

your guide to the illnesses covered by **skandia protect**

A close-up photograph of a person's hand holding a large quantity of small, white, oval-shaped pills. A single, larger green pill is also visible among the white ones. The background is a soft, out-of-focus green and white gradient.

enabling intelligent investment choice

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introduction

Skandia Protect offers you life cover and critical illness cover.

Your personal Key Features Illustration or policy schedule will show you the insurance and options you have chosen and how long you are insured for.

The policy terms contain details of Skandia Protect and definitions of the insurance, which often include medical terms. This is not to baffle you with jargon, but to reflect the terms used by the medical profession, which have precise meanings.

The information we receive from doctors when we are assessing a claim enables us to understand the extent and nature of your illness or disability.

This brochure gives you the definition of each of the illnesses and treatments we cover, together with an explanation in plain English, so you can be quite clear about what you are covered for.

purpose of this guide

When we assess your claim, we will use the medical information we receive to see whether your claim meets the relevant definition in the policy terms.

This guide explains each of the definitions and the language we use in the policy terms. Below each definition is an explanation, in plain English, of what it means. This should make it clearer to understand when we will pay a claim and, in some situations, why we will not.

If you think you need to claim for any reason, please contact us. Our claims team will be happy to help you. We publish a brochure called [your guide to making a claim](#) which also explains, in plain English, what happens when you make a claim. Your financial adviser can arrange for you to have a copy if you wish.



critical illness cover

meeting standards

Critical illness insurance covers a comprehensive list of conditions, each of which has its own definition. To bring clarity and reduce the possibility of customers being confused, the Association of British Insurers (ABI) publishes a set of standard definitions for 23 conditions.

Insurers who cover any of these conditions must comply with, or surpass, the ABI definition. These definitions apply to the critical illnesses most commonly covered by insurance policies.

For several of the conditions we cover, we offer a definition which gives you more cover than the basic ABI one used by most insurance companies. These conditions are:

- Aorta graft surgery for disease
- Coma resulting in permanent symptoms
- Heart valve replacement or repair
- HIV infection caught in the UK from a blood transfusion, a physical assault or at work

For all the illnesses, surgeries and treatments listed in the [explaining the critical illnesses](#) section, you can make a claim for the full amount of your cover. For the additional critical illness covers on page 17, we will pay the lower of £10,000 and 20% of your cover.

medical specialist

You will see that, in some definitions, we say we need information from a medical specialist. In these cases, the specialist will be a person who holds an appropriate appointment as a consultant or equivalent at a hospital in the UK, the Channel Islands or the Isle of Man and who has qualifications and experience that are acceptable to our Chief Medical Officer.

explaining the critical illnesses

Alzheimer's disease resulting in permanent symptoms

Policy definition

A definite diagnosis of Alzheimer's disease by a consultant neurologist, psychiatrist or geriatrician. There must be permanent clinical loss of the ability to do all of the following:

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

For the above definition, the following is not covered:

- Other types of dementia.

Explanation

Alzheimer's disease is the most common cause of dementia. It mainly occurs in the elderly and is a progressive condition, affecting the memory and the ability to think clearly. This can result in confusion and inability to recall recent events. At present the cause is unknown and there is no known cure.

aorta graft surgery for disease or injury

Policy definition

The undergoing of surgery for disease or traumatic injury 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.

For the above definition, the following are not covered:

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

Explanation

The aorta is the main artery that carries oxygenated blood from the heart around the body. It may become blocked by a build-up of material, or weakened by abnormal enlargement and thinning of its walls (an aneurysm). Either condition may require a graft using another blood vessel to replace the damaged portion.

Only the thoracic and abdominal parts of the aorta are covered because these are closest to the heart, where any blockage or weakening is more serious. The branches of the aorta are less critical and damage to these is not usually life-threatening.

If you need aorta graft surgery, you may prefer to have the operation privately rather than wait for NHS treatment. In this case, you can use our surgery cover. With this cover, we would pay some or all of your insurance to the hospital in advance and then any balance to you, after you have had the operation. For further details, please see page 22 or ask your financial adviser.

We cover graft surgery needed because of **traumatic injury to the aorta**, for example due to an accident, which is not included in the standard ABL definition.

aplastic anaemia with permanent bone marrow failure

Policy definition

A definite diagnosis of aplastic anaemia by a consultant haematologist. There must be permanent bone marrow failure with anaemia, neutropenia and thrombocytopenia.

At least one of the following treatments must be required:

- blood transfusion
- bone marrow transplant
- immunosuppressive agents
- marrow stimulating agents.

All other forms of anaemia are specifically excluded.

Explanation

Aplastic anaemia is a failure of the bone marrow to produce sufficient blood cells for the circulation. It develops during the patient's life. The patient lacks red and white blood cells and the platelets which are needed to prevent bleeding and bruising. The extent of the disease varies between patients, and the symptoms are slow to emerge. It is diagnosed by examining a sample of bone marrow.

It can happen at any age, but is more common in people aged between 10 and 20, and in people aged 40 or older. Successful treatment can take a long time.

bacterial meningitis resulting in permanent symptoms

Policy definition

An inflammation of the meninges due to bacterial infection and resulting in permanent neurological deficit with persisting clinical symptoms. Bacterial meningitis must have been unequivocally diagnosed by a consultant.

No other forms of meningitis, including viral, are covered.

Explanation

Bacterial meningitis is an inflammation of the membranes that surround the brain and spinal cord. In many cases, it is possible to recover fully from bacterial meningitis with no lasting ill-effects. However, if there were lasting effects, we would pay a claim.

benign brain tumour resulting in permanent symptoms

Policy definition

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.

For the above definition, the following are not covered:

- Tumours in the pituitary gland.
- Angiomas.

Explanation

This tumour is not malignant (that is, not cancerous). However, because of its location, it may put pressure on areas of the brain which, in turn, could make the tumour life-threatening. Other conditions that are not usually life-threatening are specifically excluded. The pituitary is a small gland at the base of the brain, and an angioma is a benign growth made up of small blood vessels.

blindness permanent and irreversible

Policy definition

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.

Explanation

Sometimes sight can be lost for a short time (perhaps following an accident) and then return, often after surgery. Before we would pay a claim, we would expect sight to have been lost from both eyes with no prospect of recovery.

A Snellen chart is the test an optician uses, where you are asked to read rows of letters. 3/60 is the measure when you can only see at three feet away what someone with perfect sight could see at 60 feet away.

We also include cover for **the loss of or loss of use of one eye**, or for **significant visual impairment** – see pages 18 and 19 for details.

cancer excluding less advanced cases

Policy definition

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.

The term malignant tumour includes leukaemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

- All cancers which are histologically classified as any of the following:
 - pre-malignant
 - non-invasive
 - cancer in situ
 - having either borderline malignancy or
 - having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.

- Any skin cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

Explanation

A malignant tumour is a growth that increases in size in an uncontrolled way, often spreading through the blood vessels or lymph glands to other parts of the body and eventually affecting the function of one or more organs.

Many cancers are now curable by removing or destroying the tumour and sufferers have a good chance of survival. However, cancer is still one of the biggest causes of death in the United Kingdom today. One example is lung cancer, where there is an abnormal growth in the lungs, which may block the airways and result in death.

Other cancers can affect the blood. For example, leukaemia is a cancer in which the patient becomes anaemic and grows progressively weaker because there are not enough red blood cells and/or haemoglobin in the blood.

Any tumour that is not spreading to other parts of the body is a benign tumour and not covered under this definition. However, a **benign brain tumour** is covered as a separate condition (see page 8).

Cancers described as pre-malignant, non-invasive or in situ are generally not life-threatening, as these are cancers at a very early stage which have not spread. An example would be cancer in situ of the cervix, which can be easily treated and cured.

We also include cover for **ductal carcinoma in situ resulting in mastectomy** and **low-grade prostate cancer** – see pages 18 and 19 for details.

cardiomyopathy of specified severity

Policy definition

A definite diagnosis by a consultant cardiologist of cardiomyopathy resulting in:

- permanently impaired ventricular function and marked limitation of physical activity where the life assured is unable to progress beyond stage 2 of a treadmill exercise test using the standard Bruce protocol; or
- classification as Stage III under the New York Heart Association (NYHA) Functional Classification.

For the purpose of this definition NYHA Stage III is classified as heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.

For the above definition, the following are not covered:

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

Explanation

Cardiomyopathy is a disorder affecting the muscle of the heart, the cause of which is unknown. It may result in enlargement of the heart, heart failure, abnormal rhythms of the heart (arrhythmias) or an embolism (blockage of a blood vessel).

An electrocardiograph (ECG) measures electrical impulses through the heart. An echocardiograph measures the shape and volume of the chambers of the heart. Together they are used to determine whether the symptoms are caused by cardiomyopathy.

The NYHA Function Classification is a measure used to classify the extent of heart failure.

We also cover **permanent pacemaker insertion** – see page 19 for more details.

coma resulting in permanent symptoms

Policy definition

A state of unconsciousness which:

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

The following is not covered:

- coma secondary to alcohol or drug abuse.

Explanation

It is not unusual to fall into a coma but regain consciousness after a short time, for example after an accident. If consciousness returns within three or four days, there is usually no permanent damage to the nervous system.

We would pay if the patient is on a life-support machine, with some permanent symptoms as a result.

If the coma were medically induced as part of some treatment, this would not be covered if it did not result in permanent neurological symptoms.

Unlike the standard definition, we **do not put a time limit on how long the person must be unconscious**.

coronary artery bypass grafts with surgery to divide the breastbone

Policy definition

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 bypass grafts.

Explanation

If one or more of the major blood vessels leading into the heart (the arteries) becomes blocked or narrowed due to a build up of material (atheroma), the blood supply to the heart is reduced. This puts extra strain on the heart and can cause problems such as pain and breathlessness during exercise (angina).

In more serious cases, without treatment, it is likely that the artery would continue to narrow and this may result in a heart attack if the blood supply cannot get through.

However, the symptoms can be lessened by creating a bypass so the blood does not flow through the blocked or narrow artery. This bypass surgery uses an artery or vein from elsewhere in the body, often from the leg. We cover this surgery when it is necessary to divide the breastbone to access the arteries.

If you need coronary artery bypass surgery, you may prefer to have the operation privately rather than wait for NHS treatment. In this case, you may prefer to use our surgery cover. With this cover, we would pay some or all of your insurance to the hospital in advance and then any balance to you, after you have had the operation. For further details, please see page 22 or ask your financial adviser.

Keyhole surgery is not covered under this definition, but we do cover some other types of surgery as a separate cover **keyhole coronary artery bypass surgery** – see page 18 for more details.

Balloon angioplasty and the other procedures excluded under this definition are covered separately by **angioplasty for coronary artery disease of specified severity** – see page 17 for more details.

Creutzfeldt-Jakob disease resulting in permanent symptoms

Policy definition

Confirmation by a consultant neurologist of a definite diagnosis of Creutzfeldt-Jacob disease resulting in permanent neurological deficit with persisting clinical symptoms.

Explanation

CJD is a disease of the nervous system that damages the brain. It is fatal, and there is no known cure. The disease can take 20 years or more to become active.

It is caused by an abnormal protein, or 'prion', that contaminates the nervous system. A prion is something like a virus, as it can replicate and cause disease. However, prions are much tougher than viruses and can survive heat or radiation and are not affected by antibiotics or viral medicine.

deafness permanent and irreversible

Policy definition

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.

Explanation

It is possible to lose your hearing temporarily. An example of this would be damage to the eardrum. This could result from a pressure difference caused by, say, diving or flying, or as a result of an infection.

However, if a doctor is sure that the loss of hearing is permanent and in both ears, we would pay a claim.

A decibel is a measure of the volume of a sound.

heart attack of specified severity

Policy definition

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 higher than T 1.0 ng/ml
 - AccuTnl higher than 0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- Other acute coronary syndromes including, but not limited to, angina.

Explanation

When someone has a heart attack, part of the heart muscle dies because the blood supply has been restricted to that part of the heart. This is often accompanied by chest pain which is acute (severe and short-term) or continues, on and off, for some time.

To confirm the diagnosis, a doctor will usually test the patient's heart using a machine called an electrocardiograph (ECG). This tells the doctor whether there have been any changes in the heart's function and whether it is likely that the patient has suffered a heart attack.

While the ECG can show changes in the heart, it cannot identify when they happened. To do this, the doctor may take a blood sample. This can show that markers are present in the blood (in the form of enzymes or Troponins) at a much higher level than is normally expected. This indicates that the heart muscle has been damaged and that a heart attack has recently taken place.

Some heart attacks can be 'silent', where the patient suffers a heart attack but does not have significant chest pain. ECG readings, as part of a yearly medical check-up for example, can detect silent heart attacks. We will pay claims for a silent heart attack if the patient can show that the ECG readings have changed since taking out the insurance.

Angina can be confused with a heart attack. Although there may be considerable chest pain, this normally comes with physical exertion and will ease on rest. With angina, no part of the heart muscle dies, so we would not pay a claim.

heart valve replacement or repair

Policy definition

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

Explanation

Heart valves regulate and control the flow of blood to and from the heart. The valves may become narrow or leak, and need to be repaired. This is quite a common operation nowadays but without it, the patient's lifestyle is impaired by tiredness and breathlessness on exertion.

If you need heart valve surgery, you may prefer to have the operation privately rather than wait for NHS treatment. In this case, you can use our surgery cover. With this cover, we would pay some or all of your insurance to the hospital in advance and then any balance to you after you have had the operation. For further details, please see page 22 or ask your financial adviser.

We cover all forms of surgery to replace or repair heart valves.

The standard definition only covers surgery which divides the breastbone.

HIV infection caught in the UK from a blood transfusion, a physical assault or at work

Policy definition

Infection by Human Immunodeficiency Virus resulting from:

- a blood transfusion or artificial insemination or in-vitro fertilisation given as part of medical treatment;
- a physical assault; or
- an incident occurring during the course of performing normal duties of employment

after the start of the policy and satisfying all of the following:

- The incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures.
- Where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within 10 days of the incident.
- There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.
- The incident causing infection must have occurred in the UK.

For the above definition, the following is not covered:

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

Explanation

When someone suffers from AIDS, the body's immune system breaks down. This means that the sufferer is both more prone to illnesses and less able to fight infection when they do fall ill. There is no cure for the condition at present, although treatment can now slow the onset.

AIDS is the final stage of the disease, which starts when the person is infected with HIV (often referred to as being HIV positive). The virus is acquired through the exchange of body fluids, usually as a result of sexual contact or the sharing of needles for drugs. However, some people can also get it during their daily work or through a blood transfusion or an assault.

There is an effective screening mechanism to ensure that blood for transfusion does not contain the HIV or AIDS virus. But, should this fail, we cover you if it happens after you took out your Skandia Protect cover.

Skandia Protect also covers people who may come into contact with blood or other body fluids infected by HIV or AIDS, either in the course of their normal work, or as a result of an assault.

As well as blood transfusions, we also cover you for **HIV contracted from artificial insemination or in-vitro fertilisation**, which are not included in the standard definition.

kidney failure requiring dialysis

Policy definition

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

Explanation

The kidneys remove waste products from the blood, for example by producing urine. While many people can lead a normal life with only one kidney, if both stop working, a substitute is needed. This may be in the form of a dialysis machine or a transplant.

Dialysis is time-consuming, both in the time each session takes and in the number of visits needed each week. Where possible, a kidney transplant is the preferred alternative, provided a suitable donor can be found.

Skandia Protect pays out when end stage kidney failure is diagnosed and regular dialysis has started or the patient is put on a waiting list for a transplant, whichever is sooner - see **major organ transplant** on page 13.

In some circumstances, both kidneys may stop working temporarily, say as the result of shock following a car accident. In these circumstances, dialysis may be needed for a short time until the kidneys recover. Situations like this would only be covered if the condition became permanent.

liver failure of advanced stage

Policy definition

Chronic liver disease, due to cirrhosis and resulting in all of the following:

- permanent jaundice
- ascites
- encephalopathy.

Liver disease secondary to alcohol or drug misuse is excluded from this definition.

Explanation

Cirrhosis is a serious condition that destroys healthy tissue in the liver. It leaves scar tissue that blocks the flow of blood through the liver. Cirrhosis gets slowly worse, and the liver gradually stops working. Over time it will become unable to control infection and blood clotting, or to stop bile entering the small intestine.

Cirrhosis can be caused by over-consumption of alcohol, or hepatitis and the risk of developing it is increased by obesity.

Ascites is the accumulation of an excessive amount of fluid in the abdominal cavity.

Encephalopathy is a disease of the brain which gradually worsens.

loss of independent existence permanent and irreversible

Policy definition

Suffering mental impairment or being permanently and irreversibly unable to perform three or more Activities of Daily Living. This must be supported by medical evidence from a consultant we consider appropriate and must have continued without interruption for three consecutive months. If the life assured has to use special devices or equipment to perform an Activity of Daily Living then he or she shall still be deemed to be able to perform that Activity.

Explanation

When someone's mental or physical health deteriorates so much that they need help with simple daily tasks, they can be said to have lost their 'independence'. These simple daily tasks are defined as the 'Activities of Daily Living'. We will consider a claim when the person covered is unable to do at least three of the activities, and this is expected to be permanent and has already lasted for at least three months.

If the person can perform an activity using aids or equipment, then we consider that they are able to do that activity. For example, someone may be able to walk from one room to another using a walking stick (but not without it). In this case, we would not consider that the person had failed the mobility activity.

loss of hands or feet permanent physical severance

Policy definition

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

Explanation

To qualify for this cover, the person insured must lose any two of their hands or feet, cut off above the wrist or ankle. If a hand or foot is surgically re-attached, we will not pay a claim.

We also cover the **loss of one hand or one foot** – see page 18 for more details.

loss of speech permanent and irreversible

Policy definition

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

Explanation

Sometimes a temporary loss of speech can be caused by an injury to the vocal cords, or even a severe sore throat. A doctor would need to be certain that the loss of speech was permanent and had no likelihood of ever improving for us to pay a claim.

major organ transplant

Policy definition

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 UK waiting list for such a procedure.

For the above definition, the following is not covered:

- Transplant of any other organs, parts of organs, tissues or cells.

Explanation

If a major organ, such as the heart or lungs, is badly damaged and beyond treatment, a doctor may consider that a transplant is essential. In this case, the patient would receive a replacement organ from a donor.

Skandia Protect covers those who have a transplant or who are on the waiting list for a transplant and need a donor.

Activities of daily living

Continence

The ability to manage bowel and bladder functions (including the use of protective undergarments and surgical appliances if appropriate) so as to maintain personal hygiene.

Dressing

The ability to put on, take off, secure and unfasten all necessary items of clothing and any braces, artificial limbs or other surgical devices.

Feeding

The ability to eat food which has been prepared and cooked (if appropriate).

Mobility

The ability to move from one room to another on level surfaces.

Transferring

The ability to get on and off the toilet, in and out of bed and move from bed to an upright chair or wheelchair and back again.

Washing

The ability to wash and bathe, getting into and out of the bath or shower.

motor neurone disease resulting in permanent symptoms

Policy definition

A definite diagnosis of motor neurone disease by a consultant neurologist.

There must be permanent clinical impairment of motor function.

Explanation

This disease damages the nerve cells, leading to rapid and progressive muscle weakness and degeneration. There is currently no known cure and the cause of the disease is also unknown.

multiple sclerosis with persisting symptoms

Policy definition

A definite diagnosis of multiple sclerosis by a consultant neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least six months.

Explanation

Multiple sclerosis is a disease of the brain and spinal cord. Its onset is often slow, but in time it may have marked symptoms such as paralysis and tremors. The disease usually happens in episodes that leave the patient more disabled than before. While some improvement can be made after an episode or relapse, a complete recovery is rare. This means that a series of episodes will lead to a gradual progression of the disability.

Since there is no simple test for it, multiple sclerosis is a difficult condition to diagnose. That is why we need a specialist in neurology to confirm that symptoms have existed continuously for at least six months. The specialist will typically look for double vision, numbness or weakness in the limbs which may result in the person having to use a wheelchair.

Multiple sclerosis can affect people in different ways, according to the severity and frequency of relapses. Someone thought to have suffered from it could just have one episode without any relapse. That is why it is important to establish that an episode is not just a 'one-off'.

paralysis of limbs total and irreversible

Policy definition

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

Explanation

Two or more limbs must be completely paralysed as a result of an accident or disease, that is, two arms, two legs or one arm and one leg.

The paralysis might be temporary, with a full recovery later. Therefore, a neurosurgeon must carry out the necessary tests to confirm that the paralysis is permanent.

Parkinson's disease resulting in permanent symptoms

Policy definition

A definite diagnosis of Parkinson's disease by a consultant neurologist.

There must be permanent clinical impairment of motor function with associated tremor, rigidity of movement and postural instability.

For the above definition, the following is not covered:

- Parkinson's disease secondary to drug abuse.

Explanation

Parkinson's disease (or Parkinsonism) is a progressive degenerative disease of the nervous system, which characteristically includes rigidity of the muscles and shaking of the head or limbs. The condition gradually deteriorates and, currently, there is no cure.

pre-senile dementia resulting in permanent symptoms

Policy definition

A definite diagnosis of pre-senile dementia by a consultant neurologist, psychiatrist or geriatrician. There must be permanent clinical loss of the ability to do all of the following:

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

For the above definition, the following are not covered:

- Other types of dementia.

Explanation

Pre-senile dementia can be caused by a variety of illnesses, such as Alzheimer's disease (probably the most widely-known cause), Pick's disease and Creutzfeldt-Jakob disease (CJD). It is a progressive condition, first affecting the memory and the ability to think clearly. This can result in confusion and the inability to recall recent events. At present the cause is unknown and there is no known cure. We cover Alzheimer's disease (see page 7) and Creutzfeldt-Jakob disease (see page 10) as specific illnesses.

progressive supranuclear palsy resulting in permanent symptoms

Policy definition

A definite diagnosis of progressive supranuclear palsy by a consultant neurologist. There must be permanent clinical impairment of eye movement and motor function with associated tremor, rigidity of movement and postural instability.

Explanation

Progressive supranuclear palsy (PSP) is a degenerative brain disorder similar to Parkinson's disease. However, there are fewer tremors in the hands, especially at rest, and more problems with vision and eye movements in particular, which makes reading difficult. Other symptoms include difficulty with walking, balance and speech, which can sound slurred, and movements becoming slow.

The cause of PSP is unknown and although there is no cure, the symptoms can be helped. Practical assistance may include walking aids (as there is a tendency to fall backwards), handrails fitted at home, especially in the bathroom, and removing low objects such as coffee tables (because of the difficulty in moving the eyes to look downwards).

The terms for PSP literally mean:

- progressive - it gradually gets worse over time.
- supranuclear - the area of the brain stem which controls the eye movements.
- palsy - a weakness (in this case, related to eye movement).

stroke resulting in permanent symptoms

Policy definition

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

For the above definition, the following are not covered:

- Transient ischaemic attack.
- Traumatic injury to brain tissue or blood vessels.

Explanation

A stroke happens when the blood supply to the brain is cut off and a portion of the brain dies as a result. This can happen when a blood clot enters or forms in the brain, causing a blockage, or when a blood vessel bleeds putting pressure on the brain where the leak settles.

A blood clot or bleeding in the brain would be covered, provided there is some permanent damage as a result. For example, this may take the form of muscle paralysis on one side of the face, slurred speech or the loss of use of one arm.

Transient ischaemic attacks (TIAs) are also known as mini-strokes. They have the same immediate effects as a stroke but no lasting impact, as all the symptoms disappear within 24 hours. This is why Skandia Protect does not cover them.

terminal illness

Policy definition

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

Explanation

There may be occasions where an illness or condition is not named as one of the specific critical illnesses, but where life expectancy is severely limited. Terminal illness benefit covers any condition that, in the opinion of a specialist and our Chief Medical Officer, is likely to lead to death within 12 months of the date that we are notified of the claim.

We include this benefit with life cover with a fixed or rolling term and with critical illness cover. For fixed term insurance, this cover ends 18 months before the end of the term. This cover is not included with life cover on a 'whole life' basis.

**third degree burns
covering 20% of the
body's surface area**

Policy definition

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.

Explanation

Burns are categorised by severity, and 'third degree burns' are the most severe. These burn through the full thickness of the skin. An example of 20% of the body surface area would be the whole of the back.

We also cover **less extensive third degree burns** which cover less of the body surface – see page 18 for more details.

**traumatic head injury
resulting in permanent
symptoms**

Policy definition

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

Explanation

A serious injury to the brain can cause physical damage which results in symptoms similar to those following a stroke, for example facial paralysis or the loss of use of an arm. Skandia Protect will pay if the damage results in permanent symptoms confirmed by a neurosurgeon.



additional critical illness covers

These additional covers are normally included in Skandia Protect critical illness policies at no extra charge. If you had a valid claim for one of them, we would pay the lower of 20% of the cover amount and £10,000. The payment is in addition to the critical illness cover and would not affect your regular payments or your right to be able to increase cover using our guaranteed increase options. Your insurance would continue as before.

These covers are not included with our children's cover (see page 20).

We will only pay a claim for each cover once and, if you do claim for any of these covers, you cannot claim for the full critical illness cover for the same condition, either at the same time or within 30 days of diagnosis. However, if after 30 days, and following treatment, the condition gets worse and meets a critical illness definition, you can claim for the full cover amount.

Where you could make a claim for either one of these covers or the full critical illness cover, you must decide which claim to make.

In some cases, we may not be able to offer one or more of these covers where the risk of getting the illness or needing the treatment is too great. For example, if the person insured has previously been diagnosed and received treatment for this same illness, we may exclude this cover. This would apply particularly to the low-grade cancer covers and angioplasty treatment.

angioplasty for coronary artery disease of specified severity

Policy definition

The undergoing of balloon angioplasty, atherectomy, rotablation, laser treatment or stent insertion on the advice of a Consultant Cardiologist to correct at least 70% narrowing or blockage of two or more main coronary arteries as a single procedure.

For the purposes of this definition main coronary arteries are described as one or more of the following:

- right coronary artery
- left main stem
- left anterior descending
- circumflex.

The following are not covered:

- two or more procedures in the same artery
- procedures to any branches of any of the main coronary arteries
- two procedures performed at different times.

Explanation

Arteries can become blocked with fatty deposits, like the 'furring up' of a kettle. If the blockages are in the coronary arteries close to the heart, this causes extra strain on the heart which may then lead to more serious heart disease.

An angiogram is a type of X-ray which shows how much the blood vessels are blocked.

Angioplasty is a procedure to reduce these blockages. We cover angioplasty treatment to two or more of the named arteries at the same time, to treat blockages of at least 70%.

Several different procedures can be used to repair the damage. Balloon angioplasty is when a surgeon inserts a fine balloon catheter into the affected arteries through another blood vessel, often in the leg. Once in place, the balloon is inflated and this forces the walls of the artery apart. A small tube or 'stent' is left in the artery to keep it open in future. The other techniques listed in the definition (excimer laser, rotablation and directional atherectomy) are different ways of reducing blockages.

keyhole coronary artery bypass surgery for disease

Policy definition

The undergoing of surgery on the advice of a consultant cardiologist to correct narrowing or blockage of at least 70% in one or more coronary arteries with bypass grafts using an internal mammary artery.

For the purposes of this definition, keyhole surgery means any minimally invasive surgery that does not require median sternotomy.

Explanation

This covers heart bypass surgery by less invasive methods than the open-heart surgery covered by the main coronary artery bypass surgery definition on page 10.

This surgery has the same end result of replacing blocked blood vessels around the heart, but the operation will not involve dividing the breastbone.

less extensive third degree burns covering from 5% to 19% of the body's surface area

Policy definition

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 5% and less than 20% of the body's surface area.

Explanation

The third degree burns definition on page 16 covers serious burns covering 20% of the body's surface. This covers burns which are equally damaging, but which cover a smaller percentage of the body's area. For example, one arm is 9%.

loss of or the loss of use of one eye permanent and irreversible

Policy definition

Total permanent and irreversible loss of all sight in one eye or the surgical removal of a complete eyeball for disease or trauma.

Explanation

If you lost one eye or lost the sight from it completely, you would not be covered by the blindness definition on page 8. However, you would be able to claim for this cover. The loss of your eye or the use of it might be due to disease, for example glaucoma, or having it removed following an accident. The loss of use must be permanent, with no hope of recovering the sight in that eye.

loss of either one hand or one foot permanent physical severance

Policy definition

Permanent physical severance of either one hand or one foot at or above the wrist or ankle joints.

Explanation

We will pay a claim for this cover if you lose a hand or foot in an accident, or need to have it amputated because of a disease or serious damage. The loss must be permanent, so we would not pay the claim if your hand or foot could be successfully re-attached to your body.

mastectomy cover for DCIS

Policy definition

Ductal carcinoma in situ means tumours of the breast which are histologically described as ductal carcinoma in situ (DCIS), and are treated by total mastectomy (an operation to remove the whole of at least one breast). DCIS of the breast that is treated by other methods is specifically excluded.

For the above definition, the following is not covered.

- Prophylactic mastectomy at the request of the life assured, where no DCIS is found to be present.

Explanation

Cancers in situ are generally not life-threatening, as these are cancers at a very early stage and have not spread. DCIS is a type of early-stage breast cancer.

The treatment of DCIS can be by removal of part of the breast (lumpectomy), or by removal of the whole breast (mastectomy), depending on the relative area(s) affected by the DCIS. However, many women opt for a mastectomy, which limits the chance of DCIS developing into invasive breast cancer.

DCIS is not covered under the cancer definition. However, we include this cover because we recognise that if it is treated by a mastectomy, the combination of diagnosis and treatment can be life-changing.

If the person insured were diagnosed with DCIS and, as a result, needed either a single or double mastectomy, we would pay a claim for this cover. However, this does not cover mastectomy at the patient's request, for example due to a family history of breast cancer, where no DCIS is found to be present.

low-grade prostate cancer cover

Policy definition

Low-grade prostate cancer means any malignant tumour of the prostate characterised by uncontrolled growth and spread of malignant cells and invasion of tissue which is histologically classified as having a Gleason score of between 2 and 6 inclusive or having progressed to a TNM classification of T1N0M0.

Explanation

If prostate cancer is caught early, when it is still classified as 'low-grade', there is a good chance that treatment will be successful. Although low-grade prostate cancer is not covered under the cancer definition, we include low-grade prostate cancer cover at no extra cost when you have a Skandia Protect critical illness policy.

The 'Gleason score' and the 'TNM classification' are ways of measuring and describing how serious the cancer is, and whether it has spread beyond the prostate gland.

If the person insured were diagnosed with prostate cancer which had a Gleason score of between 2 and 6 inclusive or a TNM classification of T1N0M0, we would pay a claim for this cover.

permanent pacemaker insertion for a specified condition

Policy definition

The permanent insertion of an artificial pacemaker to correct an abnormal rhythm of the heart. The abnormal rhythm of the heart must have been documented on electrocardiograph (ECG) and be available to the company.

Explanation

Sometimes the natural pacemaker of the heart becomes diseased and does not keep the heart beating regularly. Abnormal rhythms are problems that affect the electrical system of the heart muscle. They can cause the heart to pump less effectively. There can be symptoms of weakness, dizziness and fainting when the heart beats too slowly. The heart may always be slow or there may be pauses in the heartbeat that lead to symptoms.

A pacemaker is used to correct the rhythm and keep the heart beating regularly. It is small computer which is placed under the skin near the collar bone. One or two wires are fed through blood vessels to the heart, and carry an electrical impulse to the heart muscle.

significant visual impairment permanent and irreversible

Policy definition

The permanent and irreversible reduction in the sight of both eyes such that the Snellen rating is less than 6/18 after correction.

Explanation

We will pay a claim for this cover when you have significant and permanent loss of sight. You will still have some vision, but will need strong lenses to be able to use it at all. Even more serious loss of sight is covered by the blindness definition on page 8.

children's cover

With critical illness insurance, we automatically cover the children of the person insured from either the age of 30 days or the date the cover starts, whichever is later, to their 18th birthday. Their relationship to the person insured must be:

- children by birth
- legally adopted children, or
- stepchildren from a legally recognised marriage or registered civil partnership as defined by the Civil Partnership Act 2004.

Children's cover includes the conditions listed below. Each illness has the same definition and explanation as those in the critical illness section. We do not cover the additional critical illnesses listed on pages 17 – 19 under children's cover.

To claim, the child must:

- not have suffered from the illness or condition, whether or not symptoms existed, before the insurance started or the child reached the age of 30 days old, whichever is the later, and
- survive for 14 days after the diagnosis of the illness or treatment of the condition.

We will pay the lower of 50% of your critical illness cover amount and £25,000. A claim for children's cover will not reduce your critical illness cover, and your policy will not end.

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • Alzheimer's disease <i>resulting in permanent symptoms</i> • Aorta graft surgery for disease or injury • Aplastic anaemia with permanent bone marrow failure • Bacterial meningitis <i>resulting in permanent symptoms</i> • Benign brain tumour <i>resulting in permanent symptoms</i> • Blindness permanent and irreversible • Cancer excluding less advanced cases • Cardiomyopathy of specified severity • Coma <i>resulting in permanent symptoms</i> | <ul style="list-style-type: none"> • Creutzfeldt-Jakob disease <i>resulting in permanent symptoms</i> • Coronary artery bypass grafts with surgery to divide the breastbone • Deafness permanent and irreversible • Heart attack of specified severity • Heart valve replacement or repair • HIV infection caught in the UK from a blood transfusion, a physical assault or at work • Kidney failure requiring dialysis • Liver failure of advanced stage • Loss of independent existence permanent and irreversible • Loss of hands or feet permanent physical severance • Loss of speech permanent and irreversible • Major organ transplant | <ul style="list-style-type: none"> • Motor neurone disease <i>resulting in permanent symptoms</i> • Multiple sclerosis with persisting symptoms • Paralysis of limbs total and irreversible • Parkinson's disease <i>resulting in permanent symptoms</i> • Pre-senile dementia <i>resulting in permanent symptoms</i> • Progressive supranuclear palsy <i>resulting in permanent symptoms</i> • Stroke <i>resulting in permanent symptoms</i> • Terminal illness • Third degree burns covering 20% of the body's surface area • Traumatic head injury <i>resulting in permanent symptoms</i> |
|--|--|--|

serious accident cover

Policy definition

Serious accident means an accident resulting in a severe physical injury where the life assured is immediately admitted to hospital for at least 28 consecutive days to receive medical treatment.

Severe physical injury means injury resulting solely and directly from unforeseen, external, violent and visible means and independent of any other cause.

Explanation

Being involved in an accident, such as a car crash, may leave someone disabled, yet not eligible to claim under any of the specifically named illnesses or conditions. For example, someone may have a damaged spine or a broken neck. Although it may be too early to tell if the condition might be permanent, the person may be unable to work for a considerable time and need financial and practical support through a convalescence period.

We will pay a claim for this cover if the person insured is involved in a serious accident, resulting in them being immediately admitted to hospital.

To qualify, the condition must have caused the patient to stay in hospital for at least 28 consecutive days. Payment of this benefit does not reduce the critical illness cover and we will pay the lower of the cover amount and £50,000.

This is available to each person insured for critical illness cover by Skandia Protect. For example, if a couple with critical illness insurance covering both of them were in an accident, we would pay serious accident cover for each of them, up to a maximum of £100,000.

If the person insured were diagnosed with a critical illness or total permanent disability due to the same severe physical injury within 58 days of being admitted to hospital, we would reduce the claim payment by the amount we had already paid for the serious accident cover.

A claim following the diagnosis of a critical illness or total permanent disability claim due to the same accident after this 58-day period would not be affected by the serious accident cover claim, and we would pay the full cover amount in addition to the serious accident cover.

surgery cover

Policy definition

Surgery cover is an advance of the sum assured, payable to enable a life assured or relevant child to undergo coronary artery bypass grafts with surgery to divide the breastbone, heart valve replacement or repair or aorta graft surgery for disease or injury.

Where we agree that a claim for surgery benefit for a critically ill life assured is valid, we will pay the lower of:

- the sum assured applicable on the date we agree the claim is valid, and
- the amount shown on the fixed price quotation (detailing the costs of medical procedures, hospital accommodation, medication and any aftercare that is needed).

Where we agree that a claim for surgery benefit for a relevant child is valid, we will pay the lowest of:

- 50% of the sum assured applicable on the date we agree the claim is valid
- £25,000, and
- the amount shown on the fixed price quotation (detailing the costs of medical procedures, hospital accommodation, medication and any aftercare that is needed).

We will pay the amount above to the hospital where the surgery is to be carried out. We will pay any remaining sum assured to the policyholder(s).

No benefit will be payable in respect of the additional cost of treatment for any complication or secondary condition which arises as a result of the surgery.

Explanation

Surgery cover is for those who need coronary artery bypass surgery with surgery to divide the breastbone (as defined on page 10), aorta graft surgery (as defined on page 7), or heart valve replacement or repair (as defined on page 11), and prefer to pay for the operation privately.

Under the cover, we will arrange to pay some or all of the critical illness cover to the hospital in advance. This means you can choose when and where you have the operation.

If you wish to use this, we will need a fixed price quotation for the surgery from the hospital, and evidence that the operation is a medical necessity. The fixed price quotation will detail the costs of medical procedures, hospital accommodation, medication and aftercare.

Then we will use the critical illness cover amount (up to the fixed price quotation amount) to pay the hospital direct, usually before the operation. After the operation we will pay any remaining critical illness cover to you. For critical illness cover without life cover, the person insured must survive for 14 days after the surgery to claim any balance of the cover. For a policy covering two people where the person having the surgery dies within the 14-day period, the policy will continue for the remaining person insured, until they make a claim or the period of cover ends.

We will pay for the costs of the medical procedures, hospital accommodation, medication and aftercare, as shown on the fixed price quotation. We will not pay for extra costs related to any complication or secondary condition that arises as a result of the surgery.

Surgery cover is also included under the children's cover. Please see page 20 for further details.

total permanent disability cover

You can choose to add total and permanent disability cover to both life cover and critical illness cover. It is available with policies with a fixed or rolling term which cover one or two people.

The cover is available with two definitions, 'own occupation' and 'activities of daily work'. The one we apply depends on the occupation of the person insured and is shown in the policy schedule. For all claims after age 65, we will use the 'loss of independent existence' definition. You can find this on page 13.

occupation

An occupation, in its most general sense, is the type of work that a person performs. For example, most people would have some understanding of what a family doctor does as an occupation.

A job, however, is more closely linked to the specific and individual tasks which a person in that occupation performs. This may include particular employment issues, roles and responsibilities as the example below shows.

For those with the 'own occupation' definition, we will assess a total permanent disability cover claim in relation to the occupation, rather than the job. We show the occupation on the policy schedule as the 'insured occupation'.

For example, Mr Smith is an accountant. That is his 'insured occupation'. He works for ABC Pet Supplies Limited, where his role includes on-site auditing of the company's own outlets. To do this, he must drive around 1,000 miles a week, visiting the different stores. If he were to damage his neck and, as a result, be unable to do his normal weekly mileage, he might

not be able to do his job. However, he may still be able to work as an accountant, since most accountancy roles would not entail such a high degree of travelling. We would therefore not consider him to be totally permanently disabled for own occupation cover, unless he was unable to undertake the tasks that most accountants would do (such as being able to work at a desk or use a computer).

Similar considerations apply to some occupations with very specialised roles. In these cases, when we accept the application, we will let you know what the definition of disability for own occupation would be. For example, a brain surgeon would be regarded as a 'medical practitioner' for own occupation total permanent disability cover.

own occupation

Policy definition

Where the relevant life assured is insured on an own occupation basis and the relevant life assured is unable to perform the insured occupation as a result of accident or illness.

Explanation

You give us details of the person insured's occupation on the application form. If they have more than one occupation, you should record the main one. We will show that occupation as the 'insured occupation' on your policy schedule.

You can make a claim if the person insured then becomes totally and permanently unable to follow the insured occupation as a result of an accident or illness. The word 'permanently' means that the condition is expected to last throughout life, irrespective of when the person insured is expected to retire, or when the policy is due to come to an end.

The word 'irreversibly' means that the disability cannot be cured by medical treatment and/or surgical procedures used by the NHS in the UK (or any service which replaces it) at the time of the claim.

Some examples where total permanent disability cover is unlikely to be paid are claims for:

- a broken leg or arm
- depression or stress
- influenza.

These are generally temporary, curable conditions and rarely result in permanent disability.

activities of daily work

Policy definition

Where the relevant life assured is insured on an activities of daily work basis, and the relevant life assured is unable to carry out at least three activities of daily work as a result of accident or illness.

Explanation

If the person insured cannot carry out at least three of seven tasks related to working and daily life, they can make a claim for this cover. To assess the extent of disability, the tasks combine manual and intellectual activities. This makes the assessment of a claim more objective, because it is clearer what the person insured can and cannot do.



In a few cases, this may mean that, even though the person insured qualifies for disability cover from the State or another insurance policy, they may not be able to claim total permanent disability cover.

If the person can carry out an activity using aids or equipment, then we consider that they are able to do that activity. For example, someone may be able to walk 200 metres using a walking stick (but not without it). In this case, we would consider that the person had not failed the walking activity.

Activities of daily work

Bending

The ability to bend or kneel to pick up something from the floor and straighten up again.

Climbing or walking

The ability to walk up or down a flight of 12 stairs without holding on or resting, or to walk a distance of more than 200 metres on flat ground without stopping or without severe discomfort.

Communicating

The ability to answer the telephone and take a message for someone.

General health

The ability to independently arrange to see a doctor and take routine prescribed medication.

Lifting

The ability to lift, carry or otherwise move everyday objects using either hand. Everyday objects would include a kettle of water, bags of shopping, an overnight bag or briefcase.

Manual dexterity

The ability to use hands and fingers with precision, including the ability to pick up and manipulate small objects, such as pens or cutlery.

Reading

The ability to read, with spectacles or contact lenses if necessary, ordinary newsprint, or to pass the standard eye test for driving. This activity would be failed if the relevant life assured is certified as blind or partially sighted by an ophthalmologist.

premium protection cover

You can add premium protection benefit to all types of Skandia Protect cover at an extra cost. It means that we will suspend your commitment to make regular payments if the person insured has been unable to work for six months or more due to an accident or illness.

We start to do this once the person insured has been unable to work for six months and continue until the earliest of:

- their 65th birthday
- their recovery
- their following any gainful occupation
- their death
- payment of a critical illness claim, or
- the end of a fixed term.

Premium protection cover is available with two definitions, 'own occupation' and 'activities of daily work'. The one we apply depends on the person insured's occupation and is shown on your policy schedule.

The definitions are the same as those for total permanent disability cover on pages 24 and 25.

own occupation

You can make a claim when the person insured becomes unable to carry out the insured occupation as a result of an accident or illness. We will suspend your commitment to make regular payments after six months if the disability still prevents the person insured from carrying out their 'insured occupation', and they are not doing any paid work.

The illness or disability does not have to be permanent; it could be temporary, such as a bad back.

activities of daily work

You can make a claim if the person insured becomes unable to do the activities due to an accident or illness. We will suspend your commitment to make regular payments after six months if the person insured is still unable to do three or more of the activities, and they are not doing any paid work.

The illness or disability does not have to be permanent; it could be temporary, such as a bad back.

exclusion

An exclusion is something that is not covered by the insurance policy. There are no general exclusions for Skandia Protect life cover. We will continue to make exclusions on an individual basis for health or occupation.

The only exclusion that does apply to Skandia Protect policies relates to living abroad, and applies to critical illness cover, total permanent disability cover, premium protection cover, serious accident benefit, children's cover, surgery cover and children's surgery cover. The policy wording is:

living abroad

In order to claim:

- You must provide medical evidence to support your claim and diagnosis.
- The claim must have occurred in one of these countries:

Andorra, Australia, Austria, Belgium, Canada, Channel Islands, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Isle of Man, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Norway, Portugal, San Marino, South Africa, Spain, Sweden, Switzerland, UK, USA and Vatican City.

If the claim occurs outside these countries, we may still be able to consider it. You may need to provide supporting evidence from a medical practitioner or consultant registered in the UK, and we may ask you to have an examination by a specialist in the UK.

further information

If you have a question about Skandia Protect that we have not covered in this guide, please contact your financial adviser.

We assess claims for the covers included with Skandia Protect in accordance with the Skandia Protect policy terms, a copy of which is available on request.

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