*Translated from Lithuanian*

# ERGO Life Insurance SE
# Additional Critical Illness Insurance Policy No. 011
**Valid from 10.20.2014**

## 1. Principle Definitions

**Insurer** – ERGO Life Insurance SE.
**Policyholder** – an adult natural person or a legal person who has concluded an insurance agreement with the Insurer.
**Coverage** – obligation of the Insurer to pay insurance benefit upon occurrence of an insured event.
**Parties** – the Insurer and the Policyholder.
**Insured Person** – a person named by the Policyholder and indicated in the insurance agreement, to whom the Insurer is obliged to pay the insurance benefit upon occurrence of the insured event.

## 2. Conclusion of the Insurance Agreement

2.1. A person can be insured by additional critical illness cover (hereinafter the additional insurance) in combination with the main insurance, unless otherwise indicated in the agreement. The main insurance is the insurance of any type of life insurance cover of the Insurer.

2.2. The additional insurance shall be inseparable and invalid without the main insurance. The validity of the additional insurance ends at the end of the premium payment period of the main insurance, unless otherwise indicated in the agreement. The policy of the main insurance shall apply to the additional insurance to the extent that it does not contradict the provisions of the additional critical illness insurance cover.

2.3. If the Policyholder wishes to add an additional insurance to the insurance agreement, a written application shall be presented to the Insurer. The Insured Person shall fill in the standard questionnaires, if required by the Insurer. Upon conclusion of the insurance agreement, the application of the Policyholder and the questionnaires, together with the present insurance policy, shall become an integral part of the insurance agreement.

2.4. Having assessed the insurance risk, the Insurer may reject the additional insurance without indication of the reasons. If the insurance premium was paid before the assessment of the insurance risk and the Insurer’s refusal of the insurance, such premium shall be returned to the payer. If an insured event indicated in the present insurance policy occurs during this period, the Insurer shall not be obliged to pay the insurance benefit.

2.5. The additional insurances agreed upon by the parties shall be indicated in the insurance certificate or its annexes.

## 3. Insured Event

3.1. The insured event is a critical illness of the Insured Person supported by medical documentation and corresponding to the list of critical illness indicated in the insurance policy and the present insurance cover annexes, as well as to the criteria for diagnosis of the critical illnesses.

## 4. Uninsurable Events and Uninsurable Persons

4.1. Uninsurable events, the occurrence of which the insurance benefit shall not be paid:
a) diagnosis does not comply with all the diagnosis criteria of a corresponding critical illness indicated in the present insurance policy annexes;
b) the critical illness manifested within the first 3 months from the date of commencement of the critical illness insurance established in the insurance certificate;
c) the critical illness manifested due to the nuclear effect (except the consequences of radiation therapy);
d) the critical illness was caused by self-inflicted injuries or during a suicide attempt;
e) the critical illness was caused by the self-inflicted injuries of the Insured Person by the Policyholder or the beneficiary of the insurance benefits (actions committed with direct or indirect intentions);
f) the critical illness manifested as a result of the criminal activities of the Insured Person or attempts to commit them, or due to any other illegal actions;

g) the critical illness occurred due to an event related to the declaration of war or a state of emergency, military actions, rebellion, riot, internal unrest, strikes of workers, lock-outs, apprehensions and arrests carried out by state institutions and officials, military service, and participation in peacekeeping missions;

h) the critical illness occurred due to the use of alcohol, drugs or toxic, psychotropic and other substances having an effect on a person's state of mind taken for the purposes of intoxication, or due to the effect of potent medicine which was not prescribed by a doctor;

i) the critical illness occurred due to the involvement in dangerous sports or leisure activities of the Insured Persons (extreme sport branches, combat sports, diving, mountaineering, parachute jumping, aviation sport, gliding, air-ballooning, automobile and motorbike races, etc.), unless otherwise indicated in the agreement;

j) the Insured Person was diagnosed with the following malignant tumours: malignant skin tumour, chronic lymphocytic leukaemia, stage I lymphogranulomatosis, stage I prostate cancer, initial stages of unexpanded localised (carcinoma in situ) malignant tumour;

k) the Insured Person is diagnosed with any type of tumour, when the Insured Person is HIV infected or suffers from AIDS;

l) the Insured Person has diagnosed congenital defects (applicable only to persons insured according to Annex No. 2 under the list of critical illnesses in children);

m) the critical illness of the Insured Person was the cause of death, which occurred one month following diagnosis of the critical illness (applicable only to persons insured according to Annex No. 1 under the list of the main critical illnesses).

4.2. The insurance benefit shall not be paid if the critical illness occurred due to causes which manifested during the period the coverage was not in effect. If the coverage was suspended or terminated, it shall resume its validity for the insured events of the critical illnesses in 3 months following the renewed date of validity of the coverage.

4.3. Persons uninsurable by the additional critical illnesses insurance:

- Individuals affected or have been diagnosed with the critical illnesses:
- AIDS patients or HIV virus carriers;
- individuals suffering from atherosclerosis, pancreatic diabetes, chronic acute haematic, renal and respiratory diseases;
- psychiatric patients and those suffering from chronic severe nervous diseases;
- individuals abusing various intoxicating, toxic, and narcotic substances, medicines and alcohol;
- Persons submitted to a special correctional institution or serving an incarceration sentence and persons undergoing compulsory medical treatment.

## 5. Insurance Object

5.1. The insurance object is the property interest associated with the Insured Person's critical illness.

5.2. Lists of the critical illnesses are provided in Annex 1 and Annex 2 of the present insurance policy. The insurance agreement indicates which of the lists of critical illnesses shall be applicable to the Insured Person, and for which period. The list of critical illnesses in children shall be valid until a child reaches the age of 18, unless otherwise provided for in the agreement. From the age of 18 the main list of critical illnesses shall be applicable to the Insured Persons, unless otherwise stipulated in the agreement.

## 6. Coverage Amount

6.1. Coverage amounts for the critical illness agreed upon by the parties to the agreement shall be specified in the insurance certificate.

6.2. If the critical illness of the Insured Persons is recognised as the insured event, the coverage amount of this person's critical illnesses shall be paid. The coverage amount, according to each insurance of the Insured Persons, shall be paid in a lump sum independent of the number of critical diseases and their recurrence.

## 7. Procedure of Calculation and Payment of the Insurance Premiums

7.1. The insurance premium shall be calculated according to the chosen coverage amount, insurance period, age of the Insured Person and other risk factors. The Insurer, depending on the degree of the insurance risk of the Insured Person, can propose an additional insurance to the Policyholder with the application of different insurance premium rates.

7.2. Insurance premiums for the additional insurance shall be paid at the same frequency and in the same period as the main insurance, unless otherwise specified in the agreement. Additional

insurance premiums shall be paid at the same time as the main insurance premiums, and policy of the main insurance shall be valid for their payment procedure.

7.3. Insurance premiums shall be paid until the Insurer's decision to accept the insurance event is made. After making such decision, the Policyholder shall return the insurance premiums which were paid in the period from the diagnosis of the critical illness to the day of acceptance of the insured event to the Policyholder.

7.4. If the Insurer receives all the documents required in accordance with Article 12, the Insurer may postpone payment of the insurance premiums for the main and additional insurances until the decision on recognition of the insured event is made.

### 8. Non-payment of Insurance Premiums

8.1. If the Policyholder fails to pay the insurance premium due, or a part thereof, at the time stipulated in the insurance agreement, the Insurer shall inform the Policyholder about it in writing at the expense of the Policyholder. If the Policyholder fails to pay the insurance premium within 30 days from the day of dispatch of the notification, the insurance coverage shall be suspended, and it shall be renewed only when the Policyholder covers the insurance premium debt.

### 9. Validity of Additional Insurance

9.1. The additional insurance shall be valid only in combination with the main insurance (see section 2.1) agreement. The additional insurance shall be valid until the end of the premium payment period of the main insurance, unless otherwise provided for in the insurance agreement.

9.2. The additional insurance coverage shall come into force once the first premium is paid and in a 3-month period following the date of commencement of the additional insurance specified in the insurance certificate. The additional insurance coverage shall not be enforced if, according to the insurance agreement, there are outstanding insurance premiums for the main insurance and the additional insurances.

9.3. Validity of the additional insurance of the Insured Person stops:
a) upon recognition of the Insured Person‘s critical illness as the insured event;
b) upon expiration or termination of the main insurance;
c) upon the end of the validity of the additional insurance.

### 10. Pre-Contractual Rights and Duties of the Parties to the Insurance Agreement

10.1. The Insurer shall be obliged to familiarise the Policyholder with the present insurance regulations and the insurance premium rates. The Insurer shall be obliged to provide any other information related to the insurance agreement, which the Insurer is obliged to provide in accordance with the laws of the Republic of Lithuania.

10.2. During the conclusion of the insurance agreement and its validity, the Policyholder shall be obliged to provide thorough and correct information about the Insured Persons. During the conclusion and validity of the insurance agreement, when filling out an application for conclusion or modification of the insurance agreement, notification about the insured event, returning the questionnaires, forms or additional questions of the Insurer, the Policyholder and the Insured Person shall be obliged to provide all information known to them, which is required for the Insurer to assess the insurance risk and to establish the circumstances which may have significant influence on the probability of the occurrence of the insured event, to examine the insured event and for the establishment of the amounts of the insurance premiums and insurance benefits, and other circumstances that are substantial for the insurance agreement. The Policyholder shall be obliged to inform the Insurer in writing about the increased insurance risk, including any changes of the information about the Insured Person's health condition, treatments and current activities.

10.3. The Insurer shall issue insurance in the expectation that the Policyholder and the Insured Persons provided thorough and truthful answers in all the applications, forms and questionnaires of the Insurer provided for the main and additional insurance, especially those related to existing or previous illnesses, health impairments and disabilities, bad habits, hereditary diseases, current activities and hobbies.

10.4. If after conclusion of the insurance agreement, it becomes known that during the conclusion of the insurance agreement or its validity, either the Policyholder or the Insured Person provided insufficient or false information about the Policyholder, the Insured Person or about other circumstances which are able to significantly affect assessment of the insurance risk, establishment of the insurance premiums and the coverage amount, it shall be considered to be a gross violation of the conditions of the insurance agreement and the Insurer shall have the

right to terminate the insurance agreement or the additional insurance, or to reduce the insurance benefit, or to refuse its payments, with the exception of such cases when the circumstances withheld by the Policyholder and/or the Insured Person ceased to exist before the insured event or did not have any influence on the insured event.

10.5. The Policyholder shall be obliged to inform the Insured Person or his/her authorised representative about the concluded insurance agreement, and to introduce them to their rights and duties specified in the insurance agreement. If the insurance agreement is modified, the Policyholder shall be obliged to provide information about any modifications of the insurance agreement to the persons indicated in the present section.

10.6. Upon the request of the Insurer, the Insured Persons shall be obliged to undergo a medical check-up by the doctors indicated by the Insurer. The Insurer shall have the right to demand from the Policyholder compensation of the expenses of the medical check-up of the Insured Person carried out on the account of the Insurer, if the Policyholder refuses to include the additional insurance into the insurance agreement or fails to pay the first insurance premium for the additional insurance.

## 11. Rights and Duties of the Parties during the Validity Period of the Insurance Agreement

11.1. All notifications related to the insurance agreement shall always be presented in writing. For the Insurer such notifications shall come into force from the moment of receipt. Intermediaries acting on behalf of the Insurer shall not be authorised to receive the notifications.

11.2. If the Policyholder, the Insured Person or any other person claiming the benefit consciously or negligently fail to perform the requirements established in Article 12, the Insurer shall have the right not to recognise the insured event. However, this provision shall not be applicable if negligent non-performance of the obligations does not prevent the establishment of the insured event.

## 12. Procedure of Establishment of the Insurance Benefits

12.1. The Insurer shall be informed about the critical illness within 30 days from the date of diagnosis of the critical illness.

12.2. The Insurer shall pay the insurance benefits once the insurance certificate is presented, as along with the documents issued by a health care institution supporting the critical illness: a detailed excerpt issued by a doctor about the illness, course, tests, treatment and any surgery performed.

12.3. Seeking to establish whether it is appropriate to pay the insurance benefit, the Insurer may require any additional documents and/or evidence, interview all the doctors and medical institutions where the Insured Person was treated, order any required medical tests or appoint a medical examination.

12.4 If the coverage amount of the critical illness was increased and the Insured Person's diagnosis was issued within the first three months from the date of the increase of the coverage amount, the insurance benefit for the critical illness shall be such as the coverage amount for the critical illness valid before the increase.

12.5. Evidence of criminal activities or abetment of such, or any other illegal conduct, action or absence thereof shall, according to section 4.1 f), be proven by the conclusions, procedural decisions and/or court rulings, judgements, decisions and decrees of the pre-trial institutions and bodies authorised to examine the administrative law cases, which the Insurer may rely upon when adopting a decision on recognition of the event as uninsurable or refusing to pay the insurance benefit.

## 13. Payment of Insurance Benefits

13.1. The insurance benefit in the case of additional critical illness insurance shall be paid by the Insurer to the Insured Person, unless otherwise agreed upon. If the Insured Person is a minor or incapacitated, the benefits shall be paid only to the bank account opened on behalf of this individual.

13.2. The Insurer shall pay the insurance benefit within 30 days from the date in which full information substantial for the establishment of the fact of the insured event, circumstances and consequences (including additional information from the law enforcement institutions, health care institutions, etc.) is presented. If there are any ongoing law enforcement institution investigations or court proceedings in relation to the insured event, the Insurer shall have the right to postpone the decision on the insurance benefit until the end of the investigation or court

proceedings. The decision on whether the received information is sufficient to recognise the insurable event and establish the sum of the benefit shall be made by the Insurer.

13.3. The Insurer shall pay the insurance benefit to the beneficiary at the expense of the latter. The benefits shall be transferred to the account indicated by the beneficiary. When the benefits are transferred abroad, the beneficiary shall undertake any related risks and costs (currency exchange, transfer fees, damages, late payment, etc.).

13.4. The Insurer shall pay the insurance benefits in the national currency according to the national currency and the insurance agreement currency exchange rate established by the Bank of Lithuania valid on the day of payment of the benefit. The Insurer shall have the right to lower the insurance benefit by the amount of unpaid premiums of the main insurance and the additional insurances included into the insurance agreement, and to deduct the unpaid amounts related to the conclusion and performance of the insurance agreement in the procedure established by the Insurer.

**14. Early Termination of the Additional Insurance Agreement**

14.1. The Policyholder shall have the right to terminate the additional insurance, having informed the Insurer about it in writing not later than one month prior to the expected date of termination of the insurance.

14.2. When the additional insurance is terminated at the initiative of the Insurer due to the fault of the Policyholder upon violation of the terms and conditions of the insurance agreement, the insurance premiums shall not be returned to the Policyholder.

14.3. When the additional insurance is terminated upon the initiative of the Policyholder, except in cases specified in section 14.4, the insurance premiums shall not be returned to the Policyholder.

14.4. When the additional insurance is terminated at the initiative of the Policyholder, due to the fault of the Insurer upon violation of the terms and conditions of the insurance agreement, the insurance premiums for the remaining period of validity of the additional insurance shall be returned to the Policyholder.

14.5. If the main insurance is dissolved due to an uninsurable event, the Insurer shall return the insurance premiums paid for the remaining period of validity of the additional insurance.

**15. Amendments to the Insurance Agreement**

15.1. If the coverage amount or the insurance period of the main insurance is modified, the additional insurance can continue its validity under the conditions specified by the Insurer.

15.2. If, due to non-payment of the insurance premiums, the insurance coverage was suspended, its validity shall be renewed on the day following the day the payment of all the insurance premiums for the main insurance and the additional insurances included into the insurance agreement, which were not paid within the established period, is made. If the Policyholder fails to provide payment of the insurance premiums within 6 months from the day of suspension of the insurance coverage, it can be renewed only with the consent of the Insurer and on the insurance conditions specified by the Insurer.

15.3. Depending on the development of medical science or changes in morbidity, the Insurer shall have the right to unilaterally modify the definitions of the critical illnesses and/or criteria for diagnosis. The Insurer shall have the right to modify the conditions of the additional insurance, having informed the Policyholder about it in writing not later than within one month prior to the expected date of modifications of the insurance conditions. If the Policyholder disagrees with such modifications of the insurance conditions, the additional insurance shall be terminated on the expected date of the modification of the insurance conditions and the paid insurance premiums for the remaining period of validity of the additional insurance shall be returned to the Policyholder.

**16. Liability for Violations of the Insurance Policy Conditions**

16.1. If the Policyholder fails to pay the insurance premium or any other amount due in accordance with the insurance agreement within the established period, upon the request of the Insurer, the Policyholder shall be obliged to pay penalty charges to the Insurer in the amount of 0.02% of the delayed amount for each day of delay.

16.2. If the Insurer fails to pay the insurance benefits within the established period, the Insurer shall be obliged to pay penalty charges to the Policyholder in the amount of 0.02% of the delayed amount for each day of delay.

## Annex 1 to Additional Critical Illness Insurance Policy No. 011

**Main list of critical illnesses (for Insured person in age up 18 to 65):**

1. Cancer
2. Myocardial Infarction (Heart Attack)
3. Stroke
4. Coronary Artery Bypass Graft Surgery (CABG)
5. End-stage Renal Disease
6. Paralysis of Limbs
7. Profound Vision Loss
8. Multiple Sclerosis
9. Major Organ or Bone Marrow Transplantation
10. Heart Valve Surgery
11. Surgery of the Aorta
12. Alzheimer's Disease
13. Benign Brain Tumor
14. Deafness
15. Loss of Speech
16. Third Degree Burns
17. Idiopathic Parkinson's Disease

**Definitions of the critical diseases and diagnostic criteria**

**1. Cancer**

Excluding less advanced stages.
Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The diagnosis must be confirmed by a Specialist.
Unless not specifically excluded, leukaemia, malignant lymphoma and myelodysplastic syndrome are covered under this definition.

For the above definition, the following are not covered:
- Any tumour histologically classified as pre-malignant, non-invasive or carcinoma in situ (including ductal and lobular carcinoma in situ of the breast and cervical dysplasia CIN-1, CIN-2 and CIN-3)
- Any prostate cancer 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 having progressed to at least Binet Stage B
- Basal cell carcinoma and squamous cell carcinoma of the skin and malignant melanoma stage IA (T1aN0M0) unless there is evidence for metastases
- Papillary thyroid cancer less than 1 cm in diameter and histologically described as T1N0M0
- Papillary micro-carcinoma of the bladder histologically described as Ta
- Polycythemia rubra vera and essential thrombocythemia
- Monoclonal gammopathy of undetermined significance
- Gastric MALT Lymphoma if the condition can be treated with Helicobacter- eradication
- Gastrointestinal stromal tumour (GIST) stage I and II according to the AJCC Cancer Staging Manual, Seventh Edition (2010)
- Cutaneous lymphoma unless the condition requires treatment with chemotherapy or radiation
- Microinvasive carcinoma of the breast (histologically classified as T1mic) unless the condition requires mastectomy, chemotherapy or radiation
- Microinvasive carcinoma of the cervix uteri (histologically classified as stage IA1) unless the condition requires hysterectomy, chemotherapy or radiation.

**2. Myocardial Infarction (Heart Attack)**

A myocardial infarction is death of heart tissue due to prolonged obstruction of blood flow. Under this definition, myocardial infarction is evidenced by a rise and/or fall of cardiac biomarkers (troponin or CKMB) to levels considered diagnostic of myocardial infarction together with at least two of the following criteria:
- Symptoms of ischaemia (like chest pain)
- Electrocardiogram (ECG) changes indicative of new ischaemia (new ST-T changes or new left bundle brunch block)
- Development of pathological Q waves in the ECG
The diagnosis must be confirmed by a Consultant Cardiologist.

For the above definition, the following are not covered:
- Acute coronary syndrome (stable or unstable angina)
- Elevations of troponin in the absence of overt ischemic heart diseases (e.g. myocarditis, apical ballooning, cardiac contusion, pulmonary embolism, drug toxicity)
- Myocardial infarction with normal coronary arteries or caused by coronary vasospasm, myocardial bridging or drug abuse
- Myocardial infarction that occurs within 14 days after coronary angioplasty or bypass surgery

**3. Stroke**

Resulting in permanent symptoms.
Death of brain tissue due to an acute cerebrovascular event caused by intracranial thrombosis or haemorrhage (including subarachnoid haemorrhage), or embolism from an extracranial source with
- acute onset of new neurological symptoms, and
- new objective neurological deficits on clinical examination.

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

For the above definition, the following are not covered:
- Transient Ischaemic Attack (TIA) and Prolonged Reversible Ischaemic Neurological Deficit (PRIND);
- Traumatic injury to brain tissue or blood vessels
- Neurological deficits due to general hypoxia, infection, inflammatory disease, migraine or medical intervention
- Incidental imaging findings (CT- or MRI-scan) without clearly related clinical symptoms (silent stroke)

**4. Coronary Artery Bypass Graft Surgery (CABG)**

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

For the above definition, the following are not covered:
- Bypass surgery to treat narrowing or blockage of one coronary artery
- Coronary angioplasty or stent-placement

**5. End-stage Renal Disease**

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

For the above definition, the following are not covered:
- Acute reversible kidney failure with temporary renal dialysis

**6. Paralysis of Limbs**

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

For the above definition, the following are not covered:
- Paralysis due to self-harm or psychological disorders
- Guillain-Barré-Syndrome
- Periodic or hereditary paralysis

**7. Profound Vision Loss**

Irreversible.
Profound vision loss of both eyes resulting from either disease or trauma that cannot be corrected by refractive correction, medication, or surgery. Profound vision loss is evidenced by either a visual acuity of 3/60 or less (0.05 or less in the decimal notation) in the better eye after best correction or a visual

field of less than 10° diameter in the better eye after best correction. The diagnosis must be confirmed by a Consultant Ophthalmologist.

**8. Multiple Sclerosis**

With persistent symptoms.
Definite diagnosis of multiple sclerosis, which must be confirmed by a Consultant Neurologist and supported by all of the following criteria:
- Current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months
- Magnetic resonance imaging (MRI) showing at least two lesions of demyelination in the brain or spinal cord characteristic of multiple sclerosis

For the above definition, the following are not covered:
- Possible multiple sclerosis and neurologically or radiologically isolated syndromes suggestive but not diagnostic of multiple sclerosis
- Isolated optic neuritis and neuromyelitis optica

**9. Major Organ or Bone Marrow Transplantation**

The undergoing as a recipient of an allograft or isograft transplant of one or more of the following:
- Heart
- Kidney
- Liver (including split liver and living donor liver transplantation)
- Lung (including living donor lobe transplantation or single-lung transplantation)
- Bone marrow (allogeneic hematopoietic stem cell transplantation preceded by total bone marrow ablation)
- Small bowel
- Pancreas

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

For the above definition, the following are not covered:
- Transplantation of other organs, body parts or tissues (including cornea and skin)
- Transplantation of other cells (including islet cells and stem cells other than hematopoietic)

**10. Heart Valve Surgery**

Including minimally invasive and catheter-based procedures.
The undergoing of surgery to replace or repair one or more defective heart valves. The following procedures are covered under this definition:
- Heart valve replacement or repair with full sternotomy (vertical division of the breastbone), partial sternotomy or thoracotomy
- Ross-Procedure
- Catheter-based valvuloplasty
- Transcatheter aortic valve implantation (TAVI)

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

For the above definition, the following are not covered:
- Transcatheter mitral valve clipping

**11. Surgery of the Aorta**

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

For the above definition, the following are not covered:
- Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
- Surgery following traumatic injury to the aorta

**12. Alzheimer's Disease (before age 65)**

Requiring constant supervision.
A definite diagnosis of Alzheimer's disease evidenced by all of the following:
- Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning
- Personality change
- Gradual onset and continuing decline of cognitive functions
- No disturbance of consciousness
- Typical neuropsychological and neuroimaging findings (e.g. CT scan)

The disease must require constant supervision (24 hours daily) [before age 65]. The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:
- Other forms of dementia due to brain or systemic disorders or psychiatric conditions

**13. Benign Brain Tumor**

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

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

For the above definition, the following are not covered:
- The diagnosis or treatment of any cyst, granuloma, hamartoma or malformation of the arteries or veins of the brain
- Tumours of the pituitary gland

**14. Deafness**

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

**15. Loss of Speech**

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

For the above definition, the following are not covered:
- Loss of speech due to psychiatric disorders

**16. Third Degree Burns**

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

For the above definition, the following are not covered:
- Third-degree burns due to self-inflicted injury
- Any first- or second-degree burns

**17. Idiopathic Parkinson's Disease (before age 65)**

Resulting in permanent loss of physical abilities.
A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:

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

Idiopathic Parkinson's disease must result [before age 65] in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months despite adequate drug treatment.
Activities of Daily Living are:
- Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

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

For the above definition, the following are not covered:
- Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
- Essential tremor
- Parkinsonism related to other neurodegenerative disorders

## Annex 2 to Additional Critical Illness Insurance Policy No. 011

**The list of critical illnesses in children (for Insured person in age up 2 to 17):**

1. Cancer
2. Major Organ or Bone Marrow Transplantation
3. Paralysis of Limbs
4. Profound Vision Loss
5. Deafness
6. Major Head Trauma

**Definitions of the critical diseases and diagnostic criteria**

**1. Cancer**

Excluding less advanced stages

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The diagnosis must be confirmed by a Specialist.
Unless not specifically excluded, leukaemia, malignant lymphoma and myelodysplastic syndrome are covered under this definition.

For the above definition, the following are not covered:
- Any tumour histologically classified as pre-malignant, non-invasive or carcinoma in situ (including ductal and lobular carcinoma in situ of the breast and cervical dysplasia CIN-1, CIN-2 and CIN-3)
- Any prostate cancer 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 having progressed to at least Binet Stage B
- Basal cell carcinoma and squamous cell carcinoma of the skin and malignant melanoma stage IA (T1aN0M0) unless there is evidence for metastases
- Papillary thyroid cancer less than 1 cm in diameter and histologically described as T1N0M0
- Papillary micro-carcinoma of the bladder histologically described as Ta
- Polycythemia rubra vera and essential thrombocythemia
- Monoclonal gammopathy of undetermined significance
- Gastric MALT Lymphoma if the condition can be treated with Helicobacter- eradication

- Gastrointestinal stromal tumour (GIST) stage I and II according to the AJCC Cancer Staging Manual, Seventh Edition (2010)
- Cutaneous lymphoma unless the condition requires treatment with chemotherapy or radiation
- Microinvasive carcinoma of the breast (histologically classified as T1mic) unless the condition requires mastectomy, chemotherapy or radiation
- Microinvasive carcinoma of the cervix uteri (histologically classified as stage IA1) unless the condition requires hysterectomy, chemotherapy or radiation.

**2. Major Organ or Bone Marrow Transplantation**

The undergoing as a recipient of an allograft or isograft transplant of one or more of the following:
- Heart
- Kidney
- Liver (including split liver and living donor liver transplantation)
- Lung (including living donor lobe transplantation or single-lung transplantation)
- Bone marrow (allogeneic hematopoietic stem cell transplantation preceded by total bone marrow ablation)
- Small bowel
- Pancreas

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

For the above definition, the following are not covered:
- Transplantation of other organs, body parts or tissues (including cornea and skin)
- Transplantation of other cells (including islet cells and stem cells other than hematopoietic)

**3. Paralysis of Limbs**

Total and irreversible

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

For the above definition, the following are not covered:
- Paralysis due to self-harm or psychological disorders
- Guillain-Barré-Syndrome
- Periodic or hereditary paralysis

**4. Profound Vision Loss**

Irreversible

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

**5. Deafness**

Permanent and irreversible

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

**6. Major Head Trauma**

Severe traumatic open or closed damage to the brain tissue leading to severe and permanent impairment. The degree of impairment measured by the standardized AMPS Tool (Assessment of Motor and Process Skills) is classified as being severe. The affected child thus has not been able to perform at least 3 out of 6 Activities of Daily Living for a continuous period of at least 12 months and despite expected development will neither be able to within the next 2 years.
The Activities of Daily Living are:

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

The diagnosis must be confirmed by a Consultant Neurologist or Neurosurgeon and supported by specific test results and imaging findings (MRI, CT).

For the above definition, the following are not covered:
- Any sequels to brain damage inflicted by domestic violence (e.g. Shaken baby syndrome)
- Any sequels to brain damage due to self-inflicted violence, alcohol or drugs