



The 25 conditions that you are protected for are defined on the following pages.

1 Alzheimer's disease

Plan definition

A global failure of brain function resulting in significant reduction in mental and social functioning to the extent that the continuous supervision and assistance of another person is required. The diagnosis must be confirmed by a consultant neurologist or consultant geriatrician of a major hospital who is satisfied that there is no other discernible cause and, if Irish Life so requires, this confirmation must be supported by one or more consultant neurologists or consultant geriatricians nominated by Irish Life. The condition must be present for a continuous period of at least six months. The condition must be irreversible with no reasonable prospect of there ever being any improvement.

In simpler terms

Alzheimer's disease occurs when the nerve cells in the brain deteriorate over time and the brain shrinks. There are various ways in which this can affect someone, for example, severe loss of memory and concentration and mental ability gradually failing.

You can claim if you have been diagnosed by a consultant neurologist or consultant geriatrician as

having Alzheimer's disease and you need to be continuously supervised and helped because your judgement, understanding and rational thought processes have been seriously affected and you cannot perform daily tasks such as preparing food, dressing yourself and washing yourself. You must have the condition for six months following diagnosis before you can claim this benefit. According to current medical knowledge, there must be no reasonable expectation of improvement in the condition.

2 Benign brain tumour

Plan definition

A non-malignant tumour in the brain that has required surgical removal or has resulted in permanent neurological deficit. Tumours or lesions in the pituitary gland are not covered.

In simpler terms

A benign brain tumour is a non-cancerous but abnormal growth of tissue. It can be very serious as the growth may be pressing on areas of the brain.

These growths can be life-threatening and may have to be removed by surgery.

You can claim if you are diagnosed as having a benign tumour of the brain and have had surgery to have it removed or are suffering from



permanent neurological problems as a result of the tumour. Examples of tumours covered include gliomas, acoustic neuromas and meningiomas. We do not cover tumours or lesions in the pituitary gland. By neurological problems we mean definite symptoms of damage to the central nervous system. Examples of these symptoms include numbness, paraesthesia (an abnormal tingling sensation), paralysis, localised weakness, dysarthria (difficulty speaking), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty walking, problems with coordination, tremor, seizures (fits), dementia, delirium (for example, hallucinations) or coma. These neurological problems must be permanent.

3 Cancer

Plan definition

Any malignant tumour characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue. The term cancer includes leukaemia and Hodgkin's disease but the following are excluded:

- All tumours which are histologically described as pre-malignant, as non-invasive or as cancer in situ.

- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least TNM classification T2N0M0.
- All forms of lymphoma in the presence of any human immunodeficiency virus.
- Kaposi's sarcoma in the presence of any human immunodeficiency virus.
- Any skin cancer other than malignant melanomas which have been histologically classified as having progressed to a Clark's level 2 or higher i.e. have invaded beyond the epidermis.

In simpler terms

The term 'cancer' is used to refer to all types of malignant tumours (tumours which can spread) as opposed to benign tumours (which do not spread). A tumour is caused when the process of creating and repairing body tissue goes out of control leading to an abnormal mass of tissue being formed. The tumour may grow faster than, and not be linked to, the adjoining normal tissues.

A malignant tumour:

- may grow quickly;
- often invades nearby tissue as it expands;
- often spreads through the blood or the lymph vessels to other parts of the body;
- and usually continues to grow and is life threatening unless it is destroyed or removed.

You can make a claim if you are diagnosed as suffering from a malignant tumour which has invaded surrounding tissue, unless the type of cancer or tumour is specifically excluded. The claim must be supported by a microscopic examination of a sample of the tumour cells - this is known as 'histology'. The histology examination is performed on tissue removed during surgery or by biopsy (a procedure to remove a sample of the tumour for examination).

Leukaemia (cancer of the white blood cells and Hodgkin's disease (a type of lymphoma) are both covered.

Cancers 'in situ' (cancers in a very early stage that have not spread in any way to neighbouring

tissue) as well as pre-malignant and non-invasive tumours are not covered. These are well-recognised conditions and cancers detected at this stage are not likely to be life-threatening and are usually easily treated. An example of this would be carcinoma (cancer) in situ of the cervix (neck of the womb) which is easy to treat and cure.

With increased and improved screening prostate cancer is being detected at an earlier stage. At early stages these tumours are treatable and the long-term outlook is good. It is not possible to provide cover against these early prostate cancers. The TNM classification system is internationally recognised and used as a method of staging or measuring a tumour. The 'T' element relates to the primary tumour and is graded on a scale of 1 to 4 - 1 represents a small tumour restricted to the organ. We will not pay a claim for a T1 prostate cancer unless the tumour has a Gleason score (a method of measuring differentiation in cells) of greater than 6, or lymph nodes or metastases (the cancer spreading) are involved as measured by the 'N' and 'M' elements of TNM.

Most forms of skin cancer are relatively easy to treat and are rarely life-threatening. This is because they do not spread out of control and do not produce growths in other parts of the body. The only form of skin cancer that we cover is malignant melanoma which has been classified as being a 'Clark level 2' or greater. Clark's system is an internationally recognised method of classifying skin melanomas and uses a scale of 1 to 5. A Clark level 1 reflects a very early melanoma which carries a favourable long-term outlook.

If you are HIV (human immunodeficiency virus) positive, we will not cover you for lymphoma or Kaposi's sarcoma as these tumours are directly related to the virus.

4 Cardiomyopathy

Plan definition

The unequivocal diagnosis by a Consultant Cardiologist of cardiomyopathy resulting in permanent impaired ventricular function and permanent marked limitation of physical activity with the insured unable to progress beyond stage two of a treadmill exercise test using the Standard Bruce Protocol. Acute myocarditis is excluded unless there is subsequent development of cardiomyopathy as above. Cardiomyopathy directly related to alcohol or drug misuse is excluded.

In simpler terms

Cardiomyopathy is a serious heart condition, often of unknown cause, in which the heart muscle can no longer effectively receive or pump blood through the body. In general it is the lower chamber of the heart that is most affected. Whilst it can be a temporary condition, in some cases it goes on to be a permanent condition. When the condition is permanent, it cannot be cured and usually deteriorates over time. The symptoms of cardiomyopathy include shortness of breath on moderate exercise, chest pain and fainting.

You can claim if you suffer cardiomyopathy which is permanent and causing symptoms which significantly hinder your normal everyday activities. This will be measured by a treadmill exercise test which involves recording electrical impulses while you are exercising. To qualify for payment your ability to exercise must be measurable and limited to a specific degree (Stage 2 of Standard Bruce Protocol).

Acute myocarditis (inflammation of the heart muscle) is not covered as sufferers usually make a full recovery. Cover is not provided for cardiomyopathy resulting from alcohol or drug abuse.

5 Coma

Plan definition

Unrousable unconsciousness arising as a result of illness or injury continuing for at least 96 hours and resulting in permanent neurological deficit. Life-supporting systems including assisted ventilation must be required throughout the period of unconsciousness.

In simpler terms

A coma is a state where a person is unconscious and cannot be brought round. Someone in a coma will have little or no response to any form of physical stimulation and will not have control of their bodily functions. Comas are caused by brain damage, most commonly arising from a head injury, a stroke or lack of oxygen.

You can claim if:

- you are unconscious (as a result of injury or illness) for at least 96 hours;
- you need a life support machine for that 96-hour period; and
- you suffer permanent neurological problems as a result. By neurological problems we mean definite symptoms of damage to the central nervous system. Examples of these symptoms include numbness, paraesthesia (an abnormal tingling sensation), paralysis, localised weakness, dysarthria (difficulty speaking),

aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty walking, problems with co-ordination, tremor, seizures (fits), dementia, delirium (for example, hallucinations) or coma. These neurological problems must be permanent.

6 Coronary artery surgery

Plan definition

The undergoing of open heart surgery on the advice of a consultant cardiologist of a major hospital to correct narrowing or blockage of one or more coronary arteries with bypass grafts but excluding balloon angioplasty, laser relief or any other procedures.

In simpler terms

Coronary artery surgery may be necessary if one or more coronary arteries (the arteries which supply blood to the heart) are narrowed or blocked. The surgery is done to relieve the pain of angina or if the blocked artery is life-threatening.

Coronary artery bypass surgery is carried out by taking a vein, normally from the thigh, and using it to direct blood past the diseased or blocked artery. Open heart surgery is a major operation which involves opening the chest wall to reach the heart and using a heart-lung machine

(cardiopulmonary bypass) during the surgery. Open heart surgery does not include heart surgery performed without cardiopulmonary bypass.

You will be able to claim if you have open heart surgery for the purposes of coronary artery bypass surgery for arterial disease. You are not covered under this definition for any other intervention techniques such as angioplasty or laser relief.

7 Heart attack

Plan definition

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

- typical chest pain;
- new characteristic electrocardiographic changes;
- the characteristic rise of cardiac enzymes, troponins or other biochemical markers; where all of the above shows a definite acute myocardial infarction. Other acute coronary syndromes, including but not limited to angina, are not covered under this definition

In simpler terms

A heart attack (myocardial infarction) happens when an area of heart muscle dies because it does not get enough blood containing oxygen. It is usually caused by a blocked artery and causes permanent damage to the part of the heart muscle affected. The blockage is usually caused by a clot (thrombosis) where the artery has already grown narrow. You can claim if you are diagnosed as having suffered death of heart muscle.

Your claim must be supported by:

- new ECG changes that are typical of a heart attack (ECG stands for electrocardiogram which is a record of the electrical impulses that make the heart beat); and
- an increase in cardiac enzymes, troponins or other biochemical markers that are typical of a heart attack (which are released into the blood stream from the damaged heart muscle); and
- chest pains which are typical of a heart attack.

The ECG would confirm that you suffered a heart attack. Increased levels of cardiac enzymes, troponins or other biochemical markers found in blood tests will support this diagnosis and confirm that the heart attack was recent.

Your benefit does not cover angina or other acute coronary syndromes if there are no changes in the ECG together with blood tests that support the diagnosis of heart attack.

8 Heart valve and structural surgery

Plan definition

The undergoing of open heart surgery to repair or replace one or more heart valves or to correct structural abnormalities.

In simpler terms

If one of the four heart valves is not working properly, an operation may be necessary to repair or replace the valve. Structural abnormalities include openings in the wall separating the left and right chambers of the heart.

You will be able to claim if you have open heart surgery:

- to repair or replace a heart valve; or
- to correct a structural abnormality of the heart.

Open heart surgery is a major operation which involves opening the chest wall to reach the heart and using a heart-lung machine (cardiopulmonary bypass) during the surgery. Open heart surgery does not include surgery performed without cardiopulmonary bypass.

9 HIV infection or AIDS as a result of a blood transfusion

Plan definition

Infection by any human immunodeficiency virus (HIV) acquired from a transfusion of blood given as part of medical treatment administered in any member state of the European Union, Australia, Canada, New Zealand, Norway, South Africa, Switzerland or the United States of America by registered medical practitioners after the start date of specified illness cover under this plan. There must be clear evidence satisfactory to Irish Life's Chief Medical Officer that the infection was acquired in this way. Such infection shall be deemed to have occurred where tests, including blood, urine or other tests, indicate in the professional opinion of Irish Life's Chief Medical Officer either the presence of any human immunodeficiency virus or antibodies to such a virus.

In simpler terms

Human immunodeficiency virus (HIV) is generally recognised as the virus that causes Acquired Immune Deficiency Syndrome (AIDS). The virus can be passed on in several ways including through contaminated blood.

You can claim if you are infected with HIV or get AIDS from a blood transfusion which is medically necessary and which is carried out in any member state of the European Union, Australia, Canada, New Zealand, Norway, South Africa, Switzerland or the United States of America. The transfusion must have taken place after specified illness cover starts under the plan. There must be proof that the transfusion was the source of the infection.

10 HIV infection or AIDS as a result of an occupational injury (available to certain occupations only)

Plan definition

Infection by any human immunodeficiency virus (HIV) acquired by a life assured whose occupation is one of those listed below where Irish Life's Chief Medical Officer is satisfied that the infection was caused by an accidental injury by a sharp instrument or by exposure to blood or bloodstained body fluid which occurred in Ireland or the UK during the 12 months preceding diagnosis but after the start date of specified illness cover under this plan and that it occurred while the life assured was following the normal

duties of that occupation. In addition to the general condition above, it shall be a particular condition of the validity of a claim that the following sequence of events took place:

- (i) The accident was reported in accordance with the established occupational procedures for such an accident.
- (ii) Within seven days of the accident the relevant life assured underwent a blood test and this blood test indicated the absence of any HIV or antibodies to such a virus.
- (iii) Within 14 days of the accident, the circumstances of the accident were reported in full to Irish Life at its head office and it was reported that the blood test referred to in (ii) above, had been undergone.
- (iv) The accident was followed up in accordance with the established occupational procedures.
- (v) A further blood test, within 12 months of the accident, indicated the presence of HIV or of antibodies to such a virus, which supports the diagnosis of HIV infection.

Occupations covered:

- Ambulance workers
- Dental nurses
- Dental surgeons
- District nurses
- Dublin Bus employees
- Hospital doctors/surgeons/consultants
- Hospital laboratory technicians
- Fire brigade and firefighters

- Members of the Gardai
- Hospital laundry workers
- Hospital nurses
- General practitioners and nurses employed by them
- Hospital porters
- Midwives
- Hospital caterers
- Hospital cleaners
- Paramedics
- Prison officers
- Taxi drivers

Such infection shall be deemed to have occurred where tests, including blood, urine or other tests, indicate in the professional opinion of Irish Life's Chief Medical Officer either the presence of any human immunodeficiency virus, or antibodies to such a virus.

In simpler terms

Human immunodeficiency virus (HIV) is generally recognised as the virus that causes Acquired Immune Deficiency Syndrome (AIDS). The virus can be passed on in several ways including through contaminated blood, blood-stained bodily fluids and infected needles. This benefit is designed to cover people who are in special danger of getting HIV or AIDS through their work. You can claim if you work in one of the jobs listed above and you are infected with HIV or get AIDS as a result of an accidental injury which happens while you are working. The injury giving rise to the infection must occur after the specified illness cover under your plan starts. We will only pay a claim under the following circumstances.

- The accident must be reported to the relevant authorities.
- Within seven days of the accident you must take a blood test and this must show that you do not have any HIV or antibodies to it.
- Within 14 days of the accident, the circumstances of the accident, and confirmation of the blood test, must be reported to us at our head office.
- After the accident, the usual procedures for your occupation must be followed.
- Within 12 months of the accident a further blood test must show the presence of HIV or antibodies to it.

11 HIV infection or AIDS as a result of a physical assault

Plan definition

Infection by any human immunodeficiency virus (HIV) acquired by a life assured where such infection was caused by a physical assault on the life assured in the Republic of Ireland.

The assault must have occurred at least 26 weeks after the start date of specified illness cover under this plan. There must be evidence that the infection occurred as a result of the assault on the life assured and the assault must have been reported to the Garda Síochána within 24 hours of its occurrence.

The life assured must have undergone a blood test within seven days of the assault which caused the infection indicating the absence of HIV or antibodies to such a virus and a further blood test

within twelve months of the assault indicating the presence of HIV or antibodies to such a virus. Such infection shall be deemed to have occurred where tests, including blood, urine or other tests, indicate in the professional opinion of Irish Life's Chief Medical Officer either the presence of any human immunodeficiency virus, or antibodies to such a virus. All blood tests must be processed by a recognised hospital laboratory in the Republic of Ireland.

In simpler terms

Human immunodeficiency virus (HIV) is generally recognised as the virus that causes Acquired Immune Deficiency Syndrome (AIDS). The virus can be passed on in several ways including through contaminated blood, blood-stained bodily fluids and infected needles. In some circumstances, there is a risk of becoming infected as a result of a physical assault. For this reason, you can claim if you are infected with HIV or get AIDS as a result of a physical assault in the Republic of Ireland. The assault giving rise to the infection must occur at least 26 weeks after the specified illness cover starts under your plan and have been reported to the Garda Síochána. Separate tests carried out within seven days and then 12 months of the assault must establish that the physical assault was the source of the infection.

12 Kidney failure

Plan definition

End-stage renal failure due to chronic irreversible failure of both kidneys to function. This must be evidenced by the life assured undergoing regular

peritoneal dialysis or haemodialysis or having had renal transplantation.

In simpler terms

The kidneys act as filters which remove waste materials from the blood. When the kidneys do not work properly, waste materials build up in the blood. This may lead to life-threatening problems. The body can function with only one kidney, but if both kidneys fail completely, dialysis (kidney machine treatment) or a kidney transplant will be necessary. In some circumstances it is possible for the kidneys to fail temporarily and recover following a period of dialysis. You will be able to claim if both your kidneys fail completely and permanently and you need regular long-term dialysis or a kidney transplant.

13 Loss of hearing

Plan definition

Total and irreversible loss of hearing in both ears before the 65th birthday of the life assured. Irish Life can require confirmation that the loss of hearing is total and irreversible from an appropriate consultant physician of a major hospital and, if Irish Life so requires, this confirmation must be supported by one or more consultant physicians nominated by Irish Life. The condition must be present for a continuous period of at least 12 months.

In simpler terms

You can claim if before reaching age 65 you have total and irreversible loss of hearing in both ears. Although it is possible to be partially deaf, we will not pay unless the loss of hearing is complete and

permanent in both ears. The condition must continue for 12 months following diagnosis before you can claim benefit.

14 Loss of independence

Plan definition

- (i) Permanent confinement to a wheelchair, or
- (ii) being permanently hospitalised or resident in a nursing home as a result of a medical impairment on the advice of a registered medical practitioner, or
- (iii) being permanently unable to fulfil three of the following activities unassisted by another person:
 - Walk 100 metres,
 - Get into and out of a vehicle,
 - Put on or take off all necessary items of clothing,
 - Eat food that has already been prepared, using normal cutlery,
 - Wash yourself all over,
 - Climb stairs, or
- (iv) Suffering from severe and permanent intellectual impairment which must
 - (a) result from organic disease or trauma, and
 - (b) be measured by the use of recognised standardised tests, and
 - (c) have deteriorated to the extent that requires the need for continual supervision and assistance of another person.

The diagnosis must be confirmed to the satisfaction of Irish Life's Chief Medical Officer expressing his professional opinion, by a consultant physician, neurologist or geriatrician of a major hospital in Ireland or the UK.

Permanent means that after having undergone appropriate treatment there is no reasonable expectation of recovery with current medical knowledge. Many disabilities take time to stabilise and no benefit will be paid until the condition has stabilised. This process could take six months or even longer. Benefit will be paid once it becomes obvious that the conditions for a claim have been satisfied.

In simpler terms

This benefit is intended to make your total cover more wide-ranging and will be particularly valuable as you get older. By focusing on the disability rather than the specific illness, extra cover is provided for a variety of events which may radically change your life.

You will be able to claim if any of the following apply.

- 1 You are permanently confined to a wheelchair.
- 2 You are a permanent patient in hospital or resident in a nursing home as a result of a medical condition.
- 3 You are permanently unable to do three of the following without the help of another person:
 - Walk 100 metres
 - Get into and out of a vehicle
 - Get dressed or undressed
 - Use normal cutlery to eat food that has already been prepared for you
 - Wash yourself all over
 - Climb the stairs

- 4 You suffer from severe and permanent brain damage as a result of disease or injury and, as a result, you need the continued supervision and help of another person. Standard tests will measure elements of brain function such as awareness of time and place, language, behavioural changes, personality changes, concentration and short- and long-term memory loss. If you fail the standard tests, you would probably have difficulty with everyday activities such as handling basic household finances, taking prescribed medication and being able to answer the phone and take a message.

In all of the above, permanent means that even with the best treatment available, you are not expected to recover. The condition must continue for at least six months following diagnosis before you can claim benefit. The diagnosis must be confirmed by an appropriate specialist.

Loss of sight

Plan definition

Total, permanent and irreversible loss of sight in both eyes. Irish Life can require confirmation that the loss of sight is total and irreversible from an appropriate consultant physician of a major hospital and, if Irish Life so requires, this confirmation must be supported by one or more consultant physicians nominated by Irish Life. The condition must be present for a continuous period of at least six months.

In simpler terms

You can claim only if you have total and irreversible loss of sight in both eyes. It is possible to be 'registered blind' (as certified by an eye specialist) even though the loss of sight may only be partial. Even if you are registered blind, your claim will only be met if the loss of sight is complete and cannot be corrected. The condition must continue for at least six months following diagnosis before you can claim benefit.

16 Loss of speech

Plan definition

Total and irreversible loss of the ability to speak because of physical damage to or disease of the vocal cords. Irish Life can require confirmation that the loss of speech is total and irreversible from an appropriate consultant physician of a major hospital, and, if Irish Life so requires, this confirmation must be supported by one or more consultant physicians nominated by Irish Life. The condition must be present for a continuous period of at least 12 months.

In simpler terms

You will be able to claim only if you suffer from total and permanent loss of speech as a result of physical damage to or disease of the vocal cords.

17 Loss of two or more limbs

Plan definition

The irreversible severance of two or more limbs from above the wrist or ankle joint.

In simpler terms

You will be able to claim if you have lost two or more of your limbs above the wrist or ankle joint

either by injury or because they have had to be removed. This loss must be permanent.

18 Major organ transplant

Plan definition

The actual undergoing in a major hospital of, or confirmation of acceptance onto the official programme waiting list of a major hospital for, a necessary transplantation as a recipient of a heart, lung, liver, pancreas or bone marrow.

In simpler terms

Serious disease or injury can severely damage the heart, lungs, liver or pancreas. The only form of treatment available may be to replace the damaged organ with a healthy organ from a donor. This is a major operation and the tissues of the donor and patient must be matched accurately. For this reason a patient could be on a waiting list for a long period waiting for a suitable organ.

You can claim if:

- your condition is life-threatening; and
- you have had a transplant of any of the above or are on an official Irish or UK programme waiting list for a transplant.

19 Motor neurone disease

Plan definition

Unequivocal diagnosis of motor neurone disease by a consultant neurologist of a major hospital where there are obvious neurological signs. If Irish Life so requires, the diagnosis must be supported by one or more consultant physicians nominated by Irish Life.

In simpler terms

Motor neurone disease is a rare disease which affects the central nervous system that controls movement. As the nerves deteriorate the muscles weaken. The cause is not known.

You can claim if there is a definite diagnosis by a consultant neurologist that you are suffering from motor neurone disease.

20 Multiple sclerosis

Plan definition

A definite diagnosis by a consultant neurologist of multiple sclerosis which satisfies all of the following criteria.

- There must be current impairment of motor or sensory function, which must have persisted for a continuous period of at least six months.
- The diagnosis must be confirmed by diagnostic techniques current at the time of the claim.

In simpler terms

Multiple sclerosis is a disease of the central nervous system which destroys the protective covering (myelin) of the nerve fibres in the brain and spinal cord. The cause is not known and at present there is no cure but the search for one continues. The symptoms depend on which areas of the brain or spinal cord have been affected. They include temporary blindness, double vision, loss of balance and lack of co-ordination.

It can be difficult to diagnose multiple sclerosis but at the present time a neurologist can carry out various tests such as:

- CT scanning (computerised tomography which is a computer and x-ray technique which produces images of the body from different angles);
- lumbar puncture (a process which tests the spinal fluid); and
- MRI (magnetic resonance imaging which forms images by putting the patient in a strong magnetic field).

You can claim if:

- you are diagnosed by a consultant neurologist as suffering from multiple sclerosis;
- there is supporting evidence from diagnostic tests which apply at the time of your claim; and
- you have ongoing, well-defined symptoms of the disease which have been present continuously for at least six months.

21 Paralysis of two or more limbs

Plan definition

The total and irreversible loss of the use of two or more limbs. Irish Life has the right to require confirmation of the total and irreversible nature of the paralysis from an appropriate consultant physician of a major hospital and can require that such confirmation be supported by one or more appropriate consultant physicians nominated by Irish Life.

In simpler terms

The brain controls the movement of muscles in the body by sending messages through the spinal cord and nerves. Paralysis is normally caused by an injury to the spinal cord.

You will be able to claim if you suffer complete and permanent loss of the use of two or more limbs.

22 Parkinson's disease

Plan definition

The unequivocal diagnosis by a consultant neurologist of a major hospital of idiopathic Parkinson's disease resulting in the need for permanent supervision and assistance. If Irish Life so requires, this diagnosis must be supported by one or more consultant neurologists nominated by Irish Life. The condition must be present for a continuous period of at least six months.

In simpler terms

Parkinson's disease is a disease of the central nervous system which affects voluntary movement. It is characterised by uncontrollable shuffling, slow movements and shaking of the limbs and head. It normally takes hold gradually and at present there is no known cure.

You can claim if you have 'idiopathic' Parkinson's disease to a degree where you need permanent supervision and help to carry out daily tasks such as dressing and eating. 'Idiopathic' means that the cause of the disease is not known, so any form of Parkinson's disease brought on by a known cause such as certain drugs, toxic chemicals or alcohol is not covered. The condition must continue for six months following diagnosis before you can claim benefit.

23 Severe burns

Plan definition

Burns affecting no less than 20% of the body surface area to a depth of full thickness (i.e. third degree).

In simpler terms

There are three levels (degrees) of burns. The degree of burning depends on how badly the skin has been damaged. They are medically known as 'first', 'second' and 'third' degree. First-degree burns damage the upper layer of skin (a common example of this is sunburn). Second-degree burns go deeper into the layers of skin, but can heal without scarring. Third-degree burns are the most serious as they destroy the full thickness of the skin. You will be able to claim if you have suffered third-degree burns covering 20% or more of the surface area of your body.

24 Stroke

Plan definition

Any cerebrovascular incident resulting in infarction of brain tissue caused by haemorrhage or embolisation from an extracranial source. There must be evidence of permanent neurological deficit. Transient ischaemic attacks are specifically excluded.

In simpler terms

The brain controls all the functions of the body, so damage to the brain can have serious effects. A stroke happens when there is severe damage to the brain caused by internal bleeding (haemorrhage) or when the flow of blood in an artery has been blocked by a piece of tissue or a blood clot (a thrombus or embolus).

You will only be able to claim if you suffer a stroke that results in permanent neurological problems.

By neurological problems we mean definite symptoms of damage to the central nervous system. Examples of these symptoms include numbness, paraesthesia (an abnormal tingling sensation), paralysis, localised weakness, dysarthria (difficulty speaking), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty walking, problems with co-ordination, tremor, seizures (fits), dementia, delirium (for example, hallucinations) or coma. These neurological problems must be permanent.

This benefit does not cover 'transient ischaemic attacks' (also known as mini-strokes) where there is a short-term interruption of the blood supply to part of the brain, the main symptoms tend to be dizziness and temporary weakness or loss of sensation in part of the body or face.

25 Surgery to the aorta

Plan definition

The undergoing of surgery to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta.

In simpler terms

The aorta is the main artery of the body and the source of all others. It supplies blood containing oxygen to other arteries. The aorta can become narrow (often because of a build-up of fatty acids on its walls) or it may become weakened because of a split (dissection) in the internal wall.

The aorta may also weaken because of an 'aneurysm', which means that the artery wall becomes thin and expands. A graft might be necessary to bypass the narrowed or weakened part of the artery.

You can claim if you have had surgery to the aorta to correct narrowing or weakening. Only the parts of the aorta in the chest and abdomen (thoracic and abdominal aorta) are covered because these are the parts which are closest to the heart and so are where any blockage or weakness is more serious. The branches of the aorta are less critical and damage to these is not usually life threatening.