LIFE AND DISABILITY

Generali Worldwide Offering financial support upon diagnosis of a Critical Illness



GROUP CRITICAL ILLNESS

To provide a Lump Sum Benefit in the event of an Employee being diagnosed with an insured Critical Illness whilst in employment.

Options	Standard Cover	Alternative Cover
Benefit*	Multiple of salary	Fixed monetary amount
Coverage Termination Age	65	Age 65 is our maximum age for this cover
Coverage options	7 Core Illnesses	Core Illness plus Extended Illnesses (an additional 15 illnesses)
Survival Period	To be a valid claim, the member must survive a 14 days waiting period following Diagnosis	
Exclusions	Cover is not available for Pre-Existing, Congenital or Hereditary Conditions or where the Member suffered from an Associated Condition prior to joining the scheme, regardless of whether any treatment had been administered and/or Diagnosis made in respect thereof.	

^{*}Benefit is restricted to a maximum of £1 million (or currency equivalent).

Child Critical Illness

Child's Critical Illness cover is included free of charge for an amount equal to 25% of the Member's Benefit up to a maximum of £15,000 (or currency equivalent).

Spouse Critical Illness

Additional cover is available for the Employee's Spouse up to a maximum of £20,000 (or currency equivalent) subject to an additional premium.

Definitions

Diagnosis

The definitive Diagnosis made by a Physician, based upon specific evidence as referred to in the definition of the diagnosed illness under the Group Critical Illness cover, or in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to us.

Critical Illness

Diagnosis of one of the illnesses set out under Core Illnesses or Extended Illnesses in the tables below and across:

Core Illnesses

- Cancer
- Coronary Artery
- Bypass Surgery
- Heart Attack
- Kidney Failure
- Major Organ
- Transplant
- Multiple SclerosisStroke

- Extended illnesses Core Illnesses plus:
- Aorta Graft Surgery
- Alzheimer's
- Disease/ Dementia
- Benign Brain
- Tumour
- Blindness
- Coma
- Coma
- Creutzfeldt-Jacob
 - Disease

- Deafness
- Heart Valve Replacement or Repair
- Loss of Limbs
- Loss of Speech
- Motor Neurone Disease
- Paralysis/Paraplegia
- Parkinson's Disease
- Terminal Illness
- Third Degree Burns

Office: Generali Worldwide, 2nd Floor, Campbell Maritime Centre, West Bay Street, Nassau, Bahamas.

Mailing Address: Generali Worldwide, P.O. Box AP-59217, Slot 2052, Nassau, Bahamas. Licensed by the Insurance Commission of the Bahamas to carry on long-term insurance business in the Commonwealth of the Bahamas. T +1 242 328 6330 F +1 242 328 5972 salesbahamas@generali-worldwide.com

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GENERALI WORLDWIDE GROUP CRITICAL ILLNESS APPENDIX

Core Illnesses

Cancer

Presence of a malignant tumor, characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue. Diagnosis of cancer must be made by a pathologist and supported by histopathological evidence of malignancy. The following tumors are excluded:

- Tumors showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or which are histologically described as premalignant or non-invasive;
- Melanomas of Stage IA in the TNM classification (maximum thickness <= 1.0 mm, no ulceration) according to the new American Joint Committee of Cancer classification of 2010;
- All skin cancers, including hyperkeratoses, basal cell carcinomas, squamous cell carcinomas;
- Any cancer in the presence of any HIV.

Coronary Artery **Bypass Surgery**

The undergoing of an open heart surgery to correct the narrowing of, or blockage to, two or more coronary arteries by means of a by-pass graft. Percutaneous coronary interventions such as angioplasty and all other intraarterial, catheter based techniques or laser procedures are excluded.

Heart Attack

Death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. The diagnosis shall be supported if three of the following four criteria are

- History of typical chest pain; i)
- Confirmatory new electrocardiogram (ECG) changes ii) diagnostic for myocardial necrosis;
- Diagnostic elevation of cardiac enzymes or Troponins recorded at the following levels or higher
 - Troponin T > 1.0 ng/ml
 - Accu Tnl > 0.5 ng/ml, or equivalent thresholds with other Troponin I methods:
- Left ventricular ejection fraction less than 50% measured three months or more after the event. The evidence must show a definite acute myocardial infarction and the diagnosis must be confirmed by a consultant cardiologist.

The following are excluded:

- Angina i)
- Other acute coronary syndromes

Kidney Failure

End-stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular and long term renal dialysis is instituted.

Major Organ **Transplant**

The actual undergoing as a recipient of a human-to-human transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- ii) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ; or
- Inclusion on an official waiting list for such a procedure.

The transplant must be medically necessary and based on objective confirmation of organ failure. The transplantation of all other organs, parts of organs or any other tissue or cells transplant is excluded.

Multiple Sclerosis Multiple Sclerosis is characterised by areas of demyelisation of the central nervous system. The diagnosis must be made by a consultant neurologist. Diagnosis has to be confirmed by CT or MRI evidence of lesions of the central nervous system. Diseases of the central nervous system due to other causes (e.g. diseases of blood vessels or bacterial or viral diseases) must be unequivocally excluded.

> Documentation of the disease by the neurologist must show Permanent Neurological Deficit, which must be diagnosed no sooner than 180 days from the date of first occurrence.

Stroke

An abrupt onset of focal neurological deficit due to a cerebrovascular incident including infarction of brain tissue, haemorrhage from an intracranial vessel or embolisation from an extracranial source resulting in all of the following:

- Symptoms lasting more than 24 hours;
- Permanent loss of motor or sensory function, or loss of speech: and
- iii) Permanent Neurological Deficit.
- A neurologist must confirm evidence of Permanent Neurological Deficit at the earliest of 180 days from the date of first occurrence and no claims can be admitted earlier. Claims must be confirmed by imaging studies such as CT or MRI evidence
- The following situations are excluded:
 - Transient ischaemic attacks;
 - Incidents resulting in changes in memory or personality;
 - Cerebral symptoms due to migraine;
 - Cerebral injury resulting from trauma or hypoxia; and
 - Ischaemic vascular disease affecting the eye, optic nerve or vestibular system.



Extended illnesses - Core Illnesses plus:

Aorta Graft Surgery

The actual undergoing of surgery via a thoracotomy or laparotomy for disease of the aorta needing repair or surgical replacement of the diseased aorta with a graft. For the purposes of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta and surgery performed using endarterial techniques only are specifically excluded.

Alzheimer's Disease/ Dementia

Deterioration or loss of intellectual capacity or abnormal behavior due to irreversible global failure of brain functioning, as evidenced by the clinical state and accepted standardized questionnaires or tests, arising from Alzheimer's Disease or irreversible organic disorders of the brain, excluding neurosis, psychiatric illness and any drug or alcohol related organic disorder, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Member. The Diagnosis must be clinically confirmed by an appropriate consultant and at least one of the following diagnostic criteria must be met:

i) Entire atrophy of the cerebral cortex confirmed by CT or MRI;
 ii) Permanent inability of the Member to perform without assistance at least four of the Activities of Daily Living, certified and still existing after at least 180 days from the date of first occurrence.

Benign Brain Tumour

signs of increased intracranial pressure such as papilledema, mental symptoms, seizures and motor or sensory impairment as confirmed by a consultant neurologist, resulting in life-threatening and/or Permanent Neurological Deficit. The presence of the underlying tumour must be confirmed by imaging studies such as CT Scan or MRI.

A non-malignant tumor of the brain giving rise to characteristic

Cysts, calcifications, granulomas, malformations in or of the arteries or veins of the brain, haematomas, and tumours in the pituitary gland or spinal cord are excluded.

Blindness

Total, permanent and irreversible loss of sight in both eyes. The blindness must be confirmed by an ophthalmologist appointed by us.

No Benefit will be payable if any aid, device, or implant results in the partial or total restoration of sight.

Coma

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of life support systems for a period of at least one month and resulting in Permanent Neurological Deficit. Diagnosis must be supported by a consultant neurologist. Coma caused by the alcohol, drug or medicine abuse is specifically excluded.

Creutzfeldt-Jacob Disease:

Becoming permanently disabled through acquiring Creutzfeldt-Jacob disease to the extent of being unable to perform four of the six Activities of Daily Living.

Deafness

Means the total loss of hearing for all sounds in both ears. Medical evidence is to be supplied by an appropriate ear, nose and throat specialist Physician and to include audiometric and sound-threshold test. No Benefit will be payable if a hearing aid, device, or implant results in the partial or total restoration of hearing.

Heart Valve Replacement or Repair

The actual undergoing of open-heart surgery to replace or repair one or more of cardiac valves as a consequence of heart valve defects or abnormalities. All non-open heart surgeries and replacement of prosthetic valves are specifically excluded. The Diagnosis of heart valve abnormality must be supported by cardiac catheterisation or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

Loss of Limbs:

The total and permanent loss by physical separation of at least two limbs above the wrist or ankle. Injuries that are self-inflicted are excluded.

Loss of Speech:

Total permanent and irreversible loss of the ability to speak as a result of an accident or disease, which must be established for a continuous period of 12 months. Medical evidence is to be supplied by an appropriate ear, nose and throat specialist Physician and to confirm injury or disease to the vocal cords. All psychiatric related causes are specifically excluded. The condition must not be able to be corrected by medical procedure.

Motor Neurone Disease

Motor Neurone Disease of unknown aetiology as characterized by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones, including spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. Claims will only be admitted if the condition is confirmed by a neurologist as progressive and resulting in irreversible damage to the nervous system. MRI may be required to exclude other diseases.

Paralysis/ Paraplegia

The permanent and total loss of function of two or more 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). The disability must be permanent, established for a continuous period of 180 days from the date of first occurrence and be supported by appropriate neurological evidence. Self-inflicted injuries are excluded

Parkinson's Disease

Slowly progressive degenerative disease of the central nervous system as a result of loss of pigment containing neurones of the brain (substantia-nigra). Unequivocal diagnosis of Parkinson's Disease by a consultant neurologist must be provided stating that the condition cannot be controlled with medication and that it shows signs of progressive impairment. Moreover, Activities of Daily Living assessment must confirm the permanent inability of the Member to perform without assistance at least four of the Activities of Daily Living, certified and still existing after at least 180 days from the date of first occurrence. Only idiopathic Parkinson's Disease is covered. Drug-induced, toxic or other causes of Parkinsonism are excluded.

Terminal Illness

Advanced or rapidly progressing incurable disease where, in the opinion of an attending Consultant and our Chief Medical Officer, the life expectancy is no greater than 12 months. Acquired Immune Deficiency Syndrome (AIDS) is specifically excluded and not included in this definition.

Third Degree Burns

Tissue injury caused by thermal, electrical or chemical agents causing third degree or full thickness burns to at least 20% of the body surface area as measured by 'The Rule of 9' or the 'Lund and Browder Body Surface Chart'. Third degree burn means full thickness burn involving all the epithelial elements of the skin requiring skin graft.

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