertension or any obstructive/occlusive arterial disease.

Condition: Heart valve replacement or repair Associated conditions: Any disease or disorder of the heart or any

obstructive/occlusive arterial disease.

Condition: Kidney failure - requiring dialysis

Associated conditions: Familial polycystic kidney disease, diabetes mellitus or any chronic renal disease

or disorder.

Condition: Liver failure - of advanced stage

Associated conditions: Chronic liver disease, including but not limited to hepatitis B & C, primary sclerosing

cholangitis, and portal hypertension.

Condition: Loss of hand or foot - permanent

physical severance

Associated conditions: Diabetes mellitus, peripheral vascular disease, bone and soft tissue cancer.

Condition: Loss of independent existence – permanent and irreversible

Associated conditions: Multiple sclerosis, muscular dystrophy, motor neurone disease or any disease or disorder of the brain, spinal cord or column.

Condition: Loss of speech – permanent and irreversible

Associated conditions: Stroke, transient ischaemic attack, motor neurone disease, brain or throat tumour, laryngeal polyps.

Condition: Major organ transplant

Associated conditions: Cardiomyopathy, coronary artery disease, cardiac failure, chronic liver disease, chronic pancreatitis, pulmonary hypertension, chronic lung disease or chronic kidney disease.

Condition: Motor neurone disease

Associated conditions: Progressive muscular atrophy, primary lateral sclerosis, progressive bulbar palsy.

Condition: Multiple sclerosis

Associated conditions: Any form of neuropathy, encephalopathy or myelopathy (disorders of functions of the nerves) including but not restricted to the following:

 abnormal sensation (numbness) of the extremities, trunk or face/weakness or clumsiness of a limb/ double vision/partial blindness/occular palsy/vertigo (dizziness)/difficulty of bladder control/optic neuritis/ spinal cord lesion/abnormal MRI scan.

Condition: Open heart surgery – with surgery to divide the breastbone

Associated conditions: Any disease or disorder of the heart, diabetes mellitus or any obstructive/occlusive arterial disease.

Condition: Paralysis of limb – total and

irreversible

Associated conditions: Multiple sclerosis, muscular dystrophy, motor neurone disease or any disease or disorder of the brain, spinal cord or column.

Condition: Parkinson's disease – resulting in

permanent symptoms

Associated conditions: Treatment with dopamine antagonist, tremor, extra pyramidal disease.

Condition: Primary pulmonary arterial

hypertension

Associated conditions: Any disease or disorder of the heart, diabetes mellitus or any obstructive/occlusive arterial disease.

Condition: Progressive Supranuclear Palsy – resulting in permanent symptoms

Associated conditions: Organic brain disease, disease of the central nervous system, Parkinson's disease, treatment with dopamine antagonist, tremor, extra pyramidal disease, depression, epilepsy, dementia, amnesic memory disorder, aphasia, psychosis.

Condition: Pulmonary artery graft surgery Associated conditions: Pulmonary valve stenosis, pulmonary atresia, truncus arteriosus, Fallot's tetralogy, patent ductus arteriosus.

Condition: Respiratory failure – of advanced stage Associated conditions: Any disease or disorder of the respiratory system including the lungs, bronchi and trachea.

Condition: Rheumatoid arthritis – chronic and severe Associated conditions: Inflammatory polyarthropathy.

Condition: Stroke – resulting in permanent symptoms

Associated conditions: Atrial fibrillation, transient ischaemic attack, diabetes mellitus, hypertension, intracranial aneurysm or occlusive arterial disease.

Condition: Systemic lupus erythematosus – with severe complications

Associated conditions: Hughes syndrome, rheumatoid arthritis, and Sjogren's syndrome.

Condition: Terminal illness

Associated conditions: Any medical condition that is listed as a critical illness condition.

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