



# Elixia 123 Personal Critical Illness Cover

## **Your Guide to the Critical Illness Events covered by Elixia 123**

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**At Unum, we want you to fully understand and appreciate the extent of the cover Elixia 123 can provide.**

**We believe that careful explanation is particularly important.**

We will pay the amount of benefit you have selected if, within the period of cover you have chosen, you are diagnosed with any one of a list of specified medical conditions or undergo one of the listed surgical procedures – the ‘critical illness events’. The evidence we need to confirm the diagnosis will usually be provided by your own doctor or by the consultant responsible for your treatment and care in hospital.

However, as one of the world’s leading disability insurers, we know from experience that people are often unfamiliar with medical terms and it is easy to be confused when words used in a medical context can have a very different meaning in day-to-day conversation.

We have therefore compiled this guide to provide you with a simple explanation of each of the events we cover in everyday language. This guide gives you:

- the definitions of the cover used in your plan documents. These are the definitions that are used to decide whether you qualify for payment
- background information to help you understand how some of these conditions can arise.

We strongly recommend that you read this booklet carefully, particularly as it helps to explain the differences between the ‘standard’ and ‘severe’ versions of similar events, and the background to the medical tests that determine this important distinction.

**Please note that the information in this guide does not override or in any way change the definitions in the plan’s terms and conditions.**

**If you are in any doubt on any point or you would like more information please ask your financial adviser. Alternatively, you may, of course, contact us direct.**

Elixia 123 from Unum is the first to provide critical illness cover that enables you to choose different amounts of benefit depending on the relative severity of the events that are covered. For this purpose we have grouped the events into three categories:

**Category 1 Life threatening** These are conditions that we believe may significantly reduce life expectancy and probably result in major lifestyle changes.

**Category 2 Disabling** We believe that these conditions will probably have a significant impact on lifestyle and may have some impact on life expectancy.

**Category 3 Traumatic** These are conditions that, although not expected to significantly reduce life expectancy, are traumatic and we believe may possibly result in changes to your lifestyle.

### What events are covered?

The complete list of conditions covered by Elixia 123 is summarised below and opposite.

#### Important

- **Please remember that the heading of each critical illness event is only a guide to what is covered. For example, some types of cancer are not covered.**
- **Some medical conditions are covered in more than one category. A different definition is used in each category to distinguish between the different level of severity required for payment to be made.**
- **If your claim meets the definition of a condition in more than one category, the plan will only provide one payment in respect of this condition (the payment being based on the higher amount applicable).**

#### Category 1 Life threatening

- Cancer – invasive and life threatening
- Chronic emphysema
- CJD
- Heart attack – major
- Kidney failure – requiring dialysis\*
- Liver failure
- Major organ transplant\*
- Stroke – severe
- Terminal illness\*

#### Category 2 Disabling

- Alzheimer's disease – resulting in permanent symptoms\*
- Blindness – permanent and irreversible\*
- Deafness – permanent and irreversible\*
- HIV infection – caught from a blood transfusion, a physical assault or at work in an eligible occupation\*
- Loss of independent existence
- Loss of hands or feet – permanent physical severance\*
- Loss of speech – permanent and irreversible\*
- Motor neurone disease – resulting in permanent symptoms\*
- Multiple sclerosis – with persisting symptoms\*
- Paraplegia/Paralysis of limbs – total and irreversible\*
- Parkinson's disease – resulting in permanent symptoms\*
- Pre-senile dementia
- Third degree burns – covering 20% of the body's surface area\*

### Category 3 Traumatic

- Aorta graft surgery – for disease\*
- Angioplasty
- Balloon valvuloplasty
- Benign brain tumour – resulting in permanent symptoms\*
- Cancer – excluding less advanced cases\*
- Coma – resulting in permanent symptoms\*
- Coronary artery by-pass grafts – with surgery to divide the breastbone\*
- Heart attack – of specified severity\*
- Heart valve replacement or repair– with surgery to divide the breastbone\*
- Mastectomy following diagnosis of carcinoma in situ of the breast
- Open heart surgery
- Traumatic head injury – resulting in permanent symptoms\*
- Stroke – resulting in permanent symptoms\*
- Total permanent disability before age 60 – based on the inability to follow your own occupation or if you have no full-time occupation, to follow certain daily activities.

Please note that certain occupations are not covered for total permanent disability. As an alternative, we may be able to provide cover based on your inability to do a certain number of activities related to work or daily life. If your occupation is affected we will tell you.

- \* **The Association of British Insurers (the ABI) has produced a model definition for many of the critical illness events - these were reviewed and updated in 2006. Where an ABI model definition exists, Elixia 123 matches or provides wider cover than the ABI's definition.**

## Daily Activities

Some of the definitions that follow refer to you being unable to do a certain number of activities related to work or daily life. These activities are:

1. Walking – walk 200 metres on the flat without stopping or severe discomfort
2. Mobility – all of the following: walk up or down a flight of 12 stairs; and get in or out of a standard saloon car; and to bend or kneel down to pick up something from the floor and straighten up again
3. Dressing – put on and take off items of clothing which are normally worn
4. Communicating – answer a telephone and relay a message
5. Reading – the eyesight, if necessary as adjusted by the use of spectacles, contact lenses or other means, to read a daily newspaper
6. Writing – the manual dexterity necessary to write using a pen or pencil
7. Eating – use normal cutlery to eat a meal that has already been prepared
8. Hygiene – wash oneself all over
9. Continence – manage bowel and bladder function, including through the use of protective undergarments or surgical appliances.

## Alzheimer's Disease

### Category 2

#### **Alzheimer's disease - resulting in permanent symptoms:**

A definite diagnosis by a Consultant Neurologist, Psychiatrist or Geriatrician of Alzheimer's disease.

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

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

Other types of dementia are not covered under this **event**.

Alzheimer's disease is the most common cause of senile dementia. Dementia is a condition in which the person has increasing impairment of memory, particularly for recent events. This is often associated with a loss of the normal inhibitions which control a lot of socially acceptable behaviour. As a result, sufferers often need to be permanently supervised by someone else.

Most people with dementia develop the symptoms in old age. Sometimes, however, this can occur in younger people and will have a significant impact on their lives.

It is important that we are sure that no other cause of the person's mental health problem, such as severe depression, is producing symptoms which appear like the early onset of Alzheimer's disease. We therefore need to have this confirmation from an appropriate consultant.

## Angioplasty

### Category 3

#### **Angioplasty:**

The use of transluminal coronary catheters to correct stenosis of at least 50% diameter narrowing of two or more coronary arteries in a single procedure. Intervention must be on the advice of a Consultant Cardiologist and there must be angiographic evidence to support the need for the procedure.

Angioplasty is a form of treatment used to remove blockages from the coronary arteries whose job is to supply blood to the heart muscle. It is used as treatment for people who have had a heart attack or who suffer from angina.

The procedure is usually performed by a specialist heart surgeon (a cardiologist) and involves inserting a thin tube (a catheter) into a vein in the leg which is then guided under X-ray control into the diseased coronary artery. A balloon at the end of the catheter is inflated and pulled back across the diseased area. This leads to a widening of the artery and the catheter is then withdrawn. Sometimes a plastic tube called a stent is left in place to try to ensure that the artery does not become narrowed again.

The decision to undertake angioplasty will always be taken after a special X-ray called an angiogram which specifically shows up areas of blockage in the coronary arteries.

## Aorta Graft Surgery

### Category 3

#### **Aorta graft surgery - for disease:**

The undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft.

The term 'aorta' includes the thoracic and abdominal aorta but not its branches.

No other surgical procedure, for example the insertion of stents or endovascular repair or surgery following traumatic injury to the aorta, is covered under this event.

The aorta is the main artery carrying blood from the heart and indeed blood going to all parts of the body passes through it. It runs through the chest (the thorax) and into the abdomen. Disease of the lower part of the aorta may cause poor blood supply to the legs which may lead to pain when walking and eventually to gangrene.

Removal of this part of the aorta and replacement with an artificial graft may be necessary to relieve these symptoms. It is important to note that surgery of this sort may not involve the aorta itself but may be restricted to replacing some of its branches leading to the legs, which would not be covered by the plan. The precise surgical technique undertaken will depend on the location of the diseased arteries and how seriously they are damaged.

Disease of the upper aorta in the chest may cause it to become widened and may give rise to a variety of symptoms including breathlessness, chest pain and blackouts and this in turn may lead to a need to replace the diseased artery.

Replacement of either the lower or upper parts of the aorta involves a major surgical operation.

## Balloon Valvuloplasty

### Category 3

#### **Balloon valvuloplasty:**

The insertion on the advice of a Consultant Cardiologist of a balloon catheter through the orifice of one of the valves of the heart and the inflation of the balloon to relieve valvular abnormality.

Balloon valvuloplasty is a form of treatment to relieve the symptoms arising from narrowing (stenosis) of the heart valves. These would normally be increasing levels of breathlessness.

It involves the insertion of a thin tube (a catheter) through a vein in the leg or neck which is then guided under X-ray control into the heart. A balloon on the end of the catheter is inflated and then pulled back across the diseased valve, causing the opening in the valve to be widened.

### Benign Brain Tumour

#### Category 3

**Benign brain tumour - resulting in permanent symptoms:**

A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms. Tumours in the pituitary gland and Angiomas are not covered under this event.

The distinction between benign and malignant tumours described in the cancer section opposite is often less clear cut for brain tumours than for other forms of tumour.

The harmful effects arise not from the tendency of the tumours to invade other tissues or to spread to other organs, but more from the effects that expansion of the tumour has on surrounding normal nervous tissue. Consequently, the effects of benign brain tumours are often more serious than they are for other benign tumours.

For the purposes of considering a claim under the plan the effects must be present to the extent that the person is left with some permanent neurological problem such as muscle weakness, lack of coordination, sensory disturbance, epileptic fits or intellectual impairment.

### Blindness

#### Category 2

**Blindness:**

**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.

Snellen charts are the common eye charts seen at the opticians or doctor's surgery.

### Cancer

#### Category 1

**Cancer - invasive and life threatening:**

Any malignant tumour positively diagnosed with histological confirmation characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma (other than Stage 1 Hodgkin's disease) and sarcoma. The following are not covered under this **event**:

1. All cancers which are histologically classified as any of the following:
  - Pre-malignant
  - Non-invasive
  - Cancer in situ
  - Having borderline malignancy
  - Having low malignant potential.
2. 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.
3. Chronic lymphocytic leukaemia.
4. Stage 1 Hodgkin's disease
5. Intra-ductal non-invasive carcinoma of the breast
6. Testicular cancer
7. Cancer of the colon classified as Duke's Stage A
8. Stage 0 or stage 1 transitional cancer of the bladder
9. Any skin cancer other than malignant melanoma that has been histologically classified as having a depth of more than 0.75mm.

### Category 3

#### **Cancer - excluding less advanced cases:**

Any malignant tumour positively diagnosed with histological confirmation characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma and sarcoma.

The following are not covered under this **event**:

1. All cancers which are histologically classified as any of the following:
  - Pre-malignant
  - Non-invasive
  - Cancer in situ
  - Having borderline malignancy
  - Having low malignant potential.
2. 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.
3. Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
4. Any skin cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

Cancer is a general term used to describe diseases which arise from the formation of malignant tumours. Tumours are abnormal growths of cells which are the building blocks of all body tissues. Such tumours can either be benign or malignant. The main thing which distinguishes malignant tumours from benign ones is their ability to spread, invading and destroying nearby normal tissues, and also by their tendency to spread and form tumours in other organs of the body.

When cancer cells are examined under a microscope they usually retain some of the features of the organ where they started growing. This makes it possible to tell the difference between lung cancer and bowel cancer cells, for example. In addition though, they do develop some features which identify them as malignant cells and which they share with other malignant cells regardless of which particular organ they come from. Sometimes it is possible to detect these sorts of changes in cells before the processes of spreading and invading have started. The term 'carcinoma in situ', or 'cancer in situ', is sometimes used to describe this early cancerous change.

The effectiveness of cancer treatment has improved greatly over recent years. However, this improvement has not been the same for every type of cancer and the outlook for some people who are diagnosed as having cancer is much better than for others. This will depend on what specific sort of cancer the person has and how early it is diagnosed.

For this reason Elixia 123 covers cancer in two categories. Category 1 covers those which are usually the most serious and life threatening, whilst Category 3 includes those which tend to be relatively less serious.

We have done this by having the same basic definition for both categories and then adding a list of specific cancers which do not fall into Category 1 and which therefore are only covered under Category 3.

It should also be noted that there are some cancers which have an extremely good outlook, or which are still at the cancer in situ stage which do not attract any form of payment. The one exception to this is where mastectomies are performed as a preventative measure. Please see the separate section on Mastectomy on page 16.

## Chronic Emphysema

### Category 1

#### **Chronic Emphysema:**

Severe and permanent restrictive lung disease where there is dyspnoea at rest with markedly abnormal pulmonary function tests. The diagnosis must be evidenced by all of the following:

- the need for continuous daily oxygen therapy, and
- vital capacity being less than 50% of normal, and
- FEV1 (Forced Expiratory Volume at 1 second) being less than 50% of normal.

This is a form of long standing chest disease which causes people to have increasing levels of breathlessness when they exercise. It is most often associated with cigarette smoking, although other rarer forms do exist. Dyspnoea is a technical term for breathlessness.

The cover provided by the plan is for the most severe form of the disease where the person will be breathless at rest or on very low levels of exertion. The diagnosis will be supported by a particular pattern of abnormality found on the formal testing of lung function. This is known as an obstructive pattern of impairment. This is what the FEV1 measures and is a reflection of a particular difficulty in getting air out of the lungs.

## CJD (Creutzfeldt-Jakob Disease)

### Category 1

#### **CJD:**

Diagnosis by a Consultant Neurologist of Creutzfeldt-Jakob disease or New Variant Creutzfeldt-Jakob disease, evidenced by a significant reduction in mental and social functioning so that permanent supervision or assistance by another person is required.

Creutzfeldt-Jakob disease is a particular form of dementia. (The features of dementia have been described earlier in the section on Alzheimer's disease.) Dementia usually affects people in old age, but CJD can occur in middle or younger age groups.

The presence of other neurological symptoms and signs involving muscle weakness and imbalance will cause a neurologist to diagnose this rather than another form of pre-senile dementia.

Sometimes the symptoms can develop particularly quickly and these other neurological symptoms are especially noticeable. This is likely to be diagnosed as new variant CJD and is the form most often associated with 'mad cow disease'.

## Coma

### Category 3

#### **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 for a continuous period of at least 96 hours and results in permanent neurological deficit with persisting clinical symptoms. Coma secondary to alcohol or drug abuse is not covered under this event.

It is important to distinguish between a coma where the person genuinely cannot react to any outside influence such as heat, light or touch (which we cover), and a state of unconsciousness which has been artificially induced (which is not covered). This can happen for example, where, following a serious injury, a person needs to be sedated to allow them to be stabilised and helped to breathe artificially. This may continue for more than 96 hours, but the person would regain consciousness if the sedation were to be reversed and they would not therefore be regarded as being in a coma.

A coma which is in any way connected with the misuse of alcohol or drugs would not be covered.

## Coronary artery by-pass grafts

### Category 3

#### **Coronary artery by-pass grafts:**

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

This is a form of treatment which can be used as an alternative to angioplasty for narrowed coronary arteries in people who have had a heart attack or who suffer from angina.

The decision on which of the alternative treatments to use can be a complex one involving discussion between the cardiologist (a doctor specialising in heart disease) and the heart surgeon. Bypass surgery is a more complex procedure requiring open heart surgery and where the diseased portion of the coronary arteries are replaced by sections of the person's own veins which will usually be taken from the legs.

## Deafness

### Category 2

#### **Deafness:**

**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.

# Heart Attack

### Category 1

#### **Heart attack - major:**

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

- Typical clinical symptoms (for example, characteristic chest pain)
- Electrocardiographic changes recorded within 24 hours of the event and exhibiting unequivocal evidence of new pathological q waves
- The characteristic rise of cardiac enzymes or troponins recorded at the following levels or higher:
  - Troponin T > 1.0 ng/ml
  - AccuTnl > 0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction. Other acute coronary syndromes including but not limited to angina are not covered under this event.

### Category 3

#### **Heart attack - of specified severity:**

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

- Typical clinical symptoms (for example, characteristic chest pain)
- 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
  - AccuTnl > 0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction. Other acute coronary syndromes including but not limited to angina are not covered under this event.

Heart attack is a term which is in common everyday use. The terms myocardial infarction or coronary thrombosis are more accurate technical descriptions.

The main feature is that part of the heart muscle dies as a result of its blood supply being cut off. This produces severe chest pain along with typical findings on the ECG, or electrograph, which measures the natural electrical currents generated by a person's heartbeat. In addition, substances called enzymes leak out of the damaged muscle and can be detected at increased levels in the blood.

The severity of heart attacks can vary considerably in terms of the extent of heart muscle death which is present, although the initial symptoms are likely to be very similar, regardless of the severity. The importance of the severity is in terms of the complications which are likely to arise either in the short or long term. These can include heart failure (which may cause

disabling breathlessness), or disturbances of the heart rhythm. For this reason heart attacks appear in both Categories 1 and 3.

The way we have chosen to distinguish the severe from less severe heart attacks is by detecting new q-waves on the ECG. Each part of the wavey pattern produced by the ECG tracing is labelled by letter (q, r, s, t etc) as a means by which cardiologists can identify particular patterns which indicate different abnormalities in the heart's activity. Such q-waves are very specifically found in heart attacks and indicate that the heart muscle death has reached a certain extent. In particular they are taken as showing that the full thickness of the heart muscle wall, at a particular point, has died. Less extensive amounts of heart muscle death will usually produce other, but less specific types of ECG change.

## Heart Valve Replacement or Repair

### Category 3

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

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to replace or repair one or more heart valves.

The heart contains a number of valves to ensure that blood flows through it in one direction only. Any of these may become narrowed (stenosed) or leaky (incompetent). This is most often due to a previous episode of rheumatic fever or as a result of an abnormality of the valve structure. As valve disease gets worse, it usually produces symptoms which include increasing breathlessness.

Open heart surgery can be undertaken to replace the diseased valve, usually with an artificial one.

## HIV Infection

### Category 2

#### **HIV infection:**

Infection after the cover **start date** by Human Immunodeficiency Virus as a result of one of the following:

- A blood transfusion given as part of a medical treatment
- A physical assault
- An incident occurring during the course of performing normal duties of employment as a medical practitioner, a person employed in a medical facility, a prison officer, a dentist or a member of the fire, police or ambulance emergency services.

The incident must have been reported to appropriate authorities and have been investigated 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 5 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 the infection must have occurred in the UK. HIV infection resulting from any other means, including sexual activity or drug abuse, is not covered under this event.

Infection with HIV causes a variety of problems ranging from people simply being carriers of the virus to having all the features of AIDS. The infection is contracted through close contact with the bodily fluids of someone who is carrying the virus.

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In certain specific situations people in the medical or emergency services can be at risk of becoming infected. The plan aims to define precisely those people and situations where this risk is likely to be at its highest.

People who receive transfusions of infected blood or blood products are also at risk. With the current checking procedures adopted by the National Blood Service this, however, should now be an extremely rare occurrence.

### Kidney Failure

#### Category 1

**Kidney failure - requiring dialysis:**

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

The kidneys are responsible for clearing certain impurities from the blood. This function can fail as a result of disease arising in the kidneys themselves such as glomerulonephritis, or as a result of a complication of other diseases such as diabetes.

Kidney (or renal) failure is often a gradual process with the end stage being reached only after a period of several years. ('Chronic' in the medical sense means lasting for a long time.) During this period there will be a gradual build up of impurities such as urea and creatinine in the blood, associated with increasing ill health.

Eventually a point is reached where this process becomes life threatening and artificial measures are needed to replace the kidney function. This may involve filtering the blood through a kidney machine (haemodialysis) or by enabling the impurities to be removed into fluid which has been introduced into the abdominal cavity (peritoneal dialysis). At this stage people will frequently have been put on the waiting list for a kidney transplant.

### Liver Failure

#### Category 1

**Liver failure:**

End stage liver failure presenting as chronic irreversible failure of the liver to function, as a result of which liver transplant is initiated.

The liver has a number of complex functions and may fail from a variety of causes such as chronic hepatitis or alcohol abuse. People with liver failure suffer from swelling of the ankles and abdomen, easy bruising, yellow discolouration of the skin and increasing mental confusion.

It is usually the result of a process which causes gradual deterioration over the years. It is also, on occasion, a condition from which people can recover, at least in the short term. This will be particularly so when the intake of toxic substances such as excessive amounts of alcohol are stopped. Eventually, however, a point will be reached when the process becomes irreversible, at which stage liver transplantation will often take place.

## Loss of Independent Existence

### Category 2

#### **Loss of independent existence:**

You must satisfy at least one or more of the following:

- **permanent** confinement to a wheelchair; or
- **permanent** hospitalisation/residence in a nursing home on the advice of a medical practitioner; or
- severe intellectual impairment as a result of an organic disease or trauma as determined by standard tests resulting in the **life insured** needing **permanent** supervision or assistance from another person; or
- **Permanent** and **irreversible** inability to perform 3 or more of the defined daily activities (see page five) without the assistance of another person.

This is intended to cover conditions that are not one of the specifically named events in Category 2, but which mean you are so severely disabled that you cannot look after yourself or live alone. The definition describes four sets of conditions: if you meet any one of the four tests, we will pay out the benefit.

Examples of the kind of test likely to be used in assessing severe intellectual impairment could include everyday activities such as recognising the transactional value of money and handling basic household finances, taking prescribed medication, and being able to answer the telephone and reliably taking a simple message.

## Loss of Hands or Feet

### Category 2

#### **Loss of hands or feet:**

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

## Loss of Speech

### Category 2

#### **Loss of speech:**

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

## Major Organ Transplant

### Category 1

#### **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 waiting list for such a procedure.

The transplant of any other organs, parts of organs, tissues or cells is not covered under this event.

## Mastectomy

### Category 3

**Mastectomy (following diagnosis of carcinoma in situ of the breast):**

Removal of the whole of either breast following diagnosis of carcinoma in situ of the breast. The maximum amount payable for this event is the lower of £25,000 and the **Category 3 benefit amount**. Following payment of this benefit the remaining benefit amount for each category will reduce by the amount paid. We shall pay benefit only once under this event.

Please also read the previous section on cancer (on page 9).

Cancer in situ is not normally covered by the plan. However, mastectomies (the removal of a breast) are increasingly being performed as a preventative treatment to try to ensure a cancer in situ of the breast does not spread and become a malignant tumour. Although such treatment should not be life threatening, it is very emotive and traumatic and justifies a benefit payment under Category 3.

## Motor Neurone Disease

### Category 2

**Motor neurone disease - resulting in permanent symptoms:**

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

Motor neurone disease is a progressive disease of the nervous system which causes extensive muscle weakness affecting the limbs, but also the muscles involved in swallowing and breathing.

Although people can have long standing disability as a result of this condition, significant numbers are also likely to satisfy the conditions for being terminally ill.

## Multiple Sclerosis

### Category 2

**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 6 months.

This is a disease of the nervous system which causes a loss of muscle power and lack of coordination. It also produces a whole range of other effects on vision, sensation and bladder control. It frequently produces a pattern of relapses and remissions of variable duration. Although the disease will have significant long term effects, these may be only slight in the early stages of the disease and may disappear completely during remissions.

The plan therefore requires there to be current impairment which has lasted for at least six months. Because of the variable and fluctuating nature of the disease, it can on occasion cause difficulties in its diagnosis and we therefore require this to be made by a consultant neurologist using the most up to date investigations. This is currently likely to involve a MRI scan, but may also include visual evoked responses (brain wave activity recorded in response to various visual signals) or lumbar punctures (the withdrawal of spinal fluid from the lower back with hollow needles).

## Open Heart Surgery

### Category 3

#### **Open heart surgery:**

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to replace or repair structural abnormality.

This is usually done to bypass diseased coronary arteries or to replace diseased heart valves and has been described above in relation to these. It can also be used to treat other less common heart problems such as benign tumours of heart muscle.

The main feature of open heart surgery is that the heart itself is operated on directly. This often requires the person to be on a heart-lung bypass machine for the duration of the operation.

## Paraplegia/Paralysis of Limbs

### Category 2

#### **Paraplegia/Paralysis of limbs:**

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

Paraplegia means the paralysis of both lower limbs. This is usually the result of a spinal injury but can result from an attack of polio. Paralysis of both upper limbs without paralysis of the lower limbs is very rare.

Paralysis of an upper and lower limb on the same side of the body is seen commonly in people who have had strokes. This is known as a hemiplegia. When a hemiplegia is irreversible and affecting the whole of both limbs, it is very likely that the conditions satisfying the definition of a stroke in Category 1 would be satisfied.

## Parkinson's Disease

### Category 2

#### **Parkinson's disease - resulting in permanent symptoms:**

A definite diagnosis by a Consultant Neurologist of Parkinson's disease. There must be a **permanent** clinical impairment of motor function with associated tremor, rigidity of movement and postural instability. Parkinson's disease secondary to drug abuse is not covered under this **event**.

Parkinson's disease is a progressive disease of the nervous system which causes involuntary shaking (tremor) of the hands and generally makes muscle become increasingly stiff so that all forms of movement become more and more difficult. It is usually a disease which affects elderly people, but can occur in younger age groups.

Some of the symptoms usually seen in patients with Parkinson's disease can sometimes be observed in response to a variety of drugs and in particular to certain drugs used to treat serious mental health disorders. This is specifically excluded from cover.

### Pre-senile Dementia

#### Category 2

**Pre-senile dementia:**

Progressive deterioration in mental function lasting at least six months and resulting in abnormal behaviour or deterioration of intellectual capacity and requiring **permanent** supervision or assistance.

The deterioration must be due to organic brain disease, diagnosed by an appropriate consultant medical practitioner who is satisfied there is no other discernible cause.

Dementia is described in the section on Alzheimer's disease. In addition, pre-senile dementia due to CJD is also described above. There are a number of other causes of pre-senile dementia and it may be difficult to distinguish these from Alzheimer's disease. Consequently, the diagnosis should be made by an appropriate consultant.

### Traumatic Head Injury

#### Category 3

**Traumatic head injury:**

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

### Stroke

#### Category 1

**Stroke - severe:**

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

Three months after the event, the life insured will satisfy one of the following:

- Severe intellectual impairment as a result of organic disease or trauma, determined by standard tests and resulting in the need for **permanent** supervision or assistance from another person;
- **Permanent** and **irreversible** inability to perform three or more **daily activities** without the assistance of another person.

Transient Ischaemic Attacks and traumatic injury to brain tissue or blood vessels are not covered under this event.

Strokes are caused by a sudden loss of blood supply to a particular part of the brain. A number of technical terms are used to describe this process such as cerebrovascular accident (CVA), cerebral haemorrhage or cerebral infarct.

The most common effects are that the person suffers a sudden onset of loss of consciousness which is then followed by weakness of one side of the body, along with disturbances of speech and vision.

Sometimes this process is only mild and the symptoms disappear within 24 hours. This is known as a transient ischaemic attack and these are specifically excluded from cover. In addition, people who have had symptoms lasting more than 24 hours do recover to a variable extent. This recovery is most rapid in the early stages and then gradually slows down. For most people, it will usually be possible to get a good idea of the extent of any permanent remaining problems between three and six months.

### Category 3

#### **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. Transient Ischaemic Attacks and traumatic injury to brain tissue or blood vessels are not covered under this event.

The Category 1 stroke definition has been designed to cover those people whose stroke leaves them with severe ongoing difficulties in managing their daily lives. We therefore require people to satisfy one of two additional criteria which judge how either their mental or physical ability to manage these sorts of activities is affected.

Examples of the kind of test likely to be used in assessing severe intellectual impairment could include everyday activities such as recognising the transactional value of money and handling basic household finances, taking prescribed medication, and being able to answer the telephone and reliably taking a simple message.

Where a person has had a stroke with some permanent ongoing neurological problems usually causing muscle weakness or impaired vision or speech, but where this is not sufficiently severe to have the required impact on daily activities, then the condition is covered under Category 3 of the plan.

## Terminal Illness

### Category 1

#### **Terminal illness:**

Advanced or rapidly progressing incurable illness where, in the opinions of an attending Consultant Physician and our Chief Medical Officer, the life expectancy is no greater than 12 months.

We shall not consider a claim for this event submitted after the death of the **life insured**.

The conditions in Category 1 have been chosen to reflect those diseases which are most likely to be life threatening. There will be occasions though where conditions in Categories 2 or 3 are sufficiently severe to be life threatening. This will probably apply most often to motor neurone disease, but the definition has been designed to allow it to apply to anyone with a progressive disease which is deteriorating and which in the opinion of the person's specialist is likely to lead to death within a year.

## Third Degree Burns

### Category 2

#### **Third degree burns:**

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.

Third degree burns are those which have involved the full thickness of the skin and will usually require treatment by skin grafting in a specialist unit. In addition 20% is a substantial portion of the body surface area. For example it is a little more than the surface of the whole of one lower limb.

# Total Permanent Disability

## Category 3

### **Total permanent disability (own occupation) before age 60:**

Inability to perform either the **occupation** or, where specified in the **plan schedule**, 3 or more **daily activities** without the assistance of another person

All the following must apply:

- The **event** started before the 60th birthday.
- The **event** is due to illness or injury.
- **We** agree with an attending Consultant Physician that the **event** will persist until the 60th birthday.
- If the life insured is aged 55 or over at the start date of the **event**, **we** agree with an attending Consultant Physician that the **event** will persist for five years.

If you are living or travelling outside the UK when you are diagnosed as suffering the total permanent disability event we will pay the fees for medical examinations we ask you to attend up to the level we would reasonably expect to pay for the same examinations in the UK.

We will not pay any costs or expenses incurred by you attending any other medical examination or supplying us with any further evidence.

This type of cover is intended to provide a benefit if an illness or injury occurs before you reach the age of 60 and is likely to be permanent and irreversible so that you would not be able to return to your own occupation. It is not intended to cover relatively short-term disabilities lasting perhaps months or only a few years.

To cover situations where the disability starts within 5 years of reaching age 60, we need a rule that will help us to assess its long-term nature.

So, for example, should your disability start on your 58th birthday we will need to assess whether your disability is sufficiently serious and long-term that it is, in our opinion, likely to last until your 63rd birthday, even though the cover expires at age 60.

## How do I claim?

Obtain a claim form directly from us, or through your financial adviser. If you need any help in completing the claim form ask your financial adviser or us.

As soon as we have the necessary proof of your diagnosis, we can consider your claim. However, the process of gathering the evidence can sometimes take a long time, particularly if we need to establish that your condition is permanent.

To help us deal quickly with any claim, and because time limits apply, you should tell us as soon as you become aware that you are suffering a condition that might lead to a claim being made – even if you are not sure whether you will qualify for payment or not. The earlier you tell us, the sooner we will be able to make our enquiries and tell you whether your claim is likely to be successful or not.

You should tell us that you expect to be making a claim within the following time limits:

- **Critical Illness events** – 3 months of becoming aware of the event
- **Waiver of Premium benefit** – Please let us know within 14 weeks of the start of your illness or disability that you expect to be making a claim. You must advise us within 9 months of the start of your illness or disability for the Waiver claim to be valid.

Check your plan documents. This will tell you how much benefit you can claim under each category of critical illness event. A separate amount will apply to cover for your children.

Check the relevant definition for the medical procedure, illness or disability you are claiming for. This guide may help to explain some of the medical terminology used in the plan's terms and conditions. The guide is intended to help you understand the terms and conditions, but does not override or change them.

We will need independent confirmation of the details of your illness or disability, or, if you're claiming for a surgical procedure, that it has actually been carried out. We will usually obtain the confirmation we need from your own doctor, or from the specialist or consultant who cared for you in hospital.

For certain claims we will need to make sure that your disability is 'permanent' and that you are unlikely ever to recover. Depending on the circumstances, this often takes several months, sometimes more than a year, to establish.

**Remember, this plan does not provide life insurance. For all claims, the person covered must survive the critical illness event by at least 14 days.**

**Elixia 123 Personal Critical Illness Cover**

Your Guide to the Critical Illness Events covered by Elixia 123



## About Unum

Unum has been a leading player in the development of group critical illness cover since the concept was first introduced in the UK. Building on this experience we have pioneered a revolutionary new approach to personal critical illness cover.

Unum is also the UK's leading provider of income protection insurance, with over 35 years of experience.

Our income protection customers benefit from our expertise in the specialist areas of disability, rehabilitation and return-to-work. We enable individuals to protect their incomes, ensuring their financial security if they are unable to work because of illness or injury. For employers, we offer Group Income Protection policies which provide insurance cover for employees' salaries and safeguard one of their most valuable resources by helping employees return to work following long-term absence.

At the end of 2007, Unum protected in excess of 1.7 million lives. During 2007 we paid total benefit claims of £273 million – of which more than £190 million related to income protection claims.

Our US parent company, Unum Group, traces its history back to 1848 and is one of the leading providers of employee benefits products and services, and the largest provider of group and individual disability income protection insurance in the United States. Premium income for Unum Group and its subsidiaries exceeded \$7.9 billion in the year ended 31 December 2007, with reported revenues for the group exceeding \$10.5 billion. Total assets were \$52.4 billion at 31 December 2007.

For more information visit

[unum.co.uk](http://unum.co.uk)

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