Definitions

In options where Critical Illness cover is an accelerated benefit, upon payment of this benefit, the death benefit (if any) will be reduced by an amount equal to the critical illness claim.

Section 1:

This Critical Illness Insurance Benefits are subject to the actuality and accuracy of the statements in the Proposal (main Policy) and all related documents filled and delivered by the Participant/covered person, putting into consideration that this application and all terms included is incorporated into the main contract and is the basis of it. This rider commences with the main contract, or it can be added at any of the anniversary dates of the policy.

Section 2:

The Insurer is obliged with paying the above mentioned benefit if the covered Person is diagnosed as suffering from Critical Illness mentioned in Section 3, during the Rider Period, after the waiting period and before the age of 60.

Section 3: Critical Illnesses covered:

This policy covers the Participant/covered person in case of diagnosed or suffered from one of the following illnesses during the contract term subject to the definition of the Critical Illness claimed upon and all conditions set out in the policy being fulfilled:

1. Cancer
2. Stroke
3. Heart Attack
4. Coronary Artery By-pass Surgery
5. End –Stage Renal Disease (Kidney Failure)
6. Major Organ Transplant
7. Heart Valve Surgery
8. Surgery of the Aorta (Aorta Graft Surgery)
9. Multiple Sclerosis
10. Idiopathic Parkinson's Disease (Parkinson's Disease)
11. Motor Neurone Disease
12. Paralysis
13. Loss of Limbs
14. Profound Vision Loss – irreversible (Blindness)
15. Coma
16. Deafness (Loss of hearing)
17. Loss of Speech
18. Third-degree Burns (Severe Burns)
19. Loss of one limb & loss of one eye
20. Benign Brain Tumour
21. HIV through blood transfusion
22. Occupationally Acquired HIV
23. Poliomyelitis
24. Meningitis
25. Encephalitis
26. Cardiomyopathy
27. Aplastic Anaemia
28. Primary Pulmonary Hypertension
29. Systemic Lupus Erythematosus

30. Major Head Trauma
31. End Stage Lung Disease
32. Terminal Liver Insufficiency
33. Creutzfeld-Jacob Disease
34. Progressive Scleroderma
35. Apallic Syndrome
36. Severe Myocarditis

1. *CANCER*

The presence of one or more malignant tumours including leukaemia (other than chronic lymphocytic leukaemia), lymphomas and Hodgkin's disease characterized by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.
For the above definition, the following are not covered:

- Hodgkin's disease and non-Hodgkin's lymphoma stage 1 (Ann Arbor classification)
- Leukaemia other than chronic lymphocytic leukaemia if there is no generalized dissemination of leukaemia cells in the blood-forming bone marrow
- Any tumour histologically classified as pre-malignant, non-invasive or carcinoma in situ (including ductal and lobular carcinoma in situ of the breast and cervical dysplasia CIN-1, CIN-2 and CIN-3)
- All skin cancer unless there is evidence of metastases or the tumour is a malignant melanoma of greater than 1.5 mm maximum thickness as determined by histological examination using Breslow method
- Non life-threatening cancers such as prostate cancers which are histologically described as TNM classification T1 (a) or T1 (b) or are of another equivalent or lesser classification
- Papillary micro-carcinoma of the thyroid
- Chronic lymphocytic leukaemia unless having progressed to at least Binet Stage B
- Papillary micro-carcinoma of the bladder histologically described as TaN0M0 or of a lesser classification

2. *STROKE*

Death of brain tissue due to an acute cerebrovascular event caused by intracranial thrombosis or haemorrhage (including subarachnoid haemorrhage), or embolism from an extra cranial source with:

- acute onset of new neurological symptoms, and
- new objective neurological deficits on clinical examination

The neurological deficit must persist for more than 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by imaging findings.

For the above definition, the following are not covered:

- Transient Ischaemic Attack (TIA) and Prolonged Reversible Ischaemic Neurological Deficit (PRIND);
- Traumatic injury to brain tissue or blood vessels
- Neurological deficits due to general hypoxia, infection, inflammatory disease, migraine or medical intervention
- Incidental imaging findings (CT- or MRI-scan) without clearly related clinical symptoms (silent stroke)

3. HEART ATTACK

A myocardial infarction is death of heart tissue due to prolonged obstruction of blood flow. Under this definition, myocardial infarction is evidenced by a rise and/or fall of cardiac biomarkers (troponin or CKMB) to levels considered diagnostic of myocardial infarction together with at least two of the following criteria:

- Symptoms of ischaemia (like chest pain)
- Electrocardiogram (ECG) changes indicative of new ischaemia (new ST-T changes or new left bundle branch block)
- Development of pathological Q waves in the ECG

The diagnosis must be confirmed by a Consultant Cardiologist.

For the above definition, the following are not covered:

- Acute coronary syndrome (stable or unstable angina)
- Elevations of troponin in the absence of overt ischemic heart diseases (e.g. myocarditis, apical ballooning, cardiac contusion, pulmonary embolism, drug toxicity)
- Myocardial infarction with normal coronary arteries or caused by coronary vasospasm, myocardial bridging or drug abuse
- Myocardial infarction that occurs within 14 days after coronary angioplasty or bypass surgery

4. CORONARY ARTERY BY-PASS SURGERY

The undergoing of heart surgery to correct narrowing or blockage of two or more coronary arteries with bypass grafts. Heart surgery with full sternotomy (vertical division of the breastbone) and minimally invasive procedures (partial sternotomy or thoracotomy) are covered. The surgery must be determined to be medically necessary by a Consultant Cardiologist or Cardiac Surgeon and supported by coronary angiogram findings.

For the above definition, the following are not covered:

- Bypass surgery to treat narrowing or blockage of one coronary artery
- Coronary angioplasty or stent-placement

5. End –Stage Renal Disease (Kidney Failure)

Chronic and irreversible failure of both kidneys, as a result of which either regular haemodialysis or peritoneal dialysis is instituted or renal transplantation is carried out. The dialysis must be medically necessary and confirmed by a Consultant Nephrologist.

For the above definition, the following are not covered:

- Acute reversible kidney failure with temporary renal dialysis

6. MAJOR ORGAN TRANSPLANT

The undergoing as a recipient of an allograft or isograft transplant of one or more of the following:

- Heart
- Kidney
- Liver (including split liver and living donor liver transplantation)
- Lung (including living donor lobe transplantation or single-lung transplantation)
- Bone marrow (allogeneic hematopoietic stem cell transplantation preceded by total bone marrow ablation)
- Small bowel
- Pancreas

Partial or full face, hand, arm and leg transplantation (composite tissue allograft transplantation) is covered under this definition, too. The condition leading to transplantation must be deemed untreatable by any other means, as confirmed by a Specialist.

For the above definition, the following are not covered:

- Transplantation of other organs, body parts or tissues (including cornea and skin)
- Transplantation of other cells (including islet cells and stem cells other than hematopoietic)

7. HEART VALVE SURGERY

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

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

The surgery must be determined to be medically necessary by a Consultant Cardiologist or Cardiac Surgeon and supported by echocardiogram or cardiac catheterisation findings.

For the above definition, the following are not covered:

- Transcatheter mitral valve clipping

8. SURGERY OF THE AORTA (AORTA GRAFT SURGERY)

The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

- Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
- Surgery following traumatic injury to the aorta

9. MULTIPLE SCLEROSIS

Definite diagnosis of multiple sclerosis, which must be confirmed by a Consultant Neurologist and supported by all of the following criteria:

- Current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months
- Magnetic resonance imaging (MRI) showing at least two lesions of demyelination in the brain or spinal cord characteristic of multiple sclerosis
- For the above definition, the following are not covered:
- Possible multiple sclerosis and neurologically or radiologically isolated syndromes suggestive but not diagnostic of multiple sclerosis
- Isolated optic neuritis and neuromyelitis optica

10. IDIOPATHIC PARKINSON'S DISEASE (PARKINSON'S DISEASE)

A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:

- Muscle rigidity
- Tremor
- Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses)

Idiopathic Parkinson's disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months despite adequate drug treatment.

Activities of Daily Living are:

i. 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.
ii. 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.
iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
v. Getting between rooms – the ability to get from room to room on a level floor.
vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist.

The implantation of a neurostimulator to control symptoms by deep brain stimulation is, independent of the Activities of Daily Living, covered under this definition. The implantation must be determined to be medically necessary by a Consultant Neurologist or Neurosurgeon.

For the above definition, the following are not covered:

- Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
- Essential tremor
- Parkinsonism related to other neurodegenerative disorders

11. MOTOR NEURONE DISEASE

A definite diagnosis of one of the following motor neurone diseases:

- Amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)
- Primary lateral sclerosis (PLS)
- Progressive muscular atrophy (PMA)
- Progressive bulbar palsy (PBP)

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

i. 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.
ii. 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.
iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
v. Getting between rooms – the ability to get from room to room on a level floor.
vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by nerve conduction studies (NCS) and electromyography (EMG).

For the above definition, the following are not covered:

- Multifocal motor neuropathy (MMN) and inclusion body myositis
- Post-polio syndrome
- Spinal muscular atrophy
- Polymyositis and dermatomyositis

12. PARALYSIS OF LIMBS

Total and irreversible loss of muscle function to the whole of any 2 limbs as a result of injury to, or disease of the spinal cord or brain. Limb is defined as the complete arm or the complete leg. Paralysis must be present for more than 3 months, confirmed by a Consultant Neurologist and supported by clinical and diagnostic findings.

For the above definition, the following are not covered:

- Paralysis due to self-harm or psychological disorders
- Guillain-Barré-Syndrome
- Periodic or hereditary paralysis

13. LOSS OF LIMBS

A definite diagnosis of complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation. The diagnosis has to be confirmed by a Specialist.

For the above definition, the following are not covered:

- Loss of limbs due to self-inflicted injury

14. PROFOUND VISION LOSS – IRREVERSIBLE (BLINDNESS)

Profound vision loss of both eyes resulting from either disease or trauma that cannot be corrected by refractive correction, medication, or surgery. Profound vision loss is evidenced by either a visual acuity of 3/60 or less (0.05 or less in the decimal notation) in the better eye after best correction or a visual field of less than 10° diameters in the better eye after best correction. The diagnosis must be confirmed by a Consultant Ophthalmologist.

15. COMA

A definite diagnosis of a state of unconsciousness with no reaction or response to external stimuli or internal needs, which:

- results in a score of 8 or less on the Glasgow coma scale for at least 96 hours,
- requires the use of life support systems, and
- results in a persistent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- Medically induced coma
- Any coma due to self-inflicted injury, alcohol or drug use

16. DEAFNESS (LOSS OF HEARING)

A definite diagnosis of a permanent and irreversible loss of hearing in both ears as a result of sickness or accidental injury. The diagnosis must be confirmed by a Consultant ENT specialist and supported by an average auditory threshold of more than 90 db at 500, 1000 and 2000 hertz in the better ear using a pure tone audiogram.

17. LOSS OF SPEECH

A definite diagnosis of the total and irreversible loss of the ability to speak as the result of physical injury or disease. The condition has to be present for a continuous period of at least 6 months. The diagnosis must be confirmed by a Consultant ENT Specialist.

For the above definition, the following are not covered:

- Loss of speech due to psychiatric disorders

18. THIRD-DEGREE BURNS (SEVERE BURNS)

Third-degree burns – covering 20% of the body surface area

Burns that involve destruction of the skin through its full depth to the underlying tissue (third-degree burns) and covering at least 20% of the body surface as measured by "The Rule of Nines" or the "Lund and Browder Chart". The diagnosis must be confirmed by a Specialist.

For the above definition, the following are not covered:

- Third-degree burns due to self-inflicted injury
  - Any first- or second-degree burns

19. LOSS OF ONE LIMB & LOSS OF ONE EYE

The occurrence of both of the following:

- Complete and permanent loss of function of one or more limbs or the complete severance of one or more limbs above the wrist or ankle through accident or disease
- Total, clinically certified, irreversible loss of sight in one or both eyes as a result of sickness or accident

For a claim, the medical report describing the extent of damage with regards to the limbs and submission of a medical report by an ophthalmologist must be submitted

20. BENIGN BRAIN TUMOUR

A definite diagnosis of a benign brain tumour, which is defined as a non-malignant growth of tissue located in the cranial vault and limited to the brain, meninges or cranial nerves. The tumour must be treated with at least one of the following:

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

If none of the treatment options is possible due to medical reasons, the tumour must cause a persistent neurological deficit, which has to be documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist or Neurosurgeon and supported by imaging findings.

For the above definition, the following are not covered:

- The diagnosis or treatment of any cyst, granuloma, hamartoma or malformation of the arteries or veins of the brain
- Tumours of the pituitary gland

21. HIV THROUGH BLOOD TRANSFUSION

A definite diagnosis of an infection with the Human Immunodeficiency Virus (HIV) resulting from transfusion of blood products. The HIV infection must be evidenced by all of the following:

- The infection is caused by a medically necessary transfusion of blood products received after commencement of the policy

- The institution or transfusion service, which provided the transfusion of blood products, is officially registered with and recognised by the health authorities
- The institution or transfusion service which provided the transfusion of blood products admits liability
- HIV seroconversion must occur within 12 months of transfusion
- The transfusion of the contaminated blood product must have been carried out within country of residence.

For the above definition, the following are not covered:

- HIV infection resulting from any other means of transmission, including sexual activity or drug use
- HIV infection resulting from transfusion of blood products due to haemophilia or thalassaemia major

22. OCCUPATIONALLY ACQUIRED HIV

A definite diagnosis of an infection with the Human Immunodeficiency Virus (HIV) resulting from an incident occurring during normal duties of employment from the following eligible occupations:

- Medical doctor or dentist
- Nurse or midwife
- Physician's assistant or dental assistant
- Laboratory worker or laboratory technician
- Member of the fire service
- Member of the ambulance service
- Hospital housekeeper or hospital maintenance worker
- Police officer
- Prison officer

The HIV infection must be evidenced by all of the following:

- The incident must have taken place after commencement of the policy
- The incident must have been reported, investigated and documented in accordance with current guidelines of appropriate authorities (for example, workers' compensation board)
- A HIV-negative blood test taken within 5 days of the incident
- HIV seroconversion must occur within 12 months of the incident
- The incident causing infection must have occurred in the country of residence.

For the above definition, the following are not covered:

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

23. POLIOMYELITIS

A definite diagnosis of acute poliovirus infection resulting in paralysis of the limb muscles or respiratory muscles. The paralysis must be medically documented for at least 3 months from the date of diagnosis.

The diagnosis must be confirmed by a Consultant Neurologist and supported by laboratory tests proving the presence of the poliovirus.

For the above definition, the following are not covered:

- Poliovirus infections without paralysis
- Other enterovirus infections
- Guillain-Barré syndrome or transverse myelitis

24. MENINGITIS

A definite diagnosis of bacterial meningitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

For the above definition, the following are not covered:

- Aseptic, viral, parasitic or non-infectious meningitis

25. ENCEPHALITIS

A definite diagnosis of acute viral encephalitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by typical clinical symptoms and cerebrospinal fluid or brain biopsy findings.

For the above definition, the following are not covered:

- Encephalitis in the presence of HIV
- Encephalitis caused by bacterial or protozoal infections
- Myalgic or paraneoplastic encephalomyelitis

26. CARDIOMYOPATHY

A definite diagnosis of one of the following primary cardiomyopathies:

- Dilated Cardiomyopathy
- Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
- Restrictive Cardiomyopathy
- Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

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

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram, cardiac MRI or cardiac CT scan findings.

The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist.

For the above definition, the following are not covered:

- Secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy
- Transient reduction of left ventricular function due to myocarditis
- Cardiomyopathy due to systemic diseases
- Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome)

27. APLASTIC ANAEMIA

A definite diagnosis of aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

- Bone marrow stimulating agents
- Immunosuppressants
- Bone marrow transplantation

The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

28. Primary Pulmonary Hypertension

A definite diagnosis of primary pulmonary hypertension evidenced by all of the following:

- Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of 3 months
- Mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation

The diagnosis must be confirmed by a Consultant Cardiologist or Lung Specialist.

For the above definition, the following are not covered:

- Pulmonary hypertension secondary to lung, heart, or systemic disease
- Chronic thromboembolic pulmonary hypertension (CTEPH)
- Drug- or toxin-induced pulmonary hypertension

29. SYSTEMIC LUPUS ERYTHEMATOSUS

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

- Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies
- Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
- Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

- Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula)
- Libman-Sacks endocarditis or myocarditis
- Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive and psychiatric abnormalities are specifically excluded.

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

- Discoid lupus erythematosus or subacute cutaneous lupus erythematosus
- Drug-induced lupus erythematosus

30. MAJOR HEAD TRAUMA

A definite diagnosis of a disturbance of the brain function as a result of traumatic head injury. The head trauma must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

i. 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.
ii. 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.
iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
v. Getting between rooms – the ability to get from room to room on a level floor.
vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist or Neurosurgeon and supported by typical imaging findings (CT scan or brain MRI).

For the above definition, the following are not covered:

- Any major head trauma due to self-inflicted injury, alcohol or drug use

31. END STAGE LUNG DISEASE

A definite diagnosis of severe lung disease resulting in chronic respiratory failure and evidenced by all of the following:

- FEV1 (Forced Expiratory Volume at 1 second) being less than 40% of predicted on 2 occasions at least 1 month apart
- Treatment with oxygen therapy for at least 16 hours per day for a minimum of three months
- Persistent reduction in partial oxygen pressures (PaO2) below 55mmHg (7.3 kPa) in arterial blood gas analysis measured without administration of oxygen

The diagnosis must be confirmed by a Specialist.

32. TERMINAL LIVER INSUFFICIENCY

A definite diagnosis of severe liver disease evidenced by a Child-Pugh score of at least 7 points (Child-Pugh Class B or C). The score must be calculated by all of the following variables:

- Total bilirubin levels
- Serum albumin levels
- Severity of ascites
- International normalized ratio (INR)
- Hepatic encephalopathy

The diagnosis must be confirmed by a Consultant Gastroenterologist and supported by imaging findings.

For the above definition, the following are not covered:

- Severe liver disease secondary to alcohol or drug use (including hepatitis B or C infections acquired by intravenous drug use)

33. CREUTZFELD-JACOB DISEASE

A diagnosis of sporadic Creutzfeldt-Jakob disease, which has to be classified as “probable” by all of the following criteria:

- Progressive dementia
- At least two out of the following four clinical features: myoclonus, visual or cerebellar signs, pyramidal/extrapyramidal signs, akinetic mutism
- Electroencephalogram (EEG) showing sharp wave complexes and/or the presence of 14-3-3 protein in the cerebrospinal fluid
- No routine investigations indicate an alternative diagnosis

The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- Iatrogenic or familial Creutzfeldt-Jakob disease
- Variant Creutzfeldt-Jakob disease (vCJD)

34. PROGRESSIVE SCLERODERMA

A definite diagnosis of systemic sclerosis evidenced by all of the following:

- Typical laboratory findings (e.g.anti-Scl-70 antibodies)
- Typical clinical signs (e.g. Raynaud’s phenomenon, skin sclerosis, erosions)
- Continuous treatment with corticosteroids or other immunosuppressants
- Additionally, one of the following organ involvements must be diagnosed:
- Lung fibrosis with a diffusing capacity (DCO) of less than 70% of predicted

- Pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation
- Chronic kidney disease with a glomerular filtration rate of less than 60 ml/min (MDRD-formula)
- Echocardiographic signs of significant left ventricular diastolic dysfunction

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

- Localized scleroderma without organ involvement
- Eosinophilic fasciitis
- CREST-Syndrome

35. APALLIC SYNDROME

A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact. The definite diagnosis must be evidenced by all of the following:

- Complete unawareness of the self and the environment
- Inability to communicate with others
- No evidence of sustained or reproducible behavioural responses to external stimuli
- Preserved brain stem functions
- Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures

The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

36. SEVERE MYOCARDITIS

An inflammation of the heart muscle. The disease may be caused by viral, bacterial or fundal infection. For an eligible claim, the following conditions must be fulfilled:

- The ejection fraction must be less than 25%
- The disease must be treated in a hospital for a period of at least 3 weeks
- At 3 months after initial diagnosis of myocarditis with only 25% of ejection fraction, the ejection fraction must still be less than 40%

Section 4: Exclusions:

In addition to the exclusions mentioned in the main Insurance policy which is applicable to this rider, the Insurer will not cover the Critical Illnesses occurred due to the events specified below

- Pre-existing conditions are excluded
  A pre-existing condition is a disease, surgery or condition covered under this Critical Illness cover that was present, had occurred or was diagnosed in any grade of severity before the member joined the scheme – regardless from any severity conditions set out for the covered Critical Illnesses in the policy endorsement.
- Waiting period: No benefits will be payable if symptoms first appear or the condition first occurs or is first diagnosed within 90 days after the risk commencement date or the date of member addition.
- Survival period: 30 days. It is the period from date of incident of claim to the period the customer should survive to claim a Critical illness benefit.

The Critical Illness benefit is only paid out on first ever diagnosis of the covered Critical Illness only.

Section 5: End of coverage:
The Critical Illness coverage ends upon the occurrence of any of the following causes, whichever occurs first:

a) Cancellations, termination or liquidation of the main policy or the rider or down adjustment of the sum covered
b) Paying the Critical Illness coverage upon occurrence of one of the illnesses stipulated and determined by this policy endorsement.
c) The participant/covered person reaches the age of 60.
d) The end of the period for which contributions have been paid for the Critical Illness rider.
e) Death of the insured.

Section 6: Proof of occurrence of Critical Illness:

If the participant /covered person disease was diagnosed as one of the critical illnesses mentioned in section 3, during the term of the policy and before the age of 60, the participant /covered person must inform the Insurer of his condition within 3 months' maximum starting the date of diagnosis and must deliver the following documents:

- An official Certificate to prove the birth date of the participant /covered person (e.g. Birth certificate, ID, etc.)
- Details of the covered member as per the member list and the copy of group policy
- Documents to prove the diagnosis to the Insurer, attached with the investigations, analysis and / or x-rays required. If covered Critical Illness results in a surgery, proof of medical necessity of the surgery must be provided as well.
- Doctor making diagnosis must have medical degree, be a specialist in the corresponding field and must have permission to practice.
- The costs for all documents required with the submission of the diagnosis must be borne by the insured. If the insured does not submit documents required and this later results in the examination by a doctor chosen by the Insurer, the insured has to bear that part of the examination costs.
- The diagnosis of a CI must be made by a doctor who is neither: Insured, beneficiary of the policy; spouse, partner or family member of insured or beneficiary.
- The Insurer has the right to have the insured examined, at his own expense, by the Insurer's doctor or a doctor prescribed by the Insurer.

Section 7: Benefit

Upon verification of the participant/covered person's diagnoses as suffering from Critical illnesses mentioned in Section 3.

The Insurer will pay the Sum Insured as a lump sum that's when the Critical illness coverage and contributions stop.

In the event of any inconsistency or conflicts between the terms/definitions mentioned herein and the terms/definitions as per the policy endorsement wording, the terms/definitions mentioned in this Agreement shall prevail.

TERMINAL ILLNESS (ACCELERATED)

The conclusive diagnosis of a condition that is expected to result in death of the Life Assured within 6 months. The Life Assured must no longer be receiving active treatment other than that for pain relief. The diagnosis must be supported by written confirmation from at least two registered specialist consultants at approved hospital(s) and confirmed by our appointed doctor. This benefit pays an amount equal to 50% of Death Benefit Sum Assured, subject to a maximum as per the policy schedule. Upon payment of this benefit, the death benefit (if any) will be reduced by an amount equal to the terminal illness claim.

Company should receive written notification of the Terminal Illness Benefit claim within 60 days of the date of confirmation of the Terminal Illness

PERMANENT TOTAL DISABILITY (ACCIDENT) BENEFITS
It is hereby declared that in the event of a Member being totally and permanently disabled as a result of an accident, to the extent of being unable ever again to follow his own occupation or any other occupation for which he is reasonably fitted by reason of

training, education or experience, the insurer shall follow 12 months' of such continuous disability as herein defined, pay the Sum Insured equivalent to the basic life Sum Insured under the Policy, provided that:

- The Policy is in force and the disabled person is a Member on the date of the event resulting in the claim
- The accident occurs prior to the attainment by the Member of the benefits' expiry age and after the age of 18 years
- The disability results solely, directly and independently of all other causes from bodily injury affected through external, violent, visible and accidental means or from a surgical operation necessarily consequent thereto, within 90 days of such accident
- Acceptance by the insurer of a claim under this endorsement will automatically terminate the life cover under the Policy and all benefits applying under any other endorsement thereto in respect of the Member
- If the Member qualifies for payment under this endorsement and under any permanent partial disability endorsement, the total payment shall not exceed the greater sum insured under the endorsements. Any payment made under this endorsement will be reduced by the sum of permanent partial disability benefit payments already made
- In the option where this benefit is accelerated, upon payment of this benefit, the death benefit (if any) will be reduced by an amount equal to the disability claim.
- In the event of a claim for Permanent Total Disability the monthly salary, where applicable, prevailing at the date of the event giving rise to the claim shall be used to determine the sum insured potentially payable (rather than the monthly salary applicable at the end of the deferment period)

The Endorsement is subject to the conditions contained in the Schedule of exclusions

PERMANENT TOTAL DISABILITY (SICKNESS) BENEFITS

It is hereby declared that in the event of a Member being totally and permanently disabled through sickness, to the extent of being unable ever again to follow his own occupation or any other occupation for which he is reasonably fitted by reason of training, education or experience the insurer shall, following 12 months' of such continuous disability as herein defined, pay the Sum Insured equivalent to the basic life Sum Insured under this Policy, provided that:

- The Policy is in force and the disabled life is a Member on the date he first becomes disabled
- The first day of disability occurs prior to the attainment by the Member of the benefits' expiry age and after the age of 18 years
- The disability results solely and directly from sickness or from surgical operations necessarily consequent thereto
- Acceptance by the insurer of a claim under this Endorsement will automatically terminate the life insurance cover under the Policy and all benefits applying under any other Endorsement thereto in respect of the Member
- If the Member qualifies for payment under this endorsement and under any permanent partial disability endorsement the total payment shall not exceed the greater sum insured under the endorsements. Any payment made under this Endorsement will be reduced by the sum of temporary total disability benefit payments already made
- In the event of a claim for Permanent Total Disability the monthly salary, where applicable, prevailing at the date of the event giving rise to the claim shall be used to determine the sum insured potentially payable (rather than the monthly salary applicable at the end of the deferment period)

The Endorsement is subject to the conditions contained in the Schedule of exclusions

PERMANENT PARTIAL DISABILITY (ACCIDENT) BENEFITS

It is hereby declared that in the event of a Member suffering, as a result of an accident, the loss by physical separation, or the total loss of use of, any limb or organ of the body or the total and irrecoverable loss of sight as set out in the Continental Scale of Benefits attached hereto, the insurer shall pay the respective percentage of the Sum Insured, provided that:

- The Policy is in force and the disabled person is a Member on the date of the event resulting in the claim
- The accident occurs prior to the attainment by the Member of the benefits' expiry age and after the age of 18 years
- The disability results solely, directly and independently of all other causes from bodily injury affected through external, violent, visible and accidental means or from a surgical operation necessarily consequent thereto, within 90 days of such accident
- The Member survives the accident and is alive for 30 days thereafter or when payment of the claim is effected by the insurer, whichever is later
- Acceptance by the Company of a 100% claim under this Endorsement will automatically terminate the benefits applying under any other Endorsement to the Policy in respect of the Member. Any subsequent claim made under any accidental death or permanent total disability endorsement to the Policy in respect of death or disability arising from the same accident as gives rise to the claim under this endorsement will be reduced by any amount already paid hereunder. If the Member qualifies for payment under this Endorsement and under any temporary total disability Endorsement the combined payment shall not exceed the sum insured under this endorsement
- In no circumstances will the total amount payable under this benefit in respect of any one Member exceed 100% of the Sum Insured whether as a result of one accident or a number of accidents

- In the event of a claim for Permanent Partial Disability the monthly salary, where applicable, prevailing at the date of the event giving rise to the claim shall be used to determine the sum insured potentially payable (rather than the monthly salary applicable at the end of the deferment period)
- In the option where this benefit is accelerated, upon payment of this benefit, the death benefit (if any) will be reduced by an amount equal to the disability claim.

The Endorsement is subject to the conditions contained in the Schedule of exclusions

PERMANENT PARTIAL DISABILITY (SICKNESS) BENEFITS

In the event pf permanent Partial Disability due to sickness of the insured member a percentage of the Sim Insured in accordance with the Continental Scale of Benefits attached with this agreement shall be payable by the insurer.

- The Policy is in force and the disabled person is a Member on the date of the event resulting in the claim
- The first date of disability occurs prior to the attainment by the Member of the benefits' expiry age and after the age of 18 years
- The Sickness occurred whilst the claimant was an insured person and resulted in permanent Partial Disability and that the insured member has been disabled for continuous period of six months from the date of sickness
- The Member survived the sickness and is alive for 30 days thereafter or when payment of the claim is effected by the insurer, whichever is later
- In no circumstances will the total amount payable under this benefit in respect of any one Member exceed 100% of the Sum Insured whether as a result of one accident or a number of accidents
- The Insured member is under the regular care and following advice of an accredited physician

The Endorsement is subject to the conditions contained in the Schedule of exclusions

CONTINENTAL SCALE OF BENEFITS

Schedule of permanent partial disability (accident) Benefits:

Nature of disability	**Benefits as a proportion of the principal Sum Insured**
Total and irrecoverable loss of sight of both eyes	100%
Loss of both arms or both hands	100%
Complete and permanent deafness of both ears of traumatic origin	100%
Removal of the lower jaw	100%
Permanent loss of speech of traumatic origin	100%
Loss of one arm and one leg	100%
Loss of one arm and one foot	100%
Loss of one hand and one foot	100%
Loss of one hand and one leg	100%
Loss of both legs	100%
Loss of both feet	100%
HEAD	
Loss of osseous substance of the skull in all its thickness	
- surface of at least 6 sq. cm.	40%
- surface of 3 to 6 sq. cm.	20%
- surface of less than 3 sq. cm.	10%
Partial removal of the lower jaw, rising section in this entirety,	
or half of the maxillary bone	40%
Loss of one eye	40%
Complete and permanent deafness of one ear	30%

UPPER LIMBS	Left	Right
Loss of one arm or one hand	50%	60%
Considerable loss of osseous substance of the arm		
(definite and incurable lesion)	40%	50%
Total paralysis of the upper limb (incurable lesion of the nerves)	55%	65%
Total paralysis of the circumflex nerve	15%	20%

Shoulder anchylosis	30%	40%
Elbow anchylosis		
- in favourable position (15 degrees round the right angle)	20%	25%
- in unfavourable position	35%	40%
Extension loss of osseous substance of the two bones		
of the forearm (definite and incurable lesion)	30%	40%
Total paralysis of the median nerve	30%	45%
Total paralysis of the radial nerve at the torsion cradle	35%	40%
Total paralysis of the forearm radial nerve	25%	30%
Total paralysis of the hand radial nerve	15%	20%
Total paralysis of the cubital nerve	25%	30%
Anchylosis of the wrist in favourable position (straight and pronation)	15%	20%
Anchylosis of the wrist in unfavourable position		
(flexion or strained extension or supine position)	25%	30%
Total loss of thumb	15%	20%
- partial loss of thumb (ungual phalanx)	5%	10%
- total anchylosis of thumb	15%	20%
Total amputation of forefinger	10%	15%
Amputation of two phalanges of forefinger	8%	10%
Amputation of the ungual phalanx of forefinger	3%	5%
Simultaneous amputation of thumb and forefinger	25%	35%
Amputation of thumb and finger and other than forefinger	20%	25%
Amputation of two fingers other than thumb and forefinger	8%	12%
Amputation of three fingers other than thumb and forefinger	15%	20%
Amputation of four fingers including thumb	40%	45%
Amputation of four fingers excluding thumb	35%	40%
Amputation of median finger	8%	10%
Amputation of a finger other than thumb, forefinger and median	3%	7%

LOWER LIMBS

Amputation of thigh (upper half)	60%
Amputation of thigh (lower half) and leg	50%
Total loss of foot (tibio-tarsal disarticulation)	45%

Partial loss of foot (sub-ankle-bone disarticulation)	40%
Partial loss of foot (medio-tarsal disarticulation)	35%
Partial loss of foot (tarso-metatarsal disarticulation)	30%
Total paralysis of lower limb (incurable nerve lesion)	60%
Complete paralysis of the external poplitic sciatic nerve	30%
Complete paralysis of the internal poplitic sciatic nerve	20%
Complete paralysis of two nerves (poplitic sciatic external and internal)	40%
Anchylosis of the hip	40%
Anchylosis of the knee	20%
Loss of osseous substance from the thigh or both bones of leg (incurable condition)	60%
Loss of osseous substance of the knee-pan with considerable separation of the fragments and considerable difficulty of movements in stretching the leg	40%
Loss of osseous substance of the knee-pan while the movement are preserved.	20%
Shortening of the lower limb by at least 5 cm	30%
Shortening of the lower limb by 3 to 5 cm	20%
Shortening by 1 to 3 cm	10%
Total amputation of four toes including big toe	25%
Amputation of four toes excluding big toe	20%
Anchylosis of the big toe	10%
Amputation of two toes	5%
Amputation of one toe, other than the big toe	3%

Permanent Partial Disability (by Sickness) Benefits:

Nature of disability	**Benefits as a proportion of the principal Sum Insured**
Total and irrecoverable loss of sight of both eyes	100%
Loss of both arms or both hands	100%
Complete and permanent deafness of both ears of traumatic origin	100%
Removal of the lower jaw	100%
Permanent loss of speech of traumatic origin	100%
Loss of one arm and one leg	100%
Loss of one arm and one foot	100%
Loss of one hand and one foot	100%
Loss of one hand and one leg	100%
Loss of both legs	100%
Loss of both feet	100%

HEAD

Loss of osseous substance of the skull in all its thickness	
-surface of at least 6 sq. cm.	40%
-surface of 3 to 6 sq. cm.	20%
-surface of less than 3 sq. cm.	10%
Partial removal of the lower jaw, rising section in this entirety, or half of the maxillary bone	40%
Loss of one eye	40%
Complete and permanent deafness of one ear	30%

UPPER LIMBS	**Left**	**Right**
Loss of one arm or one hand	50%	60%
Considerable loss of osseous substance of the arm (definite and incurable lesion)	40%	50%
Total paralysis of one arm (incurable lesion of the nerves)	50%	60%
Total paralysis of the circumflex nerve	15%	20%
Extension loss of osseous substance of the two bones of the forearm (definite and incurable lesion)	30%	40%
Total paralysis of the median nerve	35%	45%
Total paralysis of the radial nerve at the torsion cradle	35%	40%
Total paralysis of the forearm radial nerve	25%	30%
Total paralysis of the hand radial nerve	15%	20%
Total paralysis of the cubital nerve	25%	30%
Total amputation of thumb	15%	20%
Total amputation of forefinger	10%	15%
Amputation of tow phalanges of forefinger	8%	10%
Amputation of the ungual phalanx of forefinger	3%	5%
Simultaneous amputation of thumb and forefinger	25%	35%
Amputation of thumb and finger and other than forefinger	20%	25%
Amputation of two fingers other than thumb and forefinger	8%	12%
Amputation of three fingers other than thumb and forefinger	15%	20%
Amputation of four fingers including thumb	40%	45%
Amputation of four fingers excluding thumb	35%	40%
Amputation of median finger	8%	10%
Amputation of a finger other than thumb, forefinger and median	3%	7%

LOWER LIMBS	
Amputation of thigh (upper half)	60%
Amputation of thigh (lower half) and leg	50%
Total loss of foot (tibio-tarsal disarticulation)	45%
Total paralysis of a leg (incurable nerve lesion)	60%
Complete paralysis of the external poplitic sciatic nerve	30%
Complete paralysis of the internal poplitic sciatic nerve	20%
Complete paralysis of two nerves (poplitic sciatic external and internal)	40%
Loss of osseous substance from the thigh or both bones of leg (incurable condition)	60%
Loss of osseous substance of the knee-pan with considerable separation of the fragments and considerable difficulty of movements in stretching the leg	40%
Loss of osseous substance of the knee-pan while the movement are preserved	20%
Shortening of the lower limb by at least 5 cm	30%
Shortening of the lower limb by 3 to 5 cm	20%
Shortening by 1 to 3 cm	10%
Total amputation of four toes including big toe	25%
Amputation of four toes including big toe	20%
Amputation of four toes excluding big one	10%
Amputation of two toes	5%
Amputation of one toe, other than the big toe	3%

If the claimant is left-handed, the percentage set out above for the various disabilities of the right upper limb and left upper limb will be transposed.

In the event of Permanent Partial Disablement by physical loss or loss of use not specified above the percentage of compensation shall be assessed in proportion to the degree of disability as compared with the cases specified above without reference to the profession or occupation of the insured.