Critical illness and disability benefit Waiver of premium benefit

Simplified guide

The actual wording given in the policy condition is shown on the left hand side of this guide and a 'Plain English' overview for this is given on the right hand side in the shaded area. Where appropriate a glossary is included underneath the actual wording to explain some of the words or terms used. The critical illness definitions are fully compliant with the ABI Statement of Best Practice on Critical Illness.

Important

The contents of this guide and explanations given are for guidance only and do not affect the policy conditions, copies of which are available upon request from the address on the back of this guide. In the event of a claim, only the definitions in the conditions of your policy will apply in determining the validity of a claim. The illnesses and definitions shown are those which apply to AA Life Insurance with Critical Illness Cover at the print date of this guide. Earlier products may include different illnesses or definitions of some illnesses. Future products may also include different illnesses or definitions.

Provided by Friends Life Limited

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.

Glossary

Alzheimer's disease – A progressive and degenerative brain disease, where the cells in the brain deteriorate. Symptoms include general confusion, loss of memory or loss of concentration, but overall there is a decline in all mental faculties.

Alzheimer's disease is a progressive and degenerative brain disease, where the cells in the brain deteriorate. In order to claim, the Alzheimer's disease must have been diagnosed and have reached the point where there are permanent clinical symptoms of Alzheimer's. The diagnosis will need to be based on observation of the person and the results of certain questionnaires or tests, which, for example look at short term and long term memory.

Aorta graft surgery – for disease or traumatic injury

The undergoing of surgery for disease or trauma to the aorta with excision and surgical replacement of a portion of the diseased or damaged aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches.

For the above definition, the following is not covered:

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

Glossary

Aorta – The main artery of the body, arising from the heart and supplying oxygenated blood to the body.

Branches – Any smaller arteries that branch off from the main aorta.

Endovascular repair – A minimally invasive method of approaching and repairing the diseased portion of the aorta through the body's arteries.

Thoracic and abdominal aorta – The parts of the aorta that lie within the thorax (chest) and abdomen (stomach).

Graft – Any organ or tissue implanted to repair or replace a diseased or damaged organ or body tissue.

Stent – A tube composed of fabric supported by a metal mesh.

Aorta graft surgery may be required on the aorta in the event of a narrowing of the aorta, usually due to a build up of fatty deposits, a weakening of the artery wall (an 'aneurysm') or following trauma. In order to claim the surgery must involve the removal of the diseased or damaged part of the aorta and replacement with a graft.

Aplastic anaemia – with permanent bone marrow failure

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; or
- bone marrow transplant.

For the above definition, the following are not covered:

- other forms of anaemia.

Glossary

Aplastic anaemia – A rare and serious type of anaemia, which results from insufficient blood cell production within the bone marrow. In some cases bone marrow failure can be temporary due to certain types of treatment or infection.

Immunosuppressive agents – Medication that reduces or stops immune system activity.

Marrow stimulating agents – Medication that encourages the regrowth of blood cells from damaged bone marrow.

Neutropenia – An abnormally low number of a particular type of white blood cell.

Thrombocytopenia – A reduced number of platelets (a type of cell which helps clotting) in the blood.

Aplastic anaemia is a rare and serious type of anaemia, which results from insufficient blood cell production within the bone marrow. In some cases bone marrow failure can be temporary due to certain types of treatment or infection. In order to claim, the bone marrow failure must be permanent. Other forms of anaemia are not covered.

Bacterial meningitis – resulting in permanent symptoms

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

For the above definition, the following are not covered:

- other forms of meningitis, including viral meningitis.

Glossary

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, for example brisk reflexes without other symptoms; or
- symptoms of psychological or psychiatric origin.

Meningitis is an inflammation of the membranes enclosing the brain and spinal cord, which, if untreated, is fatal. In order to claim there must be a definite diagnosis of bacterial meningitis, which results in ongoing clinical symptoms resulting from permanent neurological damage. Viral meningitis is excluded, as it is a relatively benign condition usually requiring no specific treatment and without any significant risk of serious complications.

Benign brain tumour – resulting in permanent symptoms or surgical removal via craniotomy

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

- permanent neurological deficit with persisting clinical symptoms; or
- full or partial removal, excluding for investigative and histological purposes, of the tumour by craniotomy (surgical opening of the skull).

For the above definition, the following are not covered:

- tumours in the pituitary gland; or
- angiomas.

Glossary

Angioma – A benign tumour of blood vessels.

Benign – Not malignant.

Lesions – Areas of tissue with impaired function due to illness or injury.

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, for example brisk reflexes without other symptoms; or
- symptoms of psychological or psychiatric origin.

Pituitary gland – A small pea-sized organ connected by a stalk to the middle of the underside of the brain behind the nasal cavity.

A benign tumour is an abnormal growth of cells, which is usually not life threatening. When such a tumour occurs in the brain, however, it can be serious as the tumour puts pressure on the surrounding brain. Benign brain tumours are covered if they cause ongoing clinical symptoms resulting from permanent brain damage or if the tumour is operated on by craniotomy. Malignant tumours are not covered under this definition as these are covered under the cancer definition where that applies. Angiomas, benign tumours or lesions in the pituitary gland are not covered.

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 3/60 or worse in the better eye using a Snellen eye chart.

Glossary

3/60 – Means the person whose eyesight is being assessed can only see an object up to 3 feet away that a person with perfect eyesight could see if it were 60 feet away.

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

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

Snellen eye chart – A chart showing letters of decreasing size that opticians use to measure visual impairment.

Visual aids – Anything which helps improve vision, for example contact lenses or a pair of glasses.

Blindness means a significant loss of sight in both eyes to the extent that the person can only see an object up to 3 feet away that a person with perfect eyesight could see if it were 60 feet away.

The condition must be incurable and therefore expected to be permanent. Please note that being registered blind may not be a valid claim.

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, lymphoma and sarcoma.

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 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;
- chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A;
- any skin cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

Glossary

Binet Stage – A system of grading chronic lymphocytic leukaemia (CLL). Binet Staging classifies CLL into three stages ("A" to "C") according to the number of areas where lymphoid tissues are involved (the four possible areas being the spleen and the lymph nodes of the neck, groin, and underarms), as well as the presence of anaemia (low red blood cell count) or thrombocytopenia (low number of blood platelets).

Borderline malignancy – Pre-malignant cells that form in the tissue covering the organ and have not invaded the adjacent tissue.

Cancer in situ – The presence of malignant/cancerous cells at a stage of development such that they have not spread into surrounding healthy cells or tissue.

In medical terminology, this means that the cancer cells are confined to the epithelium (the tissue that lines the internal and external surfaces of the body) of origin and have not yet invaded the adjacent tissue.

For malignant melanomas of the skin, this means that cancer cells are confined to the epidermis (the outermost layer of skin) and may be categorised as Clark's level 1.

Chronic lymphocytic leukaemia – Chronic lymphocytic leukaemia (CLL) is the most common type of leukaemia in North America and Europe. It rarely affects people under the age of 50.

Cancer is complex to define because it isn't a single illness, there are around 200 types and they affect people in different ways. A cancer is an uncontrolled growth of abnormal 'malignant' cells which, if left untreated, can invade and destroy the surrounding healthy tissue. In the later more advanced stages, it can spread from the original site to other parts of the body.

Generally speaking, cancer claims are valid on the diagnosis of a malignant cancer that has reached the point where it has invaded and started to destroy the adjacent surrounding tissue. However, a few types of cancer are not covered.

The cancers that are not covered are:

Very early cases that have not yet started to invade the adjacent surrounding tissue in the organ are not covered. Doctors sometimes call these cases 'pre-malignant', 'non-invasive', 'cancer in situ', 'having borderline malignancy' or 'having low malignant potential'. Early detected cancers like these are not covered. This doesn't depend on what treatment is given.

For example, if breast cancer or early prostate cancer are caught at this very early stage where the tumour has not started to invade tissue this would not be covered. These cases may become covered later if, for example, they do not respond to treatment.

However, in some circumstances, a diagnosis of cancer in situ of the breast which is treated by a total mastectomy is covered. Please see mastectomy for carcinoma in situ on page 18 for more details.

The only type of skin cancer that is covered is malignant melanoma where it has started to invade the healthy skin tissue deeper than the outer layer – these can be very serious if left untreated. Other skin cancers normally only affect the surface layer of skin and do not typically spread to other parts of the body. This means they can usually be completely cured by simple and effective treatment. These other skin cancers are not covered.

Cancer – excluding less advanced cases

Epidermis – The outer layer of skin.

Gleason score – A system of grading prostate cancer. The Gleason grading system assigns a grade to each of the two largest areas of cancer in the tissue samples. Grades range from 1 to 5, with 1 being the least aggressive and 5 the most aggressive. The two grades are then added together to produce a Gleason score.

A score from 2 to 4 is considered low grade; 5 to 7, intermediate grade; and 8 to 10, high grade.

Histologically – The appearance of the cancer under the microscope which leads to its diagnosis and, additionally, gives information on its differentiation or grading (how aggressive it may be).

Hodgkin's disease – A type of cancer (lymphoma) affecting lymphatic tissue.

Invasion – The occurrence of malignant/cancerous cells that have spread into surrounding healthy cells and tissue (that is, more extensive than cancer in situ).

Invasive malignant melanoma – A malignant melanoma which has progressed beyond the point of being confined to the epidermis (the outermost layer of skin). This will be categorised as Clark's level 2 or above.

Low malignant potential – Pre-malignant cells that form in the tissue covering the organ and have not invaded the adjacent tissue.

Malignant tumour – A tumour that invades the tissue in which it originates and can spread to other parts of the body.

Non-invasive – Malignant/cancerous cells that have not spread into surrounding healthy cells or tissue.

Pre-malignant – Cells which may develop into a malignant tumour but have not yet done so.

TNM classification – An internationally recognised standardised method of staging cancers. Broadly, the three parts of the system relate to:

- **T Tumour** – a scale of 0 to 4 is used to record details about the primary tumour. T0 means there is no evidence of a primary tumour, T1 to T4 shows the size and extent of spread of the primary tumour. 'Tis' may be used for cancer in situ.
- **N Nodes** – a scale of 0 to 3 is used to record the extent of spread to the regional lymph nodes. N0 means the lymph nodes are not involved, N1 – N3 shows the extent of the involvement.
- **M Metastases** – either M0 or M1, the latter indicating metastases (more distant spread of the cancer).

Cardiomyopathy – of specified severity

A definite diagnosis of cardiomyopathy by a Consultant Cardiologist which results in permanently impaired ventricular function such that the ejection fraction is 35% or less for at least 6 months when stabilised on therapy advised by the Consultant.

For the above definition, the following are not covered:

- all other forms of heart disease, heart enlargement and myocarditis; or
- Cardiomyopathy secondary to alcohol or drug abuse.

Glossary

Cardiomyopathy – A disease affecting the myocardium, which is the actual heart muscle.

Ejection fraction – The fraction of blood pumped out of the left ventricle with each heart beat.

Alcohol or drug abuse – Inappropriate use of alcohol or drugs, including but not limited to the following:

- drinking too much alcohol;
- taking an overdose of drugs, whether lawfully prescribed or not;
- taking controlled drugs (as defined by the Misuse of Drugs Act 1971) other than in accordance with a lawful prescription.

Myocarditis – An acute inflammation of the heart muscle normally caused by an infection.

Cardiomyopathy is the name given to a group of heart disorders which prevent the heart muscles from working correctly. Symptoms can include shortness of breath and heart failure. Each heart beat pumps out blood from the left ventricle and the amount pumped out is called the ejection fraction. This is measured by an echocardiogram. A claim for cardiomyopathy will be valid where the measured ejection fraction remains at 35% or below for a period of at least 6 months once treatment has stabilised the condition.

However, cardiomyopathy caused by any of the following is not covered:

- drinking too much alcohol;
- taking an overdose of drugs, prescribed or not;
- taking controlled drugs unless lawfully prescribed.

Coma – resulting in permanent symptoms

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

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

For the above definition, the following is not covered:

- Coma secondary to alcohol or drug abuse.

Glossary

External stimuli – Outside sensory events that would normally produce a response e.g. sight, hearing, touch, taste or smell.

Internal needs – Needs of the body to survive i.e. food, drink, using the toilet etc.

Life support systems – Equipment used to assist breathing, feeding, drinking etc.

Alcohol or drug abuse – Inappropriate use of alcohol or drugs, including but not limited to the following:

- drinking too much alcohol;
- taking an overdose of drugs, whether lawfully prescribed or not;
- taking controlled drugs (as defined by the Misuse of Drugs Act 1971) other than in accordance with a lawful prescription.

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, for example brisk reflexes without other symptoms; or
- symptoms of psychological or psychiatric origin.

Unconsciousness – The lack of normal sensory awareness caused by temporary or permanent damage to brain function.

A coma is a state of unconsciousness from which the patient cannot be roused. It is usually necessary for a life support machine to be used to keep the patient alive if the patient has no control over their bodily functions. Common causes of comas are head injury, tumour or blood clots. Patients can regain consciousness, with or without permanent neurological deficit. A claim will be valid in the following circumstances:

- the coma has meant that the person has required the use of life support systems; and
- the incident must have caused permanent neurological deficit.

However, comas caused by any of the following are not covered:

- drinking too much alcohol;
- taking an overdose of drugs, prescribed or not;
- taking controlled drugs unless lawfully prescribed.

Coronary artery by-pass grafts

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.

Glossary

Atherectomy – A surgical procedure to remove plaque from an artery.

Balloon angioplasty – A procedure to correct a narrowing of an artery and improve the blood flow. A balloon tipped catheter (fine tube) is passed along the affected artery and then inflated.

Coronary artery – An artery that supplies blood to the heart.

Rotablation – an atherectomy technique in which a rotating burr is inserted through a catheter into an artery; the burr rotates and removes plaque.

Stent – A tube composed of fabric supported by a metal mesh.

Coronary artery by-pass grafts involve attaching a short length of vein to by-pass a blockage in one or more of the arteries that supply blood to the heart.

Other procedures to treat narrowing or blocked coronary arteries are not covered under this definition. Procedures which are not covered are:

- balloon angioplasty;
- atherectomy;
- rotablation;
- insertion of stents; and
- laser treatment.

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.

Glossary

Dementia – A progressive and degenerative disease, where the cells in the brain deteriorate. Symptoms include general confusion, loss of memory or loss of concentration, but overall there is a decline in all mental faculties.

Creutzfeldt-Jakob disease is a brain disease characterised by psychiatric and personality disorders which rapidly progress to dementia, unsteadiness and other neurological problems.

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.

Glossary

Decibels – A measure of the level of sound.

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

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

Pure tone audiogram – A device for measuring the extent of a person's hearing ability.

Deafness means the profound loss of hearing in both ears where the condition cannot be cured and is permanent. The damage can be due to accident or disease. Please note that being registered deaf may not be a valid claim if the person still has some residual hearing.

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 do all of the following:

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

Glossary

Dementia – A progressive and degenerative brain disease, where the cells in the brain deteriorate. Symptoms include general confusion, loss of memory or loss of concentration, but overall there is a decline in all mental faculties.

Dementia is a progressive and degenerative brain disease, where the cells in the brain deteriorate. In order to claim the dementia must be 'organic', which means it is due to a physical disease of the brain tissue rather than a mental illness, the dementia is diagnosed and the illness has reached the point where there are permanent clinical symptoms of dementia. The diagnosis will need to be based on observation of the person and the results of certain questionnaires or tests, which, for example look at short term and long term memory.

Encephalitis – resulting in permanent symptoms

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

Glossary

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, for example brisk reflexes without other symptoms; or
- symptoms of psychological or psychiatric origin.

Encephalitis is inflammation of the brain often due to viral or bacterial infection, which can cause fever, headache, weakness or seizures. In order to claim, there must be a definite diagnosis of encephalitis, which results in ongoing clinical symptoms resulting from permanent neurological deficit.

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:

- new characteristic electrocardiographic changes;
- the characteristic rise of cardiac enzymes or troponins recorded at the following levels or higher;
  - Troponin T > 1.0 ng/ml
  - AccuTnI > 0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- other acute coronary syndromes including but not limited to angina.

Glossary

Acute – Intense and/or sudden in onset.

Angina – The, often severe, chest pain or discomfort that is a symptom of coronary artery disease.

Cardiac enzymes or troponins – Chemicals found in the blood that when elevated above normal levels may indicate damage to the heart muscle.

Electrocardiographic (ECG) – A tracing on graph paper representing the electrical events associated with the beating of the heart. Changes to the shape of the heartbeat trace can help diagnose a number of heart abnormalities, including acute myocardial infarction.

Myocardial infarction – Death of a portion of the myocardium (heart muscle) due to an abrupt obstruction of the coronary blood flow.

Other acute coronary syndromes – The collective name given to the various conditions associated with coronary artery disease, which do not meet the ABI definition of heart attack e.g. stable and unstable angina.

If the blood supply to the heart is interrupted, this can cause a portion of the heart muscle to die. Doctors call this sudden death of heart muscle an acute myocardial infarction, but the condition is widely known as a heart attack. A heart attack causes permanent damage to the heart muscle which can be detected using an ECG machine which traces the heartbeat.

When someone has a heart attack, chemicals such as cardiac enzymes and troponins are released into the blood stream – these are usually present for several days after the event and can be detected by using a blood test. The presence of these chemicals provides important diagnostic information but they can also be present for reasons other than a heart attack.

For a claim to be valid the diagnosis of the heart attack must be based upon the types of evidence outlined above.

It is important to note that the term 'heart attack' may sometimes be used loosely to describe a range of other heart conditions but none of these other conditions, for example angina, are covered under this definition. Also, the medical profession has more than one definition for a heart attack as the effects of advancing medical science are debated within the medical profession. However, only the definition used in the policy will be used to decide if a heart attack is covered.

Heart valve replacement or repair

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

Having a defective heart valve replaced or repaired is covered. A claim will be valid where, on the advice of a Consultant Cardiologist, surgery is carried out to replace or repair one or more heart valves.

HIV infection – caught in the United Kingdom 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;

after the risk 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 the United Kingdom.

For the above definition, the following is not covered:

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

Eligible occupations:

- a member of the medical or dental professions or emergency services;
- a prison officer;
- a pharmacist;
- a laboratory assistant or an employee in a medical facility.

HIV is covered if it is caught in the United Kingdom through a blood transfusion, a physical assault or at work in an eligible occupation. HIV resulting from any other cause, for example sexual activity or drug abuse, is not covered.

Where the incident relates to a physical assault, the incident should be reported to the police.

Similarly, if the incident occurred at work, the incident should be reported in line with the employer's procedures. Many employers, including people who work in the health or emergency services, have set procedures for dealing with incidents that may potentially result in the person becoming infected by HIV.

In all cases, a test for HIV should be taken within 5 days of the incident – a negative test result will show that the person did not have HIV before the incident. A further test within a year where the test result is positive will confirm that the infection resulted from the reported incident.

Kidney failure – requiring dialysis

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

Glossary

Chronic – Of long duration and cannot be cured by medical treatment and/or surgical procedures used by the National Health Service in the United Kingdom at the time of the claim.

End stage – The final phase of a disease process.

Dialysis – The artificial means of removing toxic substances (impurities and wastes) from the blood when the kidneys are unable to do so.

Kidneys clean the blood of waste products produced by the body. As the body can function normally with just one healthy kidney, a claim for kidney failure will be valid if both kidneys have irreversibly stopped functioning and the person is having regular dialysis (a process using a machine to perform the function of the kidneys).

Liver failure – resulting from advanced liver disease

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.

Glossary

Ascites – The accumulation of free fluid within the abdominal cavity.

Encephalopathy – Disease that affects the functioning of the brain resulting in mental confusion.

Jaundice – The yellowing of the skin or white of the eyes.

Alcohol or drug abuse – Inappropriate use of alcohol or drugs, including but not limited to the following:

- drinking too much alcohol;
- taking an overdose of drugs, whether lawfully prescribed or not;
- taking controlled drugs (as defined by the Misuse of Drugs Act 1971) other than in accordance with a lawful prescription.

Permanent jaundice, ascites and encephalopathy are indicators of chronic liver disease. In order to make a valid claim, there will need to have been made a definite diagnosis of end stage liver failure due to cirrhosis, with symptoms and signs of jaundice, ascites and mental confusion.

However, liver failure caused by any of the following are not covered:

- drinking too much alcohol;
- taking an overdose of drugs, prescribed or not;
- taking controlled drugs unless lawfully prescribed.

Loss of hands or feet – permanent physical severance

Permanent physical severance of any combination of two or more hands or feet at or above the wrist or ankle joints.

Glossary

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

For a claim to be successful, two limbs need to be severed at or above the wrist or ankle. This can either be two hands, two feet or one hand and one foot. The severance must be permanent and may be as a result of accident or disease.

Loss of speech – permanent and irreversible

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

Glossary

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

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

Speaking involves the use of vocal cords in the throat, the tongue and the lips in the mouth and the brain. The loss of speech must be total and permanent for a claim to be successful. It can take some time to establish this. Loss of speech arising from mental trauma is not covered.

Major organ transplant

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 United Kingdom 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.

An organ transplant is required if it is necessary to replace a diseased or damaged organ with a healthy one. This benefit is only payable to a recipient of one of the organs specified and cannot be claimed by the organ donor, for example a bone marrow donor.

A claim for a major organ transplant will be valid if any of the following organs need to be replaced by undergoing a transplant:

- bone marrow
- a whole heart
- a whole kidney
- a whole liver
- a whole lung
- a whole pancreas

A claim will be valid from the point at which either:

- the person is added to a United Kingdom waiting list for a suitable replacement organ to become available; or
- the organ transplant takes place.

Mastectomy for carcinoma in situ – requiring total removal of the breast

The undergoing of a total mastectomy (total removal of all the tissue of one breast) on the advice of a hospital Consultant where there is a definite diagnosis of carcinoma in situ of the breast, positively diagnosed with histological confirmation.

For the above definition, the following are not covered:

- prophylactic mastectomy without histological evidence of carcinoma in situ; and
- any other surgical procedures such as lumpectomy and partial mastectomy.

The amount of benefit payable for a claim in respect of a mastectomy for carcinoma in situ will be whichever is the lower of:

- £15,000; and
- 20% of the sum assured current at the time of a claim.

Payment of this amount will not affect the sum assured under your policy. We will pay an amount in respect of a mastectomy for carcinoma in situ under your policy only once.

Glossary

Carcinoma in situ – The presence of malignant/cancerous cells at a stage of development where they have not spread into surrounding healthy cells or tissue. In medical terminology, this means that the cancer cells are confined to the epithelium (the tissue that lines the internal and external surfaces of the body) of origin and have not yet invaded the adjacent tissue.

Lumpectomy – Localised surgery to remove a tumour from the breast.

Prophylactic mastectomy – Surgery to remove a breast that is not known to contain breast cancer, for the purpose of reducing an individual's cancer risk.

Partial mastectomy – Surgery to remove part of the breast.

Early cancer cells can develop in the breast before they start to invade surrounding tissue. A mastectomy will sometimes be advised in these situations to protect against the cancer developing.

A claim will be valid if a total mastectomy is performed and carcinoma in situ is confirmed.

Lumpectomy and partial mastectomy are not covered.

Mastectomy cover provides an additional payment of 20% of your current sum assured or £15,000, whichever is lower. This amount is payable once for each policy.

The additional payment does not reduce your sum assured or affect your premium.

Motor neurone disease – resulting in permanent symptoms

A definite diagnosis of motor neurone disease by a Consultant Neurologist. There must be permanent clinical impairment of motor function.

Glossary

Motor – Relating to movement.

Motor neurone disease is a degenerative condition that results in weakness and the wasting of muscles. The condition is covered if there is a definite diagnosis made by a Consultant Neurologist upon clinical examination and the disease has reached the point where it has caused permanent impairment of the ability to move.

Multiple sclerosis – with persisting symptoms

A definite diagnosis of multiple sclerosis 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.

Glossary

Clinical impairment – The clinical symptoms associated with the condition.

Motor – Relating to movement.

Sensory – Relating to the senses (sight, hearing, touch, taste or smell).

Multiple sclerosis, often abbreviated to MS, is a disease which attacks the central nervous system and can result in deterioration of the senses and/or the ability to control movement. A claim for multiple sclerosis will be valid from the point where, for a continuous period of at least 6 months, the disease has caused physical impairment of the person's ability to move or to their senses (sight, hearing, touch, taste or smell).

The diagnosis must be confirmed by a Consultant Neurologist.

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 a structural abnormality of the heart.

Glossary

Median sternotomy – A heart operation that requires surgery to divide the breastbone.

Open heart surgery means the surgical division of the breast bone and the opening up of the chest wall, for the purpose of correcting a structural abnormality of the heart.

Paralysis of limbs – total and irreversible

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

Glossary

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

Paralysis – Paralysis is the loss of power of movement of a part of the body.

Loss of muscle function arising from mental disorders is not covered.

Paralysis is covered if the insured person totally and irreversibly loses the ability to move, or use, any two or more limbs (both legs, both arms or an arm and a leg), whether through accident or disease. The disability must be considered permanent. Paralysis of the right or left half of the body is called hemiplegia. If all four limbs are paralysed this is called quadriplegia.

Parkinson's disease – resulting in permanent symptoms

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 is not covered:

- Parkinson's disease secondary to drug abuse.

Glossary

Clinical impairment – The clinical symptoms associated with the condition.

Drug abuse – Inappropriate use of drugs, including but not limited to the following:

- taking an overdose of drugs, whether lawfully prescribed or not;
- taking controlled drugs (as defined by the Misuse of Drugs Act 1971) other than in accordance with a lawful prescription.

Postural instability – Loss of the ability to prevent falling over by maintaining your balance and righting yourself.

Tremor – Involuntary, rhythmic movement of part of the body, most commonly the hands and arms, often the head and voice, and rarely the legs.

Parkinson's disease is a degenerative brain disease that causes involuntary tremor of the hands, muscle rigidity and the slowing of body movements. The condition is covered if there is a definite diagnosis made by a Consultant Neurologist and the disease has reached the point where there is permanent clinical impairment of motor function with associated tremor, rigidity of movement and postural instability. However, Parkinson's disease caused by any of the following is not covered:

- taking an overdose of drugs, prescribed or not;
- taking controlled drugs unless lawfully prescribed.

Primary pulmonary hypertension – of specified severity

A definite diagnosis of primary pulmonary hypertension by a Consultant Cardiologist resulting in clinical impairment of heart function which results 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*.

For the above definition, the following is not covered:

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

* NYHA Class 3. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.

Glossary

New York Heart Association class 3 – This functional classification system is in common use in the United Kingdom and it assesses the ability to perform day-to-day activities. To reach Class 3 the patient will be comfortable at rest but less than ordinary activity causes fatigue, difficulty in breathing and palpitations.

Primary pulmonary hypertension is where the blood pressure is abnormally high in the artery that provides blood to the lungs. Symptoms can include shortness of breath, chest pain and palpitations. In order to claim, the condition must have reached a point where performing less than ordinary tasks causes significant symptoms.

Essential hypertension is a very common condition where the blood pressure in the rest of the body is raised and this is not covered.

Progressive supra nuclear palsy – resulting in permanent symptoms

A definite diagnosis of progressive supra nuclear palsy by a Consultant Neurologist. There must be permanent clinical impairment of eye movements and motor function.

Glossary

Motor – Relating to movement.

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

Progressive supra nuclear palsy causes a deterioration of the brain leading to impairment of balance, eye movements and swallowing difficulties. It is a progressive disease that can result in permanent physical disability.

Respiratory failure – from advanced lung disease

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

- the need for regular oxygen treatment on a permanent basis; and
- the permanent impairment of lung function tests as follows;

  forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV1) being less than 50% of normal.

Glossary

Emphysema – A chronic obstructive pulmonary disease where the lungs become damaged and abnormally inflated causing difficulty breathing. Causes include smoking and chronic bronchitis.

FVC – Forced Vital Capacity is the total amount of air that can be blown out after full inspiration. The normal amount expected will take into account the person's age, sex, height and weight.

FEV1 – Forced Expiratory Volume in 1 second is the total amount of air that can be blown out in 1 second. As with FVC the normal amount expected will take into account the person's age, sex, height and weight.

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

Respiration is the process whereby oxygen enters the body and carbon dioxide is released from the body in the lungs. Respiratory failure prevents sufficient oxygen from entering the body. This can result in significant restriction in normal daily activities and severe breathlessness.

In order to make a claim, the condition must be permanent and require regular treatment to increase the body's absorption of oxygen by breathing it in via a face mask or nasal tubes. It will also be necessary for the lung function tests to demonstrate that the lungs are only functioning at less than 50% of their expected level.

Stroke – resulting in permanent symptoms

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

For the above definition, the following is not covered:

- transient ischaemic attack.

Glossary

Haemorrhage – Bleeding from a ruptured blood vessel.

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, for example brisk reflexes without other symptoms; or
- symptoms of psychological or psychiatric origin.

Transient ischaemic attacks – Temporary disruption of the blood circulation to part of the brain. The symptoms may be similar to those of a stroke but patients recover within 24 hours.

A stroke (doctors call these cerebrovascular accidents, CVA's) is caused by an interruption to the flow of blood to the brain. This can be due to either a blocked artery which prevents blood reaching the brain or a burst blood vessel in the brain. In either case, a claim will be valid if it causes ongoing clinical symptoms of a stroke which are expected to be permanent.

Transient ischaemic attacks, also called 'mini-strokes', are not covered. These are attacks that produce temporary symptoms similar to a mild stroke but typically patients recover completely in less than 24 hours.

Systemic lupus erythematosus – with severe complications

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

- 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.

Glossary

Systemic lupus erythematosus – A chronic inflammatory condition caused by an autoimmune disease. Sometimes the name of the condition is shortened to Lupus or SLE.

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, for example brisk reflexes without other symptoms; or
- symptoms of psychological or psychiatric origin.

Glomerular filtration rate – A measure of how well the kidneys are performing their function of filtering and removing waste products.

Systemic lupus erythematosus is a condition where the body's healthy tissues and cells are attacked by its own immune system. This causes a chronic inflammation with symptoms such as fatigue and painful joint swelling. The condition can also affect internal organs such as the kidneys. In order to make a claim, the condition must have progressed to an extent that there are ongoing clinical symptoms resulting from permanent neurological deficit or that the kidneys are permanently affected so that the GFR is below 30 ml/min. Discoid lupus only affects the skin and this condition is not covered.

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

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% of the surface area of the face.

Third degree burns damage or destroy the skin to its full depth and cause damage to the tissue underneath. These are covered if at least 20% of the body surface area or 50% of the surface area of the face has been affected.

Traumatic head injury – resulting in permanent symptoms

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

Glossary

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, for example brisk reflexes without other symptoms; or
- symptoms of psychological or psychiatric origin.

Traumatic head injury is covered if it results in ongoing clinical symptoms resulting from permanent brain damage.

Permanent and total disability benefit

This benefit applies only if your policy schedule says your policy includes it.

The policy schedule states which of the following two definitions shall apply.

1 If the life assured becomes permanently and totally disabled while in full-time employment**:

Permanently disabled means that the life assured, before the policy anniversary following their 65th birthday, is permanently and totally unable throughout the remainder of their lifetime, no matter when cover ends or the life assured retires, because of illness or injury, other than a deliberately self-inflicted injury, to carry out the main and substantial duties of each and every one of the occupations in which they were engaged in the 12 months immediately before the date of disablement.

2 If the life assured becomes permanently disabled whilst not in full-time employment** (or is not eligible for the definition shown in (1) above due to nature of occupation):

Permanently disabled means that the life assured, before the policy anniversary following their 60th birthday, is:

- permanently and totally unable, throughout the remainder of their lifetime, no matter when cover ends or the life assured retires, because of illness or injury, other than a deliberately self-inflicted injury, to perform three or more of the following five tests without the help of another person, but with the use of appropriate assistive or corrective aids or appliances:

  1 Walking
  Able to walk 200 metres on the flat without having to stop or suffering severe discomfort

  2 Bending
  Able to get into or out of a standard saloon car and able to bend or kneel to pick up something from the floor and straighten up

  3 Communicating
  Able to answer the telephone and take a message

This benefit is intended as an additional safeguard if the life assured becomes permanently disabled, through accident or illness, and is unable to claim under any of the other critical illnesses or disabilities. An example of a condition which could lead to this benefit becoming payable is severe rheumatoid arthritis.

The disablement must commence before the policy anniversary following the 60th or 65th birthday of the life assured (depending upon the definition that applies) or the ceasing date of the policy, if earlier. See also ‘Exclusions’.

Permanent and total disability benefit

4 Reading
Having the eyesight required to be able to read a daily newspaper

5 Writing
Having the physical ability to write legibly using a pen or pencil

OR

- shown to be suffering a psychotic or well-defined mental illness which is medically uncontrollable despite treatment by a Consultant Psychiatrist and which has no prospect whatsoever of improving at any time during their lifetime, no matter when the cover ends or the life assured retires.

** Full-time employment is where a life assured is in an occupation where they receive taxable earned income and in which they are actively engaged and normally work 16 or more hours a week on a regular basis.

Waiver of premium benefit

This benefit applies only if your policy schedule says your policy includes it.

The policy schedule states which of the following two definitions shall apply.

1 If the life assured becomes incapacitated whilst in full-time employment**:

Incapacitated means that the life assured, up to their 65th birthday*, is totally unable because of illness or injury, other than a deliberately self-inflicted injury, to carry out the main and substantial duties of each and every one of the occupations they were engaged in at the start of incapacity; and not engaged in an occupation, whether paid or unpaid.

2 If the life assured becomes incapacitated whilst not in full-time employment** (or is not eligible for the definition shown in (1) above):

Incapacitated means that the life assured, up to their 65th birthday*, is:

- normally and routinely unable because of illness or injury, other than a deliberately self-inflicted injury, to perform two or more of the following five tests without the help of another person, but with the use of appropriate assistive or corrective aids or appliances:

  1 Walking
  Able to walk 200 metres on the flat without having to stop or suffering severe discomfort

  2 Bending
  Able to get into or out of a standard saloon car and able to bend or kneel to pick up something from the floor and straighten up

  3 Communicating
  Able to answer the telephone and take a message

  4 Reading
  Having the eyesight required to be able to read a daily newspaper

  5 Writing
  Having the physical ability to write legibly using a pen or pencil

This benefit is designed to pay regular premiums due on your policy if you are unable to work for a period of six months or if you are unable to fulfil the incapacity assessment criteria. The definition which will apply will be specified in the policy schedule.

If the waiver of premium benefit continues after age 65 on any cover which also continues after age 65, the definition of disability during any claim which starts after age 65 (or an existing claim which continues beyond age 65) will change and will then be based on your inability to perform three or more specified activities of daily living rather than your inability to work or meet certain incapacity assessment criteria. See also ‘Exclusions’.

Waiver of premium benefit

OR

- unable because of illness or injury, other than a deliberately self-inflicted injury, to conduct an independent basic existence, which means being confined to the home or hospital or being unable to cook, do light housework and dress themselves;

OR

- shown to be suffering a psychotic or well-defined mental illness which is medically uncontrollable despite treatment by a Consultant Psychiatrist.

*If the plan provides waiver of premium benefit beyond the life assured's 65th birthday and the life assured becomes or remains incapacitated after this date then incapacitated means that the life assured is, because of illness or injury, other than a deliberately self-inficted injury, normally and routinely unable to perform, three or more of the following six tests without the help of another person:

1 Transferring
The ability to move from a bed to an upright chair or wheelchair or from an upright chair or wheelchair to a bed, or to get on or off a toilet or commode

2 Continence
The ability to manage bowel and bladder functions to maintain an acceptable standard of personal hygiene

3 Dressing
The ability to put on or take off, secure and unfasten all necessary clothing and, as appropriate, any braces, artificial limbs or other surgical appliances

4 Mobility
The ability to move indoors from one room to another on a level surface in their normal place of residence

5 Feeding
The ability to feed themselves once prepared food is available

6 Washing
The ability to wash in the bath or shower (including getting into or out of the bath or shower) to maintain an acceptable standard of personal hygiene

**Full-time employment is where a life assured is in an occupation where they receive taxable earned income and in which they are actively engaged and normally work 16 or more hours a week on a regular basis.

Children's critical illness and disability benefit

This benefit applies only if your policy includes critical illness and disability benefit. It covers your children for all of the critical illnesses and disabilities defined in this guide, apart from permanent and total disability. Cover is provided subject to the terms set out in the policy conditions.

Friends Life will not pay a claim under the children's benefit when the critical illness or disability arises directly or indirectly from a pre-existing condition. This means a condition, illness, disease or related condition, diagnosed or not, which was already present and has resulted in symptoms, was a condition discovered during pregnancy through a scan or test or was a risk due to family history:

– before the risk date

– before the child is 30 days old

– before the child is legally adopted by the life assured.

Exclusions

Friends Life will not pay the following benefits if a claim is directly or indirectly attributable to:

- critical illness and disability benefit
  - alcohol or drug abuse (where the claim is for cardiomyopathy, coma or liver failure)
  - drug abuse (where the claim is for Parkinson's disease)
- children's critical illness and disability benefit:
  - alcohol or drug abuse (where the claim is for cardiomyopathy, coma or liver failure)
  - drug abuse (where the claim is for Parkinson's disease)
  - pre-existing conditions
- permanent and total disability benefit
  - alcohol or drug abuse
  - HIV/AIDS
- waiver of premium benefit
  - HIV/AIDS
  - war

Definitions

For the purpose of this document, HIV and AIDS will have the following definitions:

HIV: Human Immunodeficiency Virus

This is a viral infection caused by the Human Immunodeficiency Virus that gradually destroys the immune system.

AIDS: Acquired Immune Deficiency Syndrome

This is the most serious stage of HIV infection and is characterised by symptoms of severe immune deficiency.

Making a claim

In order to claim under any of the critical illnesses or disabilities included in your plan you must notify Friends Life within three months of the date of diagnosis. Friends Life cannot pay out any benefit until we have received all the medical or other information that we require to support the diagnosis and confirm that the policy definition has been met.

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