

Notes

- This chapter should be read in conjunction with the contract documents. If there is any conflict or inconsistency between the contents of the contract documents and this chapter, the provisions of the contract documents will prevail.
- Take note that information contained in this technical guide is with regards to the latest versions of the applicable products/benefits. Refer to the contract documents for information about the existing products/benefits of a life insured.

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Layman's terms

The layman's terms are intended only to give a better understanding of the claim events for Sanlam Life's severe illness benefits. They are not to be used in the legal interpretation of the claim events. The definitions of the claim events as described under "Explanations" in the contract documents are the only contractual definitions applicable. Note that a claim will only be considered if the life insured meets the contractual claim event definition for the particular claim event under this "Explanations" and as such, medical evidence will be required by Sanlam Life where applicable.

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Sanlam's severe illness benefits to which these layman's terms apply are the following:

- Benefits that cover only the "Cancers, tumours, leukaemias and lymphomas" and the "Early cancer" claim categories:
 - Cancer (*lump sum benefit*)
 - Cancer Plus (*lump sum benefit*).
- Benefits that cover only the "Cardiovascular conditions: heart, blood vessels and stroke" claim category:
 - Cardiovascular (*lump sum benefit*)
 - Cardiovascular Plus (*lump sum benefit*).
- Benefits that cover all claim categories:
 - Comprehensive Severe Illness (*lump sum benefit*)
 - Comprehensive Severe Illness Plus (*lump sum benefit*)
 - Severe Illness Income (*income benefit*).

Cancers, tumours, leukaemias and lymphomas

Pancreatic cancer stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that starts in the pancreas.

The pancreas is a gland located behind the stomach and in front of the spine. It secretes hormones, including insulin and digestive enzymes.

Oesophageal cancer stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that starts in the oesophagus.

The oesophagus is a muscular tube that moves food and liquids from the throat to the stomach.

Stomach cancer stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that starts in the stomach.

Lung cancer stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that starts primarily in the lungs.

Liver cancer stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that starts in the liver.

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Bile duct cancer stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that starts in the bile duct. The bile duct system is made up of a series of tubes that begins in the liver and ends in the small intestine.

Mesothelioma stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that originates from mesothelial cells.

Mesothelial cells are a thin layer of cells that forms a protective lining or cover around many of the internal organs, e.g. around the lungs, abdomen or heart.

Tongue cancer stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that starts in the tongue.

Hypopharyngeal cancer stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that starts in the hypopharynx.

The hypopharynx is the bottom part of the pharynx (throat).

Retroperitoneal cancer stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that starts in the retroperitoneal space.

The retroperitoneal space is found deep inside the abdominal cavity and contains the kidneys, pancreas, bladder and big blood vessels.

Omental cancer stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that starts in the omentum.

The omentum is a double layer of fatty membranes in the lower abdomen that covers and keeps the organs and intestines in place.

Mesenteric cancer stage I to IV

Confirmed diagnosis of cancer of any stage (stage I, II, III or IV), as confirmed by a specialist, that starts in the mesentery.

The mesentery is a double layer of membranes that covers the organs of the abdominal cavity.

Acute lymphoblastic leukaemia

Confirmed diagnosis of adult acute lymphocytic leukaemia (ALL) (a cancer of immature lymphoid cells).

Acute myeloblastic leukaemia

Confirmed diagnosis of acute myeloid leukaemia (AML) (a type of cancer in which the bone marrow makes abnormal myeloblasts (a type of white blood cell), red blood cells, or platelets).

Basal cell skin carcinoma or squamous cell skin carcinoma (stage I or II) having undergone a skin graft or skin flap

Confirmed diagnosis of stage 1 or II cancer of the basal cells (found in the deeper layers of the skin) or squamous cells (found at the surface of the skin) having undergone an operation where healthy skin is transplanted to the area (skin graft or skin flap).

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Bone marrow transplant

The undergoing of a bone marrow transplant after complete bone marrow ablation (destruction with radio- or chemotherapy) as confirmed by a specialist. The required medical evidence must be provided.

Brain tumour (Grade II on WHO classification)

Confirmed diagnosis of brain cancer at World Health Organisation (WHO) Grade II, with or without permanent brain damage.

Brain tumour (Grade III or IV on WHO classification)

Confirmed diagnosis of brain cancer at World Health Organisation (WHO) Grade III or IV.

Carcinoid syndrome

Confirmed diagnosis of carcinoid syndrome.

Carcinoid syndrome occurs when a carcinoid tumour secretes certain chemicals into the bloodstream. This causes a variety of signs and symptoms. A carcinoid tumour is a type of neuroendocrine tumour that begins in the gastrointestinal tract (stomach, intestines) or lungs.

Carcinoid syndrome with evidence of liver metastasis of atypical carcinoid tumour

Confirmed diagnosis of carcinoid syndrome with evidence of spread of carcinoid tumour to liver.

Carcinoid syndrome occurs when a carcinoid tumour secretes certain chemicals into the bloodstream. This causes a variety of signs and symptoms. A carcinoid tumour is a type of neuroendocrine tumour that begins in the gastrointestinal tract (stomach, intestines) or lungs.

Chronic lymphocytic leukaemia (stage 0 or I on the Rai classification system)

Confirmed diagnosis of chronic lymphocytic leukaemia (a cancer of a certain type of white blood cells called lymphocytes) that is in the early stages and diagnosed at Rai stage 0 or I.

Chronic lymphocytic leukaemia (stage II on the Rai classification system)

Confirmed diagnosis of chronic lymphocytic leukaemia (a cancer of a certain type of white blood cells called lymphocytes), where the cancer is more advanced and diagnosed at Rai stage II.

Chronic lymphocytic leukaemia (stage III on the Rai classification system)

Confirmed diagnosis of chronic lymphocytic leukaemia (a cancer of a certain type of white blood cells called lymphocytes) where the cancer is moderately advanced and diagnosed at Rai stage III.

Chronic lymphocytic leukaemia (stage IV on the Rai classification system)

Confirmed diagnosis of chronic lymphocytic leukaemia (a cancer of a certain type of white blood cells called lymphocytes) where the cancer is severely advanced and diagnosed at Rai stage IV.

Chronic myeloid leukaemia (no bone marrow transplant)

Confirmed diagnosis of chronic myeloid leukaemia (CML) (a cancer involving an overproduction of mature white blood cells) which does not require a bone marrow transplant.

Chronic myeloid leukaemia (with bone marrow transplant)

Confirmed diagnosis by a specialist of chronic myeloid leukaemia (CML) (a cancer involving an overproduction of mature white blood cells) which requires a bone marrow transplant.

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Hairy cell leukaemia

Confirmed diagnosis of hairy cell leukaemia (a slow-growing cancer of the blood in which the bone marrow makes too many B cells (lymphocytes), a type of white blood cell that fights infection).

Hodgkin's or non-Hodgkin's lymphoma (stage I on Ann Arbor classification system)

Confirmed diagnosis of Hodgkin's or non-Hodgkin's lymphoma (cancer of the lymphatic system, which is a network of organs, ducts and nodes that helps the body to get rid of toxins and waste products) where the cancer has not spread and is diagnosed at Ann Arbor stage I.

Hodgkin's or non-Hodgkin's lymphoma (stage II on Ann Arbor classification system)

Confirmed diagnosis of Hodgkin's or non-Hodgkin's lymphoma (cancer of the lymphatic system, which is a network of organs, ducts and nodes that helps the body to get rid of toxins and waste products) where the cancer has started to spread and is diagnosed at Ann Arbor stage II.

Hodgkin's or non-Hodgkin's lymphoma (stage III or IV on Ann Arbor classification system)

Confirmed diagnosis of Hodgkin's or non-Hodgkin's lymphoma (cancer of the lymphatic system, which is a network of organs, ducts and nodes that helps the body to get rid of toxins and waste products) where the cancer has spread extensively and is diagnosed at Ann Arbor stage III or IV.

Malignant melanoma with invasion beyond the epidermis or T1N0M0

Confirmed diagnosis of a malignant melanoma where the cancer has invaded the skin and the size of the tumour is less than a certain size and has not spread and is classified as T1N0M0.

Malignant melanoma is a type of skin cancer that develops from the pigmented cell types in the skin.

Malignant melanoma stage II

Confirmed diagnosis by an oncologist of a malignant melanoma where the cancer has invaded the skin and is classified as per the size of tumour (T2b-T4N0M0) with or without ulceration, but has not spread beyond the skin.

Malignant melanoma is a type of skin cancer that develops from the pigmented cell types in the skin.

Malignant melanoma stage III or IV

Confirmed diagnosis by an oncologist of a malignant melanoma where the cancer has invaded the skin and has spread to lymph glands in the area and distant of the tumour.

Malignant melanoma is a type of skin cancer that develops from the pigmented cell types in the skin.

Multiple myeloma (stage I or II on the Durie-Salmon scale)

Confirmed diagnosis of multiple myeloma at stage I or II on the Durie-Salmon (DS) scale.

Multiple myeloma is a cancer of abnormal plasma cells. These plasma cells are found in bone marrow and are a part of the body's immune system, making antibodies which fight and kill germs. When they grow out of control, they form a lump or growth in the bone marrow.

Multiple myeloma (stage III on the Durie-Salmon scale)

Confirmed diagnosis of multiple myeloma at stage III on the Durie-Salmon (DS) scale.

Multiple myeloma is a cancer of abnormal plasma cells. These plasma cells are found in bone marrow and are a part of the body's immune system, making antibodies which fight and kill germs. When they grow out of control, they form a lump or growth in the bone marrow.

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Myelodysplastic syndrome

Confirmed diagnosis of myelodysplastic syndrome (a collection of conditions in which immature blood cells in the bone marrow do not mature or become healthy blood cells).

Partial mastectomy for ductal or lobular carcinoma in situ

Partial or total mastectomy, unilateral or bilateral, for the diagnosis of ductal or lobular carcinoma in situ of the breast. The diagnosis must be supported by histological evidence and confirmed by an appropriate specialist. This claim event excludes lumpectomy and quadrantectomy.

Total mastectomy for breast pathology

The undergoing of a prophylactic total mastectomy, unilateral or bilateral, due to:

- fibrocystic disease requiring mastectomy, or
- familial fibrocystic disease requiring mastectomy, or
- genetic mutation markers indicative of significantly increased cancer risk.

Prostate cancer – T1a-c N0M0, Gleason score 2-6

Confirmed diagnosis of prostate cancer where the cancer is very early and diagnosed at stage I or II, T1a-c N0M0, Gleason score 2-6.

The prostate, a gland found in men, sits below the bladder and in front of the rectum and provides 30% of the fluid that is part of semen.

Prostate cancer – T1a-c N0M0, Gleason score ≥7

Confirmed diagnosis of prostate cancer where the cancer is early and diagnosed at stage II, T1a-c N0M0, Gleason score ≥7.

The prostate, a gland found in men, sits below the bladder and in front of the rectum and provides 30% of the fluid that is part of semen.

Prostate cancer – T2N0M0, Gleason score 2-6

Confirmed diagnosis of prostate cancer at stage II, T2N0M0, Gleason score 2-6.

The prostate, a gland found in men, sits below the bladder and in front of the rectum and provides 30% of the fluid that is part of semen.

Prostate cancer – T2N0M0, Gleason score ≥7

Confirmed diagnosis of prostate cancer where the cancer is advanced and diagnosed at stage II, T2N0M0, Gleason score ≥7.

The prostate, a gland found in men, sits below the bladder and in front of the rectum and provides 30% of the fluid that is part of semen.

Prostate cancer – T3N0M0, Gleason score 2-6

Confirmed diagnosis of prostate cancer at stage III, T3N0M0, Gleason score 2-6.

The prostate, a gland found in men, sits below the bladder and in front of the rectum and provides 30% of the fluid that is part of semen.

Prostate cancer – T3N0M0, Gleason score ≥ 7

Confirmed diagnosis of prostate cancer where the cancer is advanced and diagnosed at stage III, T3N0M0, Gleason score ≥7.

The prostate, a gland found in men, sits below the bladder and in front of the rectum and provides 30% of the fluid that is part of semen.

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Prostate cancer stage IV

Confirmed diagnosis of stage IV prostate cancer, with or without regional extension into lymph nodes or spread to other organs.

The prostate, a gland found in men, sits below the bladder and in front of the rectum and provides 30% of the fluid that is part of semen.

Any non-melanoma skin cancer stage III

Confirmed diagnosis of non-melanoma skin cancer diagnosed at stage III. Non-melanoma refers to all other types of skin cancer other than cancers that develop from the pigmented cells.

Stage III cancer (regional spread) is when the cancer has spread within the general region in which it first began and into the lymph nodes, but not to other parts of the body.

Any non-melanoma skin cancer stage IV

Confirmed diagnosis of non-melanoma skin cancer that has advanced to stage IV. Non-melanoma refers to all other types of skin cancer other than cancers that develop from the pigmented cells.

Stage IV cancer (distant spread) is when cancer cells have spread to other (distant) parts of the body and formed new colonies there.

Benign brain tumour treated surgically

Confirmed diagnosis of a benign or non-cancerous brain tumour that is treated by a brain surgeon using stereotactic brain ablation (SRS) (a non-surgical radiation therapy used to treat small brain tumours), stimulation, implantation or radiosurgery.

Brain tumour treated with chemotherapy

A growth of the brain treated with anti-cancer drugs/medication. Reports by a specialist is required to provide supporting information for the specific treatment provided.

Brain tumour treated with radiotherapy

A growth of the brain that is treated with radiation, similar to x-rays. Reports should be provided by a specialist to provide supporting information for the specific treatment provided.

Recurrent benign brain tumour showing symptoms

A growth of the brain which recurs after it has been fully treated with medication and/or surgically removed. Reports and specialised imaging indicating recurrence of growth should be provided as supporting information by the treating specialist (neurosurgeon).

Inoperable benign brain tumour

A growth of the brain that is deemed not to be suitable for surgical removal with associated signs and symptoms due to this tumor. Reports should be provided by the specialist (neurosurgeon).

Inoperable benign brain tumour with progression

A growth in the brain that is deemed not suitable for surgical removal with evidence of:

1) Signs of raised pressure inside the skull and brain as manifested by certain symptoms and signs; 2) Continued growth of the tumour over a time period. This should be confirmed by a specialist (neurosurgeon), with objective clinical signs and symptoms and appropriate special investigations.

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Brain tumour having undergone open brain surgery

The removal of a growth in the brain through an operation where part of the skull is removed to access the growth. This should be confirmed by a specialist (neurosurgeon) report.

Brain tumour with permanent neurological deficit

A cancer of the brain that results in permanent signs that central nervous system has been affected, but excluding cognitive function (memory, judgement, etc.). This should be confirmed by a specialist (neurosurgeon), with objective clinical signs and symptoms.

Acoustic neuroma resulting in neurological deficit

The confirmed diagnosis by an Ear, Nose and Throat (ENT) specialist of acoustic neuroma, with hearing loss. The required medical evidence must be provided.

Acoustic neuroma is a benign (non-cancerous) tumour arising from the nerve supply to the ear that results in hearing loss.

Pituitary tumour with surgical resection

The confirmed diagnoses of any growth or lump in the pituitary gland that has been removed during an operation by a brain surgeon as a result of one of the following: 1) Failure to suppress excessive hormone production by medication; 2) Signs of raised intracranial pressure; 3) Continued growth of the tumour over time.

The pituitary gland is small and sits on the underside of the brain. It produces and controls the release of hormones into the body. Most times a growth or lump in the pituitary gland (a pituitary tumor) is not a cancer, and is sometimes called an adenoma.

Benign endocrine tumours having undergone surgical excision

Surgical removal by an appropriate specialist surgeon of a benign (non-cancerous) endocrine tumour (a tumour that secretes a hormone). Medical evidence must be provided.

The following benign endocrine tumours are covered: adrenal adenoma (tumour of the adrenal gland, an organ secreting hormones located above the kidney), pheochromocytoma (tumour of the adrenal gland, a small organ above the kidney), pancreatic tumour (pancreas is an organ in abdomen secreting hormones and digestive enzymes), insulinoma (a tumour secreting a hormone called insulin), parathyroid tumour (parathyroid is a small gland secreting hormones in the neck) and thyroid adenoma (tumour of thyroid, an organ secreting hormones in the neck).

Brain abscess having undergone surgical drainage

Confirmed diagnosis by a specialist brain surgeon of a brain abscess (a localised collection of pus in the brain caused by an infection) caused by bacteria or fungi and where treatment includes surgical drainage (draining of pus) or intravenous (medication) antimicrobial therapy.

Brain abscesses are fairly uncommon. They can result from an infection that spreads from somewhere else in the head (such as a tooth, the nose, or an ear) or that spreads from another part of the body through the bloodstream to the brain.

Amyloidosis

The confirmed diagnosis of amyloidosis in any tissue or organ.

Amyloidosis is a rare disease that occurs when a substance called amyloid builds up in the organs. Amyloid is an abnormal protein that is usually produced in the bone marrow and can be deposited in any tissue or organ.

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Catch-all stage I cancer

Any stage I cancer, unless covered by any of the previous claim events, as per the American Joint Committee for Cancer, positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.

Cancer prevents cells from dying when they should, and causes new cells to form when the body does not need them. These cells are able to invade other tissues and spread to other parts of the body through the blood and lymph systems.

Stage 1 cancer (localised cancer) is when the cancer remains a single lump in the tissue where it began and spreads only partly to a neighbouring tissue.

This claim event excludes the following conditions: 1) All cancers in situ and all premalignant conditions or conditions with low malignant potential, or classified as borderline malignancy; 2) All tumours of the prostate; 3) All skin cancers. Refer to the "Cancers, tumours, leukaemias and lymphomas" and "Early cancer" claim categories where most of these conditions are covered under other claim events.

Catch-all stage II cancer

Any stage II cancer, unless covered by any of the previous claim events, as per the American Joint Committee for Cancer, positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.

Cancer prevents cells from dying when they should and causes new cells to form when the body does not need them. These cells are able to invade other tissues and spread to other parts of the body through the blood and lymph systems.

Stage II cancer (local spread) is when the cancer has spread to neighbouring structures or organs.

This claim event excludes the following conditions: 1) All cancers in situ and all premalignant conditions or conditions with low malignant potential, or classified as borderline malignancy; 2) All tumours of the prostate; 3) All skin cancers. Refer to the "Cancers, tumours, leukaemias and lymphomas" and "Early cancer" claim categories where most of these conditions are covered under other claim events.

Catch-all stage III or IV cancer

Any stage III or IV cancer, unless covered by any of the previous claim events, as per the American Joint Committee for Cancer, positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.

Cancer prevents cells from dying when they should and causes new cells to form when the body does not need them. These cells are able to invade other tissues and spread to other parts of the body through the blood and lymph systems.

Stage III cancer (regional spread) is when the cancer has spread within the general region in which it first began and into the lymph nodes, but not to other parts of the body.

Stage IV cancer (distant spread) is when cancer cells have spread to other (distant) parts of the body and formed new colonies there.

This claim event excludes the following conditions: 1) All cancers in situ and all premalignant conditions or conditions with low malignant potential, or classified as borderline malignancy; 2) All tumours of the prostate; 3) All skin cancers. Refer to the "Cancers, tumours, leukaemias and lymphomas" and "Early cancer" claim categories where most of these conditions are covered under other claim events.

Early cancer

A neuro-endocrine tumour of low malignant potential

The confirmed diagnosis of a neuro-endocrine tumour of low malignant potential.

Neuro-endocrine tumours (NETs) are growths (neoplasms) that arise from cells of the endocrine (hormonal) and nervous systems. Can be non-cancerous growths.

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Carcinoma in situ of one or both ovaries

The confirmed diagnosis of carcinoma in situ of one or both ovaries.

Carcinoma in situ is a group of abnormal cells that remain in place where they originated and have not spread. These abnormal cells can become cancer.

Carcinoma in situ of one or both ovaries for which an oophorectomy has been performed

The confirmed diagnosis of carcinoma in situ of one or both ovaries for which an oophorectomy has been performed.

Carcinoma in situ is a group of abnormal cells that remain in place where they originated and have not spread. These abnormal cells can become cancer.

An oophorectomy is surgery to remove one or both ovaries.

Cervical intraepithelial neoplasia grade III (CIN 3), or carcinoma in situ of the cervix

The confirmed diagnosis of cervical intraepithelial neoplasia grade III (CIN 3), or carcinoma in situ of the cervix.

Cervical intraepithelial neoplasia grade III (CIN 3) is a pre-cancerous lesion that has not invaded into the deeper layers of the bottom part of the womb called the cervix.

Carcinoma in situ is a group of abnormal cells that remain in place where they originated and have not spread. These abnormal cells can become cancer.

Cervical intraepithelial neoplasia grade III (CIN 3), or carcinoma in situ of the cervix for which a hysterectomy has been performed

The confirmed diagnosis of cervical intraepithelial neoplasia grade III (CIN 3), or carcinoma in situ of the cervix for which a hysterectomy (removal of all or part of the uterus) has been performed. This claim event excludes all other forms of treatment except partial or complete removal of the uterus (womb).

Cervical intraepithelial neoplasia grade III (CIN 3) is a pre-cancerous lesion that has not invaded into the deeper layers of the bottom part of the womb called the cervix.

Carcinoma in situ is a group of abnormal cells that remain in place where they originated and have not spread. These abnormal cells can become cancer.

Carcinoma in situ of the larynx

The confirmed diagnosis of carcinoma in situ of the larynx (voicebox).

Carcinoma in situ is a group of abnormal cells that remain in place where they originated and have not spread. These abnormal cells can become cancer.

Carcinoma in situ of the larynx for which a total laryngectomy has been performed

The confirmed diagnosis of carcinoma in situ of the larynx (voicebox) for which surgery to remove the entire larynx has been performed.

Carcinoma in situ is a group of abnormal cells that remain in place where they originated and have not spread. These abnormal cells can become cancer.

Carcinoma in situ of the oesophagus for which surgery to remove the tumour has been performed

The confirmed diagnosis of carcinoma in situ of the oesophagus for which surgery to remove the tumour has been performed. This claim event excludes treatment by any other method.

Carcinoma in situ is a group of abnormal cells that remain in place where they originated and have not spread. These abnormal cells can become cancer.

The oesophagus is a muscular tube that moves food and liquids from the throat to the stomach.

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Carcinoma in situ of the stomach

The confirmed diagnosis of carcinoma in situ of the stomach, confirmed to be a tumour that has not spread to the deeper layers of the stomach.

Carcinoma in situ is a group of abnormal cells that remain in place where they originated and have not spread. These abnormal cells can become cancer.

Carcinoma in situ of the stomach for which a partial or total gastrectomy has been performed

The confirmed diagnosis of carcinoma in situ of the stomach, confirmed to be a tumour that has not spread to the deeper layers of the stomach, for which a partial or total removal of the stomach has been performed.

Carcinoma in situ is a group of abnormal cells that remain in place where they originated and have not spread. These abnormal cells can become cancer.

Carcinoma in situ of the urinary bladder

The confirmed diagnosis of carcinoma in situ of the urinary bladder, confirmed histologically as Tis, thus early cancer not spreading to deeper layers. This claim event excludes non-invasive papillary carcinoma or stage Ta bladder cancer.

Carcinoma in situ is a group of abnormal cells that remain in place where they originated and have not spread. These abnormal cells can become cancer.

Carcinoma in situ of the vagina or vulva

The confirmed diagnosis of carcinoma in situ of the vagina or vulva.

Carcinoma in situ is a group of abnormal cells that remain in place where they originated and have not spread. These abnormal cells can become cancer.

Carcinoma in situ of the vagina or vulva for which surgery defined as a skin flap or skin graft has been performed

The confirmed diagnosis of carcinoma in situ of the vagina or vulva for which surgery defined as a skin flap or skin graft has been performed.

Carcinoma in situ is a group of abnormal cells that remain in place where they originated and have not spread. These abnormal cells can become cancer. Skin graft or flap is an operation where healthy skin from an adjacent or other area from the body is used to close a skin deficit.

Lobular carcinoma in situ or ductal carcinoma in situ of the breast resulting in chemotherapy, lumpectomy or breast conserving surgery

The confirmed diagnosis of lobular or ductal carcinoma in situ of the breast, resulting in chemotherapy, lumpectomy (only tumour and some of normal tissue is removed from breast) or breast conserving surgery (only part of breast is removed to attempt to leave as much as possible normal tissue).

Lobular carcinoma in situ of the breast (LCIS) is a condition in which abnormal cells form in the lobules (milk producing glands at the end of the breast ducts or milk glands) in the breast where the cancer has not spread out of the lobules of the breast to invade other parts of the breast. LCIS indicates that a person has an increased risk of developing breast cancer.

Ductal carcinoma in situ (DCIS) is the presence of abnormal cells inside a milk duct in the breast where the cancer has not spread out of the milk duct to invade other parts of the breast. DCIS is considered the earliest form of breast cancer.

Carcinoma in situ is a group of abnormal cells that remain in place where they originated and have not spread. These abnormal cells can become cancer.

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Catch-all carcinoma in situ of any other internal organ or body structure

The confirmed diagnosis of carcinoma in situ of an internal organ or body structure, unless covered by any of the previous claim events in the "Early cancer" claim category. This claim event excludes carcinoma in situ of the skin which is not an internal organ.

Carcinoma in situ is a group of abnormal cells that remain in place where they originated and have not spread. These abnormal cells can become cancer

Cardiovascular conditions: heart, blood vessels and stroke

Heart transplant

The undergoing of a complete heart transplant, human or mechanical, as a recipient, or confirmation of being on a recognised national South African transplant waiting list, awaiting a complete human heart transplant. This must be confirmed by a specialist with supporting evidence.

Heart valve replacement irrespective of technique

Heart valve replacement, which is performed by a cardiothoracic surgeon or cardiologist. This must be supported with a detailed report by a specialist, including copies of the operation reports.

Any heart valve surgery such as valvuloplasty or valvotomy irrespective of technique

Any surgery to the heart valve repairing the valve, which is performed by a cardiothoracic surgeon or cardiologist. This must be supported with a detailed report by a specialist, including copies of the operation reports.

Cardiomyopathy at class III NYHA and EF less than 40%

The confirmed diagnosis of cardiomyopathy as confirmed by a specialist cardiologist, resulting in permanent and irreversible class III New York Heart Association (NYHA) classification of heart failure, with a permanent left ventricular ejection fraction (EF) of less than 40%, despite optimal treatment.

Cardiomyopathy refers to diseases of the heart muscle, where the heart muscle becomes enlarged, thick, or rigid. This results in a weaker heart, with the heart being less able to pump blood through the body and maintain a normal electrical rhythm, and can lead to heart failure. Class III New York Heart Association classification of heart failure is where the symptoms progress to a stage where with light activity there is tiredness, shortness of breath or heart palpitations.

Cardiomyopathy at class IV NYHA and EF less than 30%

The confirmed diagnosis of cardiomyopathy as confirmed by a specialist cardiologist, resulting in permanent and irreversible class IV New York Heart Association (NYHA) classification of heart failure, with a permanent left ventricular ejection fraction (EF) of less than 30%, despite optimal treatment.

Cardiomyopathy refers to diseases of the heart muscle, where the heart muscle becomes enlarged, thick, or rigid. This results in a weaker heart, with the heart being less able to pump blood through the body and maintain a normal electrical rhythm, and can lead to heart failure. Class IV New York Heart Association classification of heart failure is where the symptoms progress to a stage where at rest there is tiredness, shortness of breath or heart palpitations.

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Takotsubo cardiomyopathy

The confirmed diagnosis of Takotsubo cardiomyopathy (TCM) by a cardiologist. This must be supported by contractually stipulated medical evidence.

Takotsubo cardiomyopathy is a type of cardiomyopathy in which there is a sudden temporary weakening of the muscular portion of the heart.

Cardiomyopathy refers to diseases of the heart muscle, where the heart muscle becomes enlarged, thick, or rigid. This results in a weaker heart, with the heart being less able to pump blood through the body and maintain a normal electrical rhythm, and can lead to heart failure.

Transcoronary ablation of septal hypertrophy

Transcoronary ablation of septal hypertrophy, performed by a cardiothoracic surgeon or cardiologist. This must be supported with a detailed report by a specialist, including copies of the procedure reports.

Transcoronary ablation of septal hypertrophy (TASH) is a procedure where a transcatheter septal branch injection using alcohol is performed to reduce outflow obstruction in the hearts of selected people with enlarged hearts.

Pericardiectomy irrespective of technique

A surgical procedure, where all or part of the pericardium is removed to treat fibrosis and scarring of the pericardium which occurred as a result of chronic pericarditis. This must be confirmed by a specialist cardiologist.

The pericardium is a sac that holds the heart in place and helps it to work properly. The sac is made up of two thin layers of tissue that enclose the heart. In chronic pericarditis this sac becomes inflamed regularly and eventually becomes scarred and thickened. Pericardiectomy is the surgical procedure where the scarring is surgically removed.

Arrhythmia having undergone pathway ablation

Any life-threatening variation of the normal rhythm of the heart, confirmed by a cardiologist and documented on Holter ECG, with pathway ablation.

Arrhythmia is an abnormality of the heartbeat. The heart could beat too fast (tachycardia), too slowly (bradycardia) or irregularly. Most arrhythmias are harmless, but some can be serious or even life threatening.

Pathway ablation may be used to treat some arrhythmias. In this procedure a cardiologist guides a catheter with an electrode at its tip to the area of heart muscle where the damaged site is located. Then a mild, painless radiofrequency energy (similar to microwave heat) is transmitted to the site of the pathway. Heart muscle cells in a very small area (about 1/5 of an inch) die and stop conducting the extra impulses that caused the rapid heartbeats.

Arrhythmia having undergone a permanent pacemaker insertion

Any life-threatening variation of the normal rhythm of the heart, confirmed by a cardiologist and documented on Holter ECG, with a permanent pacemaker insertion.

Arrhythmia is an abnormality of the heartbeat. The heart could beat too fast (tachycardia), too slowly (bradycardia) or irregularly. Most arrhythmias are harmless, but some can be serious or even life threatening.

A pacemaker is a small device used to treat arrhythmia. It is placed in the chest or abdomen to help control abnormal heart rhythms. This device uses electrical pulses to prompt the heart to beat at a normal rate.

Arrhythmia having undergone a permanent defibrillator insertion

Any life-threatening variation of the normal rhythm of the heart, confirmed by a cardiologist and documented on Holter ECG, with a permanent defibrillator insertion.

Arrhythmia is an abnormality of the heartbeat. The heart could beat too fast (tachycardia), too slowly (bradycardia) or irregularly. Most arrhythmias are harmless, but some can be serious or even life threatening.

A permanent implantable cardioverter-defibrillator (ICD) can be placed in the chest or abdomen. It continually monitors the rate and rhythm of the heart, automatically detects fast arrhythmias, and delivers a shock to convert the arrhythmia back to a normal rhythm. Most commonly, these devices are used in people who might otherwise die of the arrhythmia.

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Peripheral arterial disease requiring angioplasty, stent or bypass graft of one peripheral artery

The confirmed diagnosis of peripheral arterial disease resulting in an angioplasty, stent or bypass graft by a vascular surgeon of one peripheral artery.

Peripheral arterial disease (PAD) is a disease that results in reduced blood flow in the peripheral arteries (arteries of the trunk, arms and legs) due to atherosclerosis (plaques in blood vessels).

Angioplasty is a surgical procedure used to widen narrowed or obstructed arteries. A stent is a small metal mesh tube that is inserted in a narrowed or obstructed artery to keep the artery open. Bypass graft is a surgical procedure where a graft is made from another artery which is then inserted to bypass a problem in another artery.

Peripheral arterial disease requiring angioplasty, stent or bypass graft of more than one peripheral artery

The confirmed diagnosis of peripheral arterial disease resulting in an angioplasty, stent or bypass graft by a vascular surgeon of more than one peripheral artery.

Peripheral arterial disease (PAD) is a disease that results in reduced blood flow in the peripheral arteries (arteries of the trunk, arms and legs) due to atherosclerosis (plaques in blood vessels).

Angioplasty is a surgical procedure used to widen narrowed or obstructed arteries. A stent is a small metal mesh tube that is inserted in a narrowed or obstructed artery to keep the artery open. Bypass graft is a surgical procedure where a graft is made from another artery which is then inserted to bypass a problem in another artery.

Loss of use of or loss of one foot due to peripheral arterial disease

The confirmed diagnosis of peripheral arterial disease which results in the loss of use of or loss of one foot at the ankle or below.

Peripheral arterial disease (PAD) results in reduced blood flow in the peripheral arteries (arteries of the trunk, arms and legs) due to atherosclerosis (plaques in blood vessels). In advanced cases, there may be chronic ulcers on the foot or gangrene resulting in the loss of use of or loss of a foot.

Loss of use of or loss of one hand due to peripheral arterial disease

The confirmed diagnosis of peripheral arterial disease which results in the loss of use of or loss of one hand at the wrist or below.

Peripheral arterial disease (PAD) results in reduced blood flow in the peripheral arteries (arteries of the trunk, arms and legs) due to atherosclerosis (plaques in blood vessels). In advanced cases, there may be chronic ulcers on the hand or gangrene resulting in the loss of use of or loss of a hand.

Angioplasty with or without stenting of one carotid artery

The undergoing of angioplasty with or without stenting to repair the narrowing or blockage of one carotid artery. The required medical evidence must be provided.

Angioplasty is a surgical procedure used to widen narrowed or obstructed arteries. A stent is a small metal mesh tube that is inserted in a narrowed or obstructed artery to keep the artery open.

Carotid arteries are located on each side of the neck, that divide into internal and external carotid arteries. The internal carotid arteries supply blood to the brain. If there is blockage in any one of the internal carotid arteries due to fatty material called plaque, there will be reduced blood flow to the brain. This increases the risk of a stroke.

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Angioplasty with or without stenting of bilateral carotid arteries

The undergoing of angioplasty with or without stenting to repair the narrowing or blockage of both carotid arteries. The required medical evidence must be provided.

Angioplasty is a surgical procedure used to widen narrowed or obstructed arteries. A stent is a small metal mesh tube that is inserted in a narrowed or obstructed artery to keep the artery open.

Carotid arteries are located on each side of the neck, that divide into internal and external carotid arteries. The internal carotid arteries supply blood to the brain. If there is blockage in any one of the internal carotid arteries due to fatty material called plaque, there will be reduced blood flow to the brain. This increases the risk of a stroke.

Carotid arterial disease: narrowing of at least one carotid artery requiring either bypass graft or endarterectomy

The confirmed diagnosis of carotid arterial disease with narrowing of at least one carotid artery requiring either bypass graft or endarterectomy. The required medical evidence must be provided.

Carotid arteries are located on each side of the neck. Carotid arteries divide into internal and external carotid arteries, where the internal carotid arteries supply blood to the brain. If there is narrowing or blockage in any of the internal carotid arteries due to fatty material called plaque, there will be reduced blood flow to the brain. This increases the risk of a stroke.

Bypass graft is a surgical procedure where a graft is made from another blood vessel, which is inserted to bypass a problem in one or both neck arteries. Endarterectomy is a surgical procedure where blockage or fatty build up in an artery is removed.

Endovascular surgery or stent to repair any thoracic or abdominal aortic aneurysm

Endovascular surgery or stenting to repair an aneurysm of the thoracic or abdominal aorta, by a specialist vascular surgeon. This must be supported with a detailed report by a surgeon, including copies of the operation reports.

A thoracic or abdominal aortic aneurysm is an abnormal ballooning or widening of the wall of the thoracic or abdominal aortic artery (thoracic aortic artery located in the chest and abdominal aortic artery located in the abdomen) that is caused by a weakness in the artery wall. If the aneurysm grows too big, there is a danger that it will rupture (split) which can cause potentially fatal internal bleeding and organ damage. Large thoracic or abdominal aortic aneurysms can often be repaired with endovascular surgery or stenting. With stenting the weak or damaged portion of the aorta is reinforced with a stent (a small metal mesh tube that is inserted in the aorta). Endovascular surgery is a minimally invasive procedure where blood vessel procedures are done through a small incision in groin area and access the affected vessel from here.

Surgical repair of an iliofemoral aneurysm or stenosis

Surgical repair, including bypass graft or keyhole surgery, of an iliofemoral aneurysm or iliofemoral stenosis by a specialist vascular surgeon. This must be supported with a detailed report by a surgeon, including copies of the operation reports.

An iliofemoral aneurysm is an abnormal ballooning or widening of the wall of the iliofemoral artery, which is located in the hip area. Iliofoemoral stenosis is caused by a reduction in blood flow in the iliofemoral artery due to fatty plaque build up. Bypass graft is a surgical procedure where a synthetic graft is inserted to bypass an aneurysm or stenosis in the iliofemoral artery. Keyhole surgery is a modern surgical technique in which operations are performed far from their location through small incisions (usually 0.5 - 1.5 cm) elsewhere in the body.

Surgical repair of any aneurysm or stenosis of major arterial branches of the aorta

Surgical repair, including bypass graft or keyhole surgery, of any aneurysm or stenosis of the following branches of the aorta: subclavian, brachiocephalic, splenic, renal and iliac arteries. This must be supported with a detailed report by a surgeon, including copies of the operation reports.

An aneurysm is an abnormal ballooning or widening of the wall of an artery. A stenosis is a blockage of a blood vessel. Bypass graft is a surgical procedure where a graft is made from another artery which is then inserted to bypass a problem in another artery. Keyhole surgery is surgery which is performed through small incisions (usually 0.5 - 1.5 cm) to locations elsewhere in the body.

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Major surgery to dissect and surgically graft an aortic aneurysm

The undergoing of open chest or abdominal surgery to repair an aneurysm in the thoracic aorta (located in the chest) or abdominal aorta (located in the abdomen) with a synthetic graft. This must be supported with a detailed report by a surgeon, including copies of the operation reports.

An aneurysm is an abnormal ballooning or widening of the wall of an artery. Surgery to repair involves opening the chest (thoracic aorta) or the abdomen (abdominal aorta) for the repair and replacement with a synthetic graft.

Primary pulmonary hypertension

Primary pulmonary hypertension with mean pulmonary artery pressure exceeding 30 mmHg, and at least class III New York Heart Association (NYHA) classification of cardiac impairment. The diagnosis must be confirmed by a specialist physician.

Primary pulmonary hypertension is a condition in which blood pressure in the arteries of the lungs is abnormally high. The cause is not known. The high pressure makes it hard for the heart to push blood through the arteries and into the lungs. Thus the pressure in the arteries rises. The excess pressure can weaken the heart and damage the lungs.

Surgery for atrial septal defects or ventricular septal defects

Any symptomatic atrial or ventricular septal defect with surgical closure, as confirmed by an appropriate specialist.

Atrial septal defects and ventricular septal defects are holes in the walls (septa) that separate the heart into the left and right sides. A hole in the septum between the heart's two upper chambers is called an atrial septal defect (ASD). A hole in the septum between the heart's two lower chambers is called a ventricular septal defect (VSD). Many defects are small, cause no symptoms, and close without treatment. Some large septal defects must be closed surgically.

Surgical repair of coarctation of the aorta

Any surgical repair of coarctation of the aorta, as confirmed by an appropriate specialist.

Left ventricular aneurysm repaired surgically

Surgical repair of the left ventricle for a left ventricular aneurysm by open heart surgery. This must be confirmed by a cardiothoracic surgeon.

A ventricular aneurysm can be a serious complication of a heart attack. It occurs when a weakened section of the wall of one of the ventricles (the lower heart chambers) expands and bulges like a balloon at the spot where the heart attack occurred. This is treated with surgery to the affected ventricle.

Surgery for atrial myxoma

Surgery for the removal of an atrial myxoma, confirmed by a cardiothoracic surgeon.

An atrial myxoma is a cardiac tumour. They can cause serious complications, therefore they are removed through surgery.

Subarachnoid haemorrhage without neurological impairment

Subarachnoid haemorrhage bleeding into the subarachnoid space surrounding the brain, with evidence on neuro-imaging investigation, without any permanent neurological deficit. This must be confirmed by a neurosurgeon.

Subarachnoid haemorrhage is bleeding in the area between the brain and the thin tissues that cover the brain.

Arteriovenous malformation treated with radiological intervention

Arteriovenous malformation (AVM) in the brain, treated with radiosurgery or stereotactic radiosurgery. This must be supported with a detailed report by a surgeon, including copies of the operation reports or radiological procedure reports.

Arteriovenous malformation in the brain is a tangle of abnormal blood vessels connecting arteries and veins in the brain. The arteries are responsible for taking oxygen-rich blood from the heart to the brain. Veins carry the oxygen-depleted blood back to the lungs and heart. A brain AVM disrupts this vital process. Radiosurgery or stereotactic radiosurgery (SRS) is a non-surgical radiation therapy used to treat the AVM.

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Arteriovenous malformation treated with open surgery craniotomy

Open brain surgery via a craniotomy for repair of arteriovenous malformation (AVM), confirmed by a neurosurgeon.

Arteriovenous malformation (AVM) in the brain, is a tangle of abnormal blood vessels connecting arteries and veins in the brain. The arteries are responsible for taking oxygen-rich blood from the heart to the brain. Veins carry the oxygen-depleted blood back to the lungs and heart. A brain AVM disrupts this vital process. Open brain surgery via a craniotomy is the surgical removal of part of the bone from the skull to expose the brain in order to remove or repair the AVM.

Angioplasty with or without stenting of one or more coronary arteries

Angioplasty performed by a specialist cardiologist to treat blockage or narrowing of one or more coronary arteries, as evidenced by a coronary angiogram.

A coronary angioplasty is a surgical procedure that is used to widen blocked or narrowed coronary arteries. A stent is a short, hollow metal tube. A small balloon is inflated to open the stent, which pushes against the artery walls. This widens the artery, squashing fatty plaques against the artery wall so that blood can flow through it more freely.

Coronary artery disease with coronary artery bypass graft for up to two arteries

The undergoing of surgery to correct the narrowing of, or blockage to, up to two coronary arteries by means of a bypass graft. This must be supported with a detailed report by a cardiothoracic surgeon, including copies of the operation reports.

A coronary artery bypass graft (CABG) is a surgical procedure widely used to treat coronary heart disease. CABG involves taking a blood vessel from another part of the body, usually the chest or leg, and attaching it to the coronary artery above and below the narrowed area or blockage. This new blood vessel is known as a graft.

Coronary artery disease with coronary artery bypass graft for three or more arteries

The undergoing of surgery to correct the narrowing of, or blockage to, three or more coronary arteries by means of a bypass graft. This must be supported with a detailed report by a cardiothoracic surgeon, including copies of the operation reports.

A coronary artery bypass graft (CABG) is a surgical procedure widely used to treat coronary heart disease. CABG involves taking a blood vessel from another part of the body, usually the chest or leg, and attaching it to the coronary artery above and below the narrowed area or blockage. This new blood vessel is known as a graft.

Mild heart attack

This is the death of heart muscle due to inadequate blood supply as evidenced by the criteria below. The myocardial infarction must be confirmed by a specialist. This claim event does not cover other acute coronary syndromes, including but not limited to angina.

- 1) Raised cardiac biomarkers AND one of the following:
- 2) Compatible clinical symptoms, OR
- 3) Characteristic electrocardiographical (ECG) changes indicative of myocardial ischaemia or myocardial infarction.

Post procedure myocardial infarction is included, provided it meets the above requirements.

Mild heart attack of specified severity

A mild heart attack of specified severity. The required medical evidence must be provided.

A mild heart attack occurs when blood flow to a section of heart muscle becomes blocked. If the flow of blood isn't restored quickly, a small section of heart muscle becomes damaged from lack of oxygen, begins to die and be replaced by scar tissue.

Moderate heart attack of specified severity

A moderate heart attack of specified severity. The required medical evidence must be provided.

A moderate heart attack occurs when blood flow to a section of heart muscle becomes blocked. If the flow of blood isn't restored quickly a larger section of heart muscle becomes damaged from lack of oxygen, begins to die and be replaced by scar tissue.

Heart attack with permanent mild impairment in function

A moderate heart attack with moderate, but permanent damage to the heart, which is measured using various medical investigations.

A moderate heart attack occurs when blood flow to a section of heart muscle becomes blocked. If the flow of blood isn't restored quickly a larger section of heart muscle becomes damaged from lack of oxygen, begins to die and be replaced by scar tissue.

Heart attack with permanent severe impairment in function

A heart attack with severe and permanent damage to the heart, which is measured using various medical investigations.

Takayasu's disease

Takayasu's disease, meeting all diagnostic criteria as defined by The American College of Rheumatology (ACR, 1990): 1) Angiographic criteria must show narrowing or occlusion of the entire aorta, its primary branches, or large arteries in the proximal upper or lower extremities; 2) These changes are not due to arteriosclerosis, fibromuscular dysplasia, or similar causes; 3) Changes are usually focal or segmental. This must be confirmed by a specialist physician.

Takayasu's disease (also known as Takayasu's arteritis) is a rare systemic disease where there is inflammation of the large blood vessels in the body. The cause is unknown.

Superior sagittal sinus thrombosis

Diagnosis of a superior sagittal sinus thrombosis, confirmed by radiological evidence and a neurosurgeon.

Superior sagittal sinus thrombosis is an uncommon stroke that is frequently associated with diseases that may contribute to the development of blood clots through hypercoagulability (increased clotting) or stasis (stagnation) of the local blood stream and abnormalities of the vessel wall.

Cavernous sinus thrombosis

Diagnosis of a cavernous sinus thrombosis, confirmed by radiological evidence and a neurosurgeon.

Cavernous sinus thrombosis (CST) is the formation of a blood clot within the cavernous sinus (a cavity at the base of the brain which drains deoxygenated blood). The usual cause is an infection.

Non-healing venous ulcer of more than 3 months duration despite treatment by a vascular surgeon, with documented evidence of deep venous insufficiency

Non-healing venous ulcer of more than 3 months duration despite optimum treatment by a vascular surgeon, with documented evidence of deep venous insufficiency by duplex ultrasonography or venography.

Venous ulcers are chronic wounds that occur due to improper functioning of venous valves, usually of the legs.

Post thrombotic leg with syndrome

The confirmed diagnosis of a post phlebotic leg swelling, by a vascular surgeon. There must be a history of a deep vein thrombosis (DVT), plus swelling in the affected limb to be at least 5 cm greater in diameter than the unaffected limb, persisting at least 1 month after the DVT.

Postthrombotic syndrome (PTS) or postphlebotic syndrome occurs when chronic symptoms of leg or arm swelling occur after a deep vein thrombosis. Other symptoms can include pain and cramping.

Giant cell arteritis

Giant cell arteritis, confirmed on biopsy and specialist physician report.

Giant cell arteritis disease is characterised by inflammation in the walls of medium- and large-sized arteries. The cause is unknown.

Persistent giant cell arteritis despite optimal therapy

Giant cell arteritis, confirmed on biopsy and by a specialist physician, with persistent symptoms and raised inflammatory markers despite optimal therapy.

Giant cell arteritis disease is characterised by inflammation in the walls of medium- and large-sized arteries. The cause is unknown.

Stroke

The death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in neurological deficit, confirmed by neuro-imaging investigation and appropriate clinical findings by a specialist neurologist. A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or if the blood vessel bursts. When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it starts to die. If the blood flow cannot reach the region that controls a particular body function, that part of the body will not work as it should.

For the stroke claim events the following are not covered: 1) Transient ischaemic attack; 2) Vascular disease affecting the eye or optic nerve; 3) Migraine and vestibular disorders.

Severity of the stroke will be assessed by a full neurological examination by a specialist neurologist any time after 3 months, and will be measured by: 1) The ability to do basic and advanced activities of daily living (ADLs), as indicated in the tables "Basic activities of daily living" and "Advanced activities of daily living" at the end of this chapter; OR 2) Whole person impairment (WPI) figures, which will be calculated according to the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment.

Stroke with full recovery

The death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in neurological deficit, confirmed by neuro-imaging investigation and appropriate clinical findings by a specialist neurologist. A full neurological examination by a neurologist after the event must confirm the diagnosis of a stroke and not a transient ischaemic attack (TIA), and that the life insured has recovered fully.

A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it starts to die. If the blood flow cannot reach the region that controls a particular body function, that part of the body will not work as it should.

Stroke with almost full recovery

Stroke with almost full recovery, with little residual symptoms or signs, as measured by the ability to do all basic and advanced ADLs, OR a WPI of 10% or less. This definition must be read together with the information under "Stroke" above.

A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it starts to die. If the blood flow cannot reach the region that controls a particular body function, that part of the body will not work as it should.

Stroke with mild impairment

The life insured can function independently after the stroke, but has impairment as measured by the inability to do three or more advanced ADLs, OR a WPI of 11% to 20%. This definition must be read together with the information under "Stroke" above.

A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it starts to die. If the blood flow cannot reach the region that controls a particular body function, that part of the body will not work as it should.

Stroke with moderate impairment

The life insured cannot function independently after the stroke, as measured by the inability to do six or more advanced ADLs, OR a WPI of 21% to 35%. This definition must be read together with the information under "Stroke" above.

A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it starts to die. If the blood flow cannot reach the region that controls a particular body function, that part of the body will not work as it should.

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Stroke with severe impairment

The life insured needs constant assistance after the stroke, as measured by the inability to do three or more basic ADLs, OR a WPI of greater than 35%. This definition must be read together with the information under "Stroke" above.

A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it starts to die. If the blood flow cannot reach the region that controls a particular body function, that part of the body will not work as it should.

Connective tissue

Progressive systemic sclerosis (scleroderma)

The confirmed diagnosis by an appropriate specialist of systemic sclerosis (a disease that involves the hardening and tightening of body tissue) with fibrosis (scarring) of the skin, joints, and at least two internal organs. The disease must be unresponsive to treatment with disease modifying drugs for a continuous period of at least 3 months. The required medical evidence must be provided.

Seropositive rheumatoid arthritis

The confirmed diagnosis by a rheumatologist of sero-positive rheumatoid arthritis (inflammation of the joints as a result of an autoimmune disorder). The required medical evidence must be provided.

Advanced or progressive rheumatoid arthritis despite optimal treatment

The confirmed diagnosis by a rheumatologist of sero-positive rheumatoid arthritis (inflammation of the joints as a result of an autoimmune disorder) with joint destruction and deformity in at least three large joints (excluding joints in hands or feet) and no or poor response to corticosteroids and disease-modifying medication for a continuous period of at least 3 months. The required medical evidence must be provided.

Systemic lupus erythematosus (SLE)

The confirmed diagnosis by a rheumatologist of systemic lupus erythematosus (a chronic inflammatory condition caused by an autoimmune disease* involving the skin, heart, lungs, kidneys, joints and nervous system). The required medical evidence must be provided.

*An autoimmune disease occurs when the body's tissues are attacked by its own immune system.

Systemic lupus erythematosus with multiple organ impairment

The confirmed diagnosis by a rheumatologist of systemic lupus erythematosus (SLE) (a chronic inflammatory condition caused by an autoimmune disease* involving the skin, heart, lungs, kidneys, joints and nervous system) with impairment of at least two other organs besides the kidney. The required medical evidence must be provided.

*An autoimmune disease occurs when the body's tissues are attacked by its own immune system.

Sarcoidosis

The confirmed diagnosis by a specialist of sarcoidosis (a condition of abnormal inflammatory masses forming in some organs). The required medical evidence must be provided.

Sarcoidosis with multiple organ involvement

The confirmed diagnosis by a specialist of sarcoidosis (a condition of abnormal inflammatory masses forming in some organs) with involvement of at least three of the following: 1) Lung system; 2) Eye system; 3) Skin system; 4) Nervous system; 5) Liver involvement; 6) Kidney involvement. The required medical evidence must be provided.

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Polyarteritis nodosa

The confirmed diagnosis by a specialist of polyarteritis nodosa, which is a systemic vasculitis (inflammation of vessels) of small- or medium-sized muscular arteries, typically involving blood vessels of the kidneys and internal organs. The required medical evidence must be provided.

Wegener's granulomatosis

The confirmed diagnosis by a specialist of Wegener's granulomatosis with respiratory system, kidneys and skin involvement. The required medical evidence must be provided.

Wegener's granulomatosis is a rare disease that affects many different organs and systems (in particular the lung and kidney systems), characterised by inflammation of the blood vessels (vasculitis).

Ear, nose and throat

Mastoiditis requiring mastoidectomy

The diagnosis of chronic mastoiditis (a persistent bacterial infection of the mastoid bone, which is situated behind the ear) requiring surgery to remove the infected bone. Confirmation by a specialist is required with supporting documents.

Total and permanent loss of hearing in one ear

The total and permanent loss of hearing in one ear, confirmed by an Ear, Nose and Throat (ENT) specialist, with supporting audiometric testing. Total loss of hearing means that the average hearing level in the affected ear, tested with hearing aids when applicable, at audible frequencies is more than 90 decibels. For the purpose of this definition audible frequencies mean 500, 1000, 2000 and 3000 Hertz. Permanent implies all reasonable treatment should have been undergone.

Permanent binaural hearing loss of more than 60%

The permanent loss of hearing of more than 60% in both ears, confirmed by an Ear, Nose and Throat (ENT) specialist, with supporting audiometric testing. Permanent implies all reasonable treatment should have been undergone.

Permanent binaural hearing loss of more than 75%

The permanent loss of hearing of more than 75% in both ears, confirmed by an Ear, Nose and Throat (ENT) specialist, with supporting audiometric testing. Permanent implies all reasonable treatment should have been undergone.

Total and permanent loss of hearing in both ears

The total and permanent loss of hearing in both ears, confirmed by an Ear, Nose and Throat (ENT) specialist, with supporting audiometric testing. Total loss of hearing means that the average hearing level in the better ear, tested with hearing aids when applicable, at audible frequencies is more than 90 decibels. For the purpose of this definition audible frequencies mean 500, 1000, 2000 and 3000 Hertz. Permanent implies all reasonable treatment should have been undergone.

Recipient of cochlear or middle ear implant

A cochlear or middle ear implant (a surgically implanted electronic device that provides sound by the transmission of signals to a range of electrodes placed in the cochlea, which stimulates the cochlear nerve). This must be confirmed by an Ear, Nose and Throat (ENT) specialist with supporting documents.

The cochlea is the snail-like part of the inner ear that is vital in hearing as it produces nerve impulses in response to sound.

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Otosclerosis resulting in hearing loss after failed surgery

The diagnosis of otosclerosis (a hereditary disorder causing progressive deafness due to overgrowth of bone in the inner ear) with hearing loss that persists despite surgery. This must be confirmed by an Ear, Nose and Throat (ENT) specialist with supporting documents.

Chronic osteomyelitis of the sinuses

The confirmed diagnosis by a specialist of chronic osteomyelitis of the sinuses (persistent inflammation of the bones of the sinuses). The required medical evidence must be provided.

Endocrine system

The endocrine system has eight major glands, which manufacture hormones. Hormones affect the functions of the entire body. Any disease of these glands can cause imbalances in the body which can be mild to serious.

Diagnosis of thyrotoxic crisis

The confirmed diagnosis of thyrotoxic crisis by an endocrinologist. This must be supported by appropriate investigations.

Thyrotoxic crisis is a disease that results in a sudden and dangerous increase in hormones from the thyroid gland causing high fever, irregular heartbeat, diarrhoea, vomiting and mood swings. The thyroid gland is an important gland in the neck that secretes hormones.

Diagnosis of acromegaly

The confirmed diagnosis of acromegaly by an endocrinologist. This must be supported by appropriate investigations.

Acromegaly is a disorder caused by excessive production of growth hormone by the pituitary gland (a gland in the brain) and marked especially by progressive enlargement of the hands, feet and face.

Diagnosis of Addisonian crisis

The confirmed diagnosis of Addisonian crisis by an endocrinologist. This must be supported by appropriate investigations.

Addisonian crisis is a disease that causes extreme weight loss, vomiting, abdominal pain, confusion, extreme weakness and low blood pressure as a result of the inadequate release of two chemical messengers (hormones) from the adrenal glands. The adrenal glands are organs sitting on the kidneys that produce important hormones.

Diagnosis of parathyroid tetany

The confirmed diagnosis of parathyroid tetany by an endocrinologist. This must be supported by appropriate investigations.

Parathyroid tetany is a disease that causes periodic painful muscular spasms and tremors as a result of abnormal calcium metabolism and inadequate functioning of the parathyroid glands. Parathyroid glands are small glands in the neck producing hormones.

Diagnosis of Simmonds' disease

The confirmed diagnosis of Simmond's disease by an endocrinologist. This must be supported by appropriate investigations.

Simmond's disease is a disorder as a result of the destruction of one part of the pituitary gland (a gland in the brain), resulting in failure to release important chemical messengers. The signs include the wasting or inadequate functioning of many other glands and the reproductive organs.

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Diagnosis of Conn's syndrome

The confirmed diagnosis of Conn's syndrome by an endocrinologist. This must be supported by appropriate investigations.

Conn's syndrome is a disorder characterised by high blood pressure, headaches and visual impairment as a result of excessive release of aldosterone (a hormone) by the adrenal glands. The adrenal glands are organs sitting on the kidneys that produce important hormones.

Diagnosis of primary Cushing's disease

The confirmed diagnosis of primary Cushing's disease by an endocrinologist. This must be supported by appropriate investigations.

Cushing's disease is a disorder resulting from excessive exposure to the hormone cortisol. This leads to many signs and symptoms, including but not limited to weight gain, high blood pressure, muscular weakness and sexual dysfunction.

Diagnosis of diabetes insipidus

The confirmed diagnosis of diabetes insipidus by an endocrinologist. This must be supported by appropriate investigations.

Diabetes insipidus is a disease that causes excessive thirst and urination as a result of inadequate output of a hormone (chemical messenger) which is released by the pituitary gland (a gland in the brain).

Diagnosis of type I diabetes

The diagnosis of type I diabetes by an endocrinologist, which is treated with daily insulin. This must be supported by appropriate investigations. This claim event does not cover type II diabetes or gestational diabetes.

Type 1 diabetes is a condition of high blood glucose levels caused by a total lack of insulin production by the pancreas. Type 1 diabetes develops most often in children and young people.

Diabetes mellitus type II with permanent renal impairment

The diagnosis of diabetes mellitus type II (adult onset diabetes) with permanent kidney damage (renal impairment). This must be confirmed by the relevant specialist reports with objective tests.

Diabetic retinopathy stage III

Type II diabetes mellitus, with severe nonproliferative retinopathy. This must be confirmed with reports by an ophthalmologist.

Diabetic retinopathy is an eye disease caused by diabetes mellitus where damage occurs to the retina, which can eventually lead to blindness. Diabetic retinopathy may progress through four stages, where this claim event covers **stage III**:

Stage I (mild nonproliferative retinopathy): This is the earliest stage of the disease where small areas of balloon-like swelling occur in the retina's tiny arteries. These swellings may leak fluid into the retina.

Stage II (moderate nonproliferative retinopathy): This is the moderate stage of the disease where arteries that nourish the retina may swell and distort and thereby lose their ability to transport blood.

Stage III (severe nonproliferative retinopathy): This is the severe stage of the disease where more arteries are blocked, reducing blood supply to the areas of the retina that secrete growth factors that cause the retina to grow new blood vessels.

Stage IV (also known as proliferative diabetic retinopathy (PDR)): This is the advanced stage of the disease where growth factors secreted by the retina cause the proliferation (growth) of new arteries which grow along the inside surface of the retina and inside the fluid that fills the eye. This can cause retinal detachment and blindness.

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Diabetic retinopathy stage IV

Proliferative type II diabetes mellitus, with severe proliferative retinopathy. This must be confirmed with reports by an ophthalmologist.

Diabetic retinopathy is an eye disease caused by diabetes mellitus where damage occurs to the retina, which can eventually lead to blindness. Diabetic retinopathy may progress through four stages, where this claim event covers **stage IV**:

Stage I (mild nonproliferative retinopathy): This is the earliest stage of the disease where small areas of balloon-like swelling occur in the retina's tiny arteries. This swelling may leak fluid into the retina.

Stage II (moderate nonproliferative retinopathy): This is the moderate stage of the disease where arteries that nourish the retina may swell and distort and thereby lose their ability to transport blood.

Stage III (severe nonproliferative retinopathy): This is the severe stage of the disease where more arteries are blocked, reducing blood supply to the areas of the retina that secrete growth factors that cause the retina to grow new blood vessels.

Stage IV (also known as proliferative diabetic retinopathy (PDR)): This is the advanced stage of the disease where growth factors secreted by the retina cause the proliferation (growth) of new arteries which grow along the inside surface of the retina and inside the fluid that fills the eye. This can cause retinal detachment and blindness.

Gastrointestinal system

Tracheoesophageal fistula having undergone surgery

An operation to repair an abnormal connection between the trachea (the windpipe) and the oesophagus (tracheal oesophageal fistula). This must be performed by a specialist surgeon, with surgical reports.

The oesophagus is a muscular tube that moves food and liquids from the throat to the stomach.

Crohn's disease or ulcerative colitis with prolonged advanced therapy

The unequivocal diagnosis by a gastroenterologist of Crohn's disease or ulcerative colitis (both inflammatory diseases of the digestive tract resulting in abnormal bowel function, discomfort and erosion of the lining of the digestive tract) having undergone treatment for 4 continuous months with specialised medication called immunomodulators to control symptoms. The required medical evidence must be provided.

Crohn's disease or ulcerative colitis with recurrent surgery

The unequivocal diagnosis by a gastroenterologist of Crohn's disease or ulcerative colitis (both inflammatory diseases of the digestive tract resulting in abnormal bowel function, discomfort and erosion of the lining of the digestive tract) having undergone at least two surgeries to the colon or small intestine.

Crohn's disease or ulcerative colitis with a permanent colostomy or ileostomy

The unequivocal diagnosis by a gastroenterologist of Crohn's disease or ulcerative colitis (both inflammatory diseases of the digestive tract resulting in abnormal bowel function, discomfort and erosion of the lining of the digestive tract) resulting in a total colectomy (removal of the ascending, descending and transverse colon) with a permanent external bag (colostomy) or artificial external intestinal opening (ileostomy). This must be confirmed by surgical reports.

Hemicolectomy

A hemicolectomy (surgical removal of half of the colon) that is as a result of any disease or disorder. The required medical evidence must be provided.

Total colectomy (removal of the ascending, descending and transverse colon)

Any organic disease that results in the surgical removal of the ascending, descending and transverse colon. This must be confirmed with surgical reports by a gastroenterologist.

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Any disease or disorder requiring partial hepatectomy

Any disease or disorder of the liver requiring surgical removal of part of the liver. This must be performed by a specialist, with surgical reports.

Chronic persistent hepatitis classified as Child-Pugh class A or worse

The confirmed diagnosis by a specialist of chronic hepatitis (inflammation of the liver) present for at least 6 months, with liver failure classified at Child-Pugh class A or higher. The required medical evidence must be provided.

Sclerosing cholangitis classified as Child-Pugh class A or worse

The confirmed diagnosis by a specialist of sclerosing cholangitis (a disorder of the liver in which the bile ducts within and outside of the liver become inflamed and scarred (sclerotic)) present for at least 6 months, with liver failure classified at Child-Pugh class A or higher. The required medical evidence must be provided.

End-stage liver failure

The confirmed diagnosis by a specialist of any disease or disorder that results in end-stage liver failure classified at Child-Pugh class A or higher.. The required medical evidence must be provided.

Liver or pancreas transplant

The undergoing of a complete liver or pancreas transplant as a recipient, or confirmation of being on a recognised national South African transplant waiting list, awaiting a complete liver or pancreas transplant. This must be confirmed by a specialist with supporting evidence. This claim event does not cover stem cell therapy.

Amyloidosis of the liver and spleen

Amyloidosis of the liver and spleen. The required medical evidence must be provided.

Amyloidosis is a rare disease that occurs when a substance called amyloid builds up in the organs. Amyloid is an abnormal protein that is usually produced in the bone marrow and can be deposited in any tissue or organ.

Complete pancreatectomy

The complete surgical removal of the pancreas. This must be confirmed with surgical reports by a specialist.

Primary biliary cirrhosis

The confirmed diagnosis by a gastroenterologist of primary biliary cirrhosis (a disease in which the bile ducts in the liver are slowly destroyed).

Chronic pancreatitis

Chronic pancreatitis, confirmed by a gastroenterologist. There must be evidence of all of the following: 1) Chronic malabsorption as evidenced by appropriate blood tests; 2) Diagnosis of diabetes mellitus, evidenced by blood tests, which occurred as a result of the pancreatitis; 3) Pancreatic calcification on abdominal x-ray.

Loss of more than one third of the tongue

Any disease or disorder that results in the surgical loss of more than one third of the tongue. This must be confirmed with surgical reports by a surgeon.

Chronic rectal fistula

The first surgical repair of a chronic rectal fistula (an abnormal connection between the surface of the skin and the lower part of the intestine (rectum)). This must be confirmed with surgical reports by a surgeon.

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Proven acute peritonitis requiring surgical intervention (excluding appendectomy)

Proven acute peritonitis (inflammation of the thin layer of tissue that covers the abdominal organs) requiring emergency surgical intervention. The required medical evidence must be provided. This claim event does not cover surgery for an inflamed/infected appendix (an appendectomy for appendicitis).

Irreparable abdominal or inguinal hernia

Irreparable abdominal or inguinal hernia where surgery is specifically contraindicated, as confirmed by a surgeon. There must be documented evidence in the history of at least one of the following complications: 1) Strangulation; 2) Obstruction; 3) Ischaemia; 4) Gangrene.

Lymph and blood

Chronic blood disorders requiring constant blood replacements

Any chronic disorder of the blood, where at least four units of blood or blood products has been transfused per month for at least 3 consecutive months. This must be confirmed by a specialist with the required medical evidence.

Severe aplastic anaemia

The unequivocal diagnosis of bone marrow failure. This must be confirmed by a specialist, with all of the following: 1) Bone marrow biopsy; 2) Blood tests showing anaemia, neutropenia and thrombocytopenia; 3) Classified as severe aplastic anaemia according to the latest International Aplastic Anaemia Study Group; 4) Treated with at least one of the following: marrow stimulating agents, immunosuppressive agents, or bone marrow transplant. This claim event specifically excludes non-severe aplastic anaemia.

Bone marrow transplant

The undergoing of a bone marrow transplant after complete bone marrow ablation (destruction with radio- or chemotherapy) as confirmed by a specialist. The required medical evidence must be provided.

Diffuse intravascular clotting

Diffuse intravascular clotting (DIC) (a disease characterised by the systemic activation of the blood clotting system resulting in multiple small clots). This must be confirmed by a specialist with laboratory evidence and must meet the international scoring criteria.

Idiopathic thrombocytopenic purpura with splenectomy

The confirmed diagnosis by a specialist of idiopathic thrombocytopenic purpura (a bleeding disorder in which the immune system destroys platelets) with splenectomy (surgical removal of the spleen). Surgical records and blood tests must support the diagnosis.

Chronic anaemia despite optimal treatment needing blood transfusion every second week

Chronic anaemia (persistent low red blood cell count) despite optimal oral treatment needing blood transfusions every second week, occurring for at least 3 consecutive months. This must be confirmed by a specialist with supporting evidence.

Autoimmune haemolytic anaemia with splenectomy

Autoimmune haemolytic anaemia (a disorder marked by the destruction of red blood cells in excess of new red blood cell production) with splenectomy (removal of spleen), confirmed by a specialist.. Surgical reports and blood tests must support the diagnosis.

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Essential thrombocytosis

Essential thrombocytosis (a rare chronic blood disorder characterised by the overproduction of platelets). This must be confirmed by a specialist with supporting laboratory and bone marrow evidence.

Musculoskeletal system

Any long-bone chronic osteomyelitis

The confirmed diagnosis by an orthopaedic surgeon of any long-bone chronic osteomyelitis (inflammation of bone or bone marrow, usually due to infection) that is present for at least 6 months. The required medical evidence must be provided.

Septic arthritis of a major joint

The confirmed diagnosis by an orthopaedic surgeon of septic arthritis of a major joint (an inflammation of a major joint: shoulders, elbows, wrists, hips, knees, ankles and spine as a result of infection). The required medical evidence must be provided.

Hip joint replacement

Surgical hip joint replacement with a prosthesis, confirmed by an orthopaedic surgeon. This must be supported by surgical reports.

Knee joint replacement

Surgical knee joint replacement with a prosthesis, confirmed by an orthopaedic surgeon. This must be supported by surgical reports.

Ankle joint replacement

Surgical ankle joint replacement with a prosthesis, confirmed by an orthopaedic surgeon. This must be supported by surgical reports.

Shoulder joint replacement

Surgical shoulder joint replacement with a prosthesis, confirmed by an orthopaedic surgeon. This must be supported by surgical reports.

Elbow or wrist joint replacement

Elbow or wrist joint replacement with a prosthesis, confirmed by an orthopaedic surgeon. This must be supported by surgical reports.

Paraplegia, hemiplegia, diplegia or quadriplegia

Paraplegia is the total and permanent loss of muscle function resulting in the loss of use of both legs due to disease of or injury to the spinal cord or brain.

Hemiplegia is the total and permanent loss of muscle function of one side of the body due to disease of or injury to the spinal cord or brain. This claim event does not cover hemiplegia facialis (facial palsy).

Diplegia is the total and permanent loss of muscle function or sensation of both sides of the body due to disease of or injury to the spinal cord or brain.

Quadriplegia is the total and permanent loss of the functioning of both arms and both legs due to disease of or injury to the spinal cord or brain.

For all of the conditions above, the following is required: 1) Radiological evidence such as a CT scan or MRI; 2) Must be confirmed by a neurologist or neurosurgeon; 3) The conditions must be medically documented for at least 3 months.

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Loss of more than 50% of hand function as defined in AMA's guides or its equivalent

The permanent loss of more than 50% of hand function as calculated according to the American Medical Association's (AMA) latest Guides to the Evaluation of Permanent Impairment or its equivalent.

Loss of use of or loss of one thumb

Irreversible loss of use of or loss of one thumb. This must be confirmed with supporting evidence by a specialist.

Loss of use of or loss of three or more fingers on the same hand

Irreversible loss of use of or loss of three or more fingers on the same hand. This must be confirmed with supporting evidence by a specialist.

Loss of use of or loss of one hand

The irreversible loss of use of or loss of one hand from the wrist. This must be confirmed with supporting evidence by a specialist.

Loss of use of or loss of both hands

The irreversible loss of use of or loss of both hands from the wrist. This must be confirmed with supporting evidence by a specialist.

Loss of use of or loss of one foot

Irreversible loss of use of or loss of one foot from the ankle. This must be confirmed with supporting evidence by a specialist.

Loss of use of or loss of both feet

The irreversible loss of use of or loss of both feet, from the ankles. This must be confirmed with supporting evidence by a specialist.

Loss of use of or loss of one hand and one foot

The irreversible loss of use of or loss of one hand from the wrist and one foot from the ankle. This must be confirmed with supporting evidence by a specialist.

Loss of use of or loss of one limb

The irreversible loss of use of or loss of one arm from the elbow or one leg from the knee. This must be confirmed with supporting evidence by a specialist.

Loss of use of or loss of more than one limb

The irreversible loss of use of or loss of two arms from the elbows, or two legs from the knees, or one arm from the elbow and one leg from the knee. This must be confirmed with supporting evidence by a specialist.

Surgical repair of major motor nerve after complete severance

Surgical repair of major motor nerve (nerve supplying muscles) after complete severance of the nerve. This must be confirmed with surgical reports by a surgeon.

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Confirmed diagnosis of Paget's disease of the bone

Confirmed diagnosis by a specialist of Paget's disease of the bone (a disease marked by abnormal bone remodelling over time that leads to a structurally disorganized bone (woven bone) which is weaker, larger, less compact, more blood vessel-rich and more likely to fracture). The required medical information must be provided.

Persistent neurological impairment despite recurrent spinal surgery

Persistent documented neurological impairment despite two or more spinal operations (see contract for type of procedures) on separate occasions within a 5-year period. This must be confirmed with surgical reports for each procedure by a specialist. Permanent neurological impairment must be confirmed by all of the following: 1) Persistent clinical signs and symptoms; 2) Imaging; 3) Electrodiagnostic studies.

Temperomandibular joint replacement

Surgical replacement of the jaw joint (temporomandibular joint (TMJ)) with a total joint prosthesis. This must be confirmed with surgical reports by a specialist.

Nervous system and psychiatric disorders

Conditions having undergone open brain surgery via a craniotomy

Open brain surgery via a craniotomy (a surgical operation in which a bone flap is temporarily removed from the skull to access the brain). This must be supported with surgical reports by a neurosurgeon.

Status epilepticus resulting in permanent neurological impairment

In spite of sustained optimal treatment and documented compliance of treatment, there must be at least three documented episodes of status epilepticus within the last 12 months, or 12 or more grand mal seizures per month, in the past 4 consecutive months. This will be assessed by all of the following evidence: 1) Electro-encephalograms (EEG); 2) Drug serum levels which must show compliance; 3) Documented evidence of epileptic attacks on clinical records; 4) Evidence of emergency treatment administered.

Status epilepticus (SE) is an epileptic seizure or fit of greater than five minutes or more than one seizure within a five-minute period without the person returning to normal between them.

Guillain-Barre with prolonged respiratory support

The confirmed diagnosis of Guillain-Barre, which results in mechanical ventilation for more than 60 consecutive days. This must be confirmed with reports by a specialist.

Guillain-Barre syndrome (GBS) is a rapid-onset muscle weakness caused by the immune system damaging the peripheral nervous system. The disorder can be life-threatening as weakness of the breathing muscles requires mechanical ventilation.

Guillain-Barre with permanent neurological deficit

The confirmed diagnosis of Guillain-Barre, which results in permanent neurological deficit, with the complete reliance on an assistive device for ambulation. This will be assessed after 6 months. This must be confirmed by a neurologist report.

Guillain-Barre syndrome (GBS) is a rapid-onset muscle weakness caused by the immune system damaging the peripheral nervous system. The disorder can be life-threatening as weakness of the breathing muscles requires mechanical ventilation.

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Permanent and complete inability to communicate or comprehend language symbols

Aphasia, with a complete inability to speak or comprehend speech or to read or write. This must be as a result of injury or disease of the brain, and confirmed by a neurologist. This does not cover 1) Inability to speak due to psychiatric causes; 2) Inability to speak due to non-neurological disease.

Permanent hemiparesis or hemiparalysis secondary to trauma or surgery

Brain surgery or an accident that results in permanent hemiparesis or hemiparalysis, as confirmed by neuro-imaging and neurological reports. Permanence will be established after 3 months. For this definition, accident means any external, violent and traumatic event. This claim event excludes Bell's palsy.

Hemiparesis is unilateral paresis, that is, weakness of the entire left or right side of the body ("hemi" means "half").

Permanent moderate to severe impairment of intellectual capacity as a result of brain injury or systemic hypoxia

Brain injury or systemic hypoxia (inadequate oxygen supply) that results in permanent moderate to severe impairment of intellectual capacity. This must be evidenced by all three of the following: 1) The permanent inability to do six or more advanced activities of daily living (ADLs) as indicated in the table "Advanced activities of daily living" at the end of this chapter; 2) Neuro-imaging (any form of brain scanning that can diagnose abnormalities related to hypoxia); 3) Confirmation by a neurologist. Permanence will be established after 3 months.

Motor neuron disease

The diagnosis of motor neurone disease, confirmed by a neurologist, with all of the following: 1) Evidence on electromyography and electroneurography (studies of nerve supply to the muscles and nerve conduction); 2) Permanent inability to perform independently at least three basic activities of daily living as indicated in the table "Advanced activities of daily living" at the end of this chapter. Permanence will be established after 3 months.

Motor neuron disease (MND) is any of several neurological disorders that selectively affect motor neurons, the cells that control voluntary muscles of the body.

Diagnosis of muscular dystrophy

The diagnosis of muscular dystrophy, confirmed by a neurologist with all of the following: 1) Characteristic electromyogram; 2) Confirmation on muscle biopsy.

Muscular dystrophy (MD) is a disease that causes muscles to waste away, leaving patients weak and eventually unable to help themselves.

Progressive muscular dystrophy

The diagnosis of muscular dystrophy, confirmed by a neurologist with all of the following: 1) Characteristic clinical presentation; 2) Characteristic electromyogram; 3) Clinical suspicion confirmed by muscle biopsy; 4) The disease must result in a permanent inability to perform independently at least three basic activities of daily living (ADLs) as indicated in the table "Basic activities of daily living" at the end of this document. Permanence will be established after 3 months.

Muscular dystrophy (MD) is a disease that causes muscles to waste away, leaving patients weak and eventually unable to help themselves

Induced coma

Admission to an intensive care unit (ICU) for a medical emergency where sedation is required for intubation and mechanical ventilation for at least 96 hours. This must be confirmed with clinical reports by the relevant treating specialist.

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Coma with full recovery

Coma, where there is a state of unconsciousness not induced by sedation. There must be evidence of all of the following: 1) Glasgow Coma Scale reading of 8 or less; 2) No reaction to external stimuli or internal needs; 3) This state must persist continuously for more than 96 hours.

Coma resulting in permanent neurological deficit

Coma, where there is a state of unconsciousness not induced by sedation. There must be evidence of all of the following: 1) Glasgow Coma Scale reading of 8 or less; 2) No reaction to external stimuli or internal needs; 3) This state must persist continuously for more than 96 hours, with permanent neurological deficit. Permanence will be established at 3 months.

Multiple sclerosis

The definitive diagnosis of multiple sclerosis. Evidence of two episodes of nerve supply problems as well as confirmation of the diagnosis by two neurologists are needed.

Multiple sclerosis is a disorder that results in abnormalities with the sheath cover around nerves. This causes different types of nerve supply disorders depending on which group of nerves are affected.

Advanced multiple sclerosis

The diagnosis of advanced multiple sclerosis, with all of the following: 1) Two separate neurological events resulting in permanent nerve supply fallout; 2) This permanent nerve supply fallout must involve at least two of the following three systems: sensory, motor and autonomic; 3) Neurological deficit must be present for a continuous period of at least 6 months; 4) All of this must be supported by appropriate neuro-imaging (brain and nerve supply scanning) and neurological reports.

Multiple sclerosis is a disorder that results in abnormalities with the sheath cover around nerves. This causes different types of nerve supply disorders depending on which group of nerves are affected.

Optic neuritis with demyelinating on MRI

Inflammation of the nerve supplying the eye (optic neuritis) where 2 or more plaques are confirmed as demyelinating (absence of the protective nerve sheath (myelin)) on an MRI.

Parkinson's disease

The diagnosis of Parkinson's disease, confirmed by a neurologist, with all of the following: 1) Appropriate clinical signs and symptoms; 2) Appropriate testing to exclude other causes.

Parkinson's disease is a degenerative brain condition that leads to various symptoms, like tremor of the hands and head, a slow gait with shuffling feet, inability to show emotions, and a forward-falling posture.

Advanced Parkinson's disease

The diagnosis of Parkinson's disease, confirmed by a neurologist, with all of the following: 1) Appropriate clinical signs and symptoms; 2) Permanent inability to perform independently at least three basic activities of daily living (ADLs) as indicated in the table "Basic activities of daily living" at the end of this chapter. Permanence will be assessed after 3 months.

Parkinson's disease is a degenerative brain condition that leads to various symptoms, like tremor of the hands and head, a slow gait with shuffling feet, inability to show emotions, and a forward-falling posture.

Diagnosis of myasthenia gravis

The diagnosis of myasthenia gravis by a neurologist with objective evidence supported with all of the following: 1) Appropriate blood tests; 2) Nerve conduction tests; 3) Radio imaging.

Myasthenia gravis (MG) is a long term neuromuscular disease that leads to varying degrees of muscle weakness. The most commonly affected muscles are those of the eyes, face, and swallowing. It can result in double vision, drooping eyelids, trouble talking, and trouble walking.

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Myasthenia gravis with severe permanent impairment

The diagnosis of myasthenia gravis by a neurologist with all of the following objective evidence: 1) Appropriate blood tests; 2) Nerve conduction tests; 3) Radio imaging and permanent inability to independently perform at least three basic activities of daily living (ADLs) as indicated in the table "Basic activities of daily living" at the end of this chapter, or the need for 24 hour supervision by a caregiver. Permanence will be established after 3 months.

Myasthenia gravis (MG) is a long term neuromuscular disease that leads to varying degrees of muscle weakness. The most commonly affected muscles are those of the eyes, face, and swallowing. It can result in double vision, drooping eyelids, trouble talking, and trouble walking.

Hydrocephalus with the insertion of a VP shunt

The diagnosis of a hydrocephalus (accumulation of fluid in the brain), with all of the following: 1) Confirmed by a neurosurgeon; 2) Insertion of a ventriculo peritoneal (VP) shunt; 3) Neurosurgical reports. Only one payment will be made for this claim event.

Stereotactic brain surgery

Any brain disease or disorder, for which a neurosurgeon or radiologist performs any of the following: 1) Stereotactic brain ablation, stimulation, implantation; 2) Radiotherapy. This must be supported by neurosurgical or radiologist reports.

Stereotactic brain ablation is a surgical procedure where lesions or diseases are removed or treated with assistance of image guidance, to be as minimally invasive as possible, without affecting surrounding normal brain tissue.

Irreversible unilateral trigeminal nerve palsy

Damage to the cranial nerve V (trigeminal nerve), with all of the following permanent signs: 1) Loss of facial sensation; 2) Impairment of mastication (chewing); 3) Loss of corneal eye reflex. This must be confirmed by a neurologist, as well as neuro-imaging tests.

Irreversible unilateral facial nerve palsy

Damage to the cranial nerve VII (facial nerve), with all of the following permanent signs: 1) No or slight movement of one half of the face with asymmetry at rest; 2) Incomplete or no eyelid closure; 3) Slight or no movement of the mouth. This must be confirmed by a neurologist, as well as on neuro-imaging tests.

Irreversible unilateral hypoglossal nerve palsy

Damage to cranial nerve XII (hypoglossal nerve), with all of the following permanent signs: 1) Moderate to severe dysarthria or dysphagia (difficulties with speech or swallowing); 2) Nasal regurgitation (backward movement of food through nasal area); 3) An inability to swallow, or process oral secretions without choking, or aspiration (inhalation) of liquids or semi-solid foods. This must be confirmed by a neurologist, as well as on neuro-imaging tests.

Irreversible cerebellum dysfunction

Irreversible cerebellum dysfunction (irreversible inadequate function of the posterior part of the brain called the cerebellum), resulting in the permanent inability to walk without total dependence on assistive devices. This must be confirmed by a neurologist, as well as on neuro-imaging tests.

Alzheimer's disease

The diagnosis of Alzheimer's disease (pre-senile dementia), confirmed by a neurologist or psychiatrist. There must be evidence of all of the following: 1) Typical findings in cognitive tests according to the latest Diagnostic and Statistical Manual for Mental Disorders (DSM) criteria; 2) Supportive findings on neuro-imaging; 3) Permanent inability to perform independently at least three basic activities of daily living (ADLs) as indicated in the table "Basic activities of daily living" at the end of this chapter, or the need for 24 hour supervision by a caregiver. Permanence will be established after 3 months.

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Schizophrenia

The confirmed diagnosis of schizophrenia (a mental disorder that affects how people think, feel and behave) by at least two independent psychiatrists. There must be collaborated evidence from both reports according to the Diagnostic and Statistical Manual for Mental Disorders (DSM), confirming all of the following: 1) Loss of intellectual capacity due to irreversible global failure of brain functioning; 2) Reduction in executive functions such as abstract thinking, judgment and problem solving; 3) Requirement for a permanent caregiver.

Anorexia nervosa with BMI less than 16 for 6 consecutive months

The diagnosis of anorexia nervosa (a psychiatric eating disorder that results in extreme loss of weight), with body mass index (BMI) less than 16 for 6 consecutive months, despite optimal treatment. There must be evidence of all of the following: 1) Hospital admission for cardiac dysrhythmias, metabolic abnormalities or re-feeding; 2) Inpatient admission under psychiatric supervision; 3) Confirmation by a physician and psychiatric reports.

Medically certified institutionalisation for a mental and behavioural disorder for at least 6 months continuously

The diagnosis of a psychiatric disorder, according to the latest Diagnostic and Statistical Manual for Mental Disorders (DSM) classification, with all of the following: 1) Institutionalisation in a registered psychiatric facility for more than 6 consecutive months with appropriate medical certification; 2) Undergoing of constant supervision, with a permanent caregiver; 3) Global Assessment Function (GAF) score of 30 or less. This must be confirmed by at least two independent psychiatric reports.

Renal disorders

Chronic nephrotic syndrome

Confirmed diagnosis of nephrotic syndrome by a nephrologist, with all of the following supportive evidence: 1) Laboratory investigation; 2) Renal imaging; 3) Biopsy.

Nephrotic syndrome is caused by different disorders that damage the clusters of small blood vessels in the kidneys that filter waste and excess water from the blood. This damage leads to the release of too much protein in the urine, low blood protein levels, high cholesterol and triglyceride levels, and generalised body swelling.

Nephrotic syndrome with renal artery or renal vein thrombosis

Confirmed diagnosis of nephrotic syndrome, with documented renal artery or renal vein thrombosis, confirmed by a nephrologist, with supporting laboratory tests and ultrasound of kidneys.

Nephrotic syndrome is caused by different disorders that damage the kidneys. This damage leads to the release of too much protein in the urine, decrease in blood protein levels, high cholesterol and triglyceride levels, and generalised body swelling.

Chronic tubulointerstitial disease

Chronic tubulointerstitial disease must be confirmed by a renal biopsy. The term tubulointerstitial is used to broadly refer to chronic kidney diseases that involve tubules and/or the interstitium of the kidney, but not the glomeruli.

Primary amyloidosis of the kidney

The confirmed diagnosis of primary amyloidosis of the kidney, by biopsy.

Amyloidosis is a rare disease that occurs when a substance called amyloid builds up in the organs. Amyloid is an abnormal protein that is usually produced in the bone marrow and can be deposited in any tissue or organ.

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Nephrectomy as kidney donor, meeting ethical and legal requirements

The donation of a kidney within South Africa, provided that this conforms to all ethical and legal requirements of South Africa. This must be supported with operation reports.

Partial or total nephrectomy

Nephrectomy, with the surgical report confirming the removal of part of one kidney (partial nephrectomy) or one whole kidney (total nephrectomy).

Renal cortical necrosis

Renal cortical necrosis, confirmed by a nephrologist with radiological evidence or renal biopsy.

Renal cortical necrosis is a rare cause of acute renal failure as a result of lack of blood supply to the kidney.

Moderate progressive chronic kidney disease with decline in function

Progressive chronic kidney disease (progressive deterioration of kidneys) as evidenced by all of the following despite optimal therapy: 1) Renal function tests that show a decline in the glomerular filtration rate (GFR) of more than 5 ml/min over the past 12 months; 2) Last GFR 50ml/min or less; 3) Persistent proteinuria (1+ or more on dipstick). This must be confirmed by a nephrologist.

Severe progressive chronic kidney disease with decline in function

Progressive chronic kidney disease (progressive deterioration of kidneys) as evidenced by all of the following despite optimal therapy: 1) Renal function tests that show a decline in the glomerular filtration rate (GFR) of more than 5 ml/min over the past 12 months; 2) Last GFR 30 ml/min or less; 3) Persistent proteinuria (1+ or more on dipstick). This must be confirmed by a nephrologist.

Chronic, irreversible kidney failure requiring and already having undergone regular dialysis treatment

Chronic, end-stage kidney failure that is irreversible, with regular dialysis instituted. This must be supported with a report from the treating nephrologist.

Kidney transplant

The undergoing of a complete kidney transplant as a recipient, or confirmation of being on a recognised national South African transplant waiting list, awaiting a complete kidney transplant. This must be confirmed by a specialist with supporting evidence.

Polycystic kidney disease

Confirmed diagnosis of polycystic kidney disease by a nephrologist, with supportive evidence on laboratory investigation and renal imaging.

Polycystic kidney disease is an inherited disorder where multiple cysts (fluid-filled sacs) develop primarily in kidneys.

Documented renal vein thrombosis

Formation of a clot in the blood vessel that drains blood from the kidney, confirmed by a nephrologist or urologist, with confirmatory investigations and imaging.

Open kidney surgery, not for diagnostic purposes

Open kidney surgery that is performed for treatment of a renal disorder or injury. This must be supported with surgical reports. This claim event does not cover any surgery purely for diagnostic reasons.

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Reproductive system

Eclampsia

The diagnosis of eclampsia during pregnancy or in the 6-week post-partum period, with one of the following: 1) New onset of grand mal seizures; 2) Unexplained coma. This must be confirmed by an obstetrician-gynaecologist.

Eclampsia is a complication of pregnancy, during pregnancy or in the 6 weeks after pregnancy. The condition may result in convulsions/seizures or unexplained coma due to severe high blood pressure and poses a threat to the health of mother and baby whilst the mother is still pregnant.

Amniotic fluid pulmonary embolism

The diagnosis of amniotic fluid embolism (AFE) which results in an allergic-like reaction during labour. There must be signs of one or more of the following: 1) Cardiovascular instability; 2) Respiratory distress; 3) Coagulopathy; 4) Coma/seizures. The diagnosis must be confirmed by a specialist, with the exclusion of all other causes.

Amniotic fluid embolism is when amniotic fluid (the fluid that surrounds a baby in the uterus, or fetal material such as fetal cells) enters the mother's bloodstream. This is most likely to occur during delivery or the period immediately afterward. This is a severe life threatening condition.

Diffuse intravascular clotting in pregnancy

The diagnosis of diffuse intravascular clotting (DIC) during pregnancy or in the 6 week post-partum period. There must be evidence on relevant blood tests and the diagnosis must be confirmed by specialist.

Diffuse intravascular clotting during pregnancy and the 6 week period after delivery of the baby occurs when there is abnormal formation of blood clots in the small blood vessels throughout the body. This leads to compromise of tissue blood flow and can ultimately lead to multiple organ damage. Eventually normal clotting is disrupted and severe bleeding can occur from various sites.

Acute renal failure in pregnancy

Renal cortical necrosis that occurs during pregnancy. This must be confirmed by a nephrologist with all of the following: 1) Radiological evidence; 2) Renal biopsy.

Renal cortical necrosis is a rare cause of acute renal failure in pregnancy. It occurs where there is lack of blood supply to the kidneys.

Ectopic pregnancy

The diagnosis of an ectopic pregnancy, with imaging, that results in medical or surgical intervention. This must be confirmed by an obstetrician-gynaecologist.

An ectopic pregnancy is an abnormal pregnancy in which the fetus develops outside the womb, typically in a fallopian tube.

Intrauterine death after 12 weeks and up to and including 24 weeks gestation

Any intrauterine death (death of the fetus in the womb) that has occurred after 12 weeks and up to and including 24 weeks of gestation. The gestational age must be confirmed with supporting evidence (early ultrasound) by the treating obstetrician-gynaecologist. This claim event does not cover any induced termination.

Intrauterine death after 24 weeks gestation

Any intrauterine death (death of the fetus in the womb) that has occurred after 24 weeks of gestation. The gestational age must be confirmed with supporting evidence (early ultrasound) by the treating obstetrician-gynaecologist. This claim event does not cover any induced termination.

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Uterus rupture

Acute rupture of the uterus during vaginal delivery, resulting in an emergency hysterectomy. This must be confirmed with surgical reports by the treating obstetrician-gynaecologist.

Uterine rupture is a serious complication during normal childbirth. The muscles of the womb tear during childbirth and an emergency hysterectomy is required.

Sheehan syndrome post-partum

The diagnosis of Sheehan syndrome, that occurs within the 6 week post-partum period, as a result of documented post-partum haemorrhage. This must be supported with all of the following: 1) Blood tests; 2) MRI scan. This must be confirmed by a neurologist.

Sheehan's syndrome is a condition that affects women who lose a life-threatening amount of blood during or after childbirth resulting in oxygen deprivation and damage to the pituitary gland (a gland at the base of the brain secreting various hormones) at the base of the brain. This causes the permanent underproduction of essential hormones produced by this gland.

Hydatidiform mole

Hydatidiform mole or molar pregnancy, as evidenced with all of the following: 1) Quantitative beta-hCG levels greater than 100 000 mIU/ml; 2) Imaging. This must be confirmed by an obstetrician-gynaecologist.

Molar pregnancy is an abnormal form of pregnancy where a non-viable fertilised egg is implanted in the womb and grows but does not produce a normal fetus.

Respiratory disorders

Confirmed diagnosis of interstitial lung disease

Interstitial lung disease, which must be confirmed by a pulmonologist, with all of the following: 1) Objective radiological evidence; 2) Biopsy.

Interstitial lung disease is a large group of diseases that inflame or scar the lungs. These lung diseases can include pneumoconiosis and fibrosing alveolitis. The inflammation and scarring make it hard to get enough oxygen.

Severe status asthmaticus

Status asthmaticus with intubation and intensive care unit (ICU) admission for 48 hours or more. This must be confirmed by a specialist and clinical records.

Status asthmaticus is severe condition in which asthma attacks follow one another without pause resulting in the insertion of a plastic tube into the windpipe (intubation) and mechanical ventilation in an intensive care unit (ICU).

Pulmonary embolism

The diagnosis and treatment of a pulmonary embolism (PE) following a deep vein thrombosis (DVT). This must be confirmed by a specialist and must include all of the following: 1) A ventilation-perfusion (VQ) scan or reports of the latest radiological imaging technique; 2) Treatment record of use of anticoagulant drugs.

Pulmonary embolism is a sudden blockage in a lung artery. The blockage is usually caused by a blood clot that travels to the lung from a vein in the leg.

Recurrent pulmonary embolism, with associated pulmonary hypertension

Recurrent pulmonary embolism despite optimal treatment, resulting in pulmonary hypertension, where the mean pulmonary artery pressure is more than 40 mmHg. This must be confirmed by a specialist.

Recurrent pulmonary embolism that does not respond to treatment are blood clots that repeatedly occur in the arteries of the lung. This can cause significant and chronic damage to the lung. If this occurs then this is called pulmonary hypertension.

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Chronic irreversible lung disease with moderate impairment

Chronic irreversible lung disease, confirmed by a pulmonologist, resulting in irreversible respiratory impairment of FEV1 $\leq 50\%$ or FVC $\leq 50\%$, or DCO $\leq 50\%$ on at least three occasions at least 1 month apart.

Chronic irreversible lung disease is when there is a reduced volume of air from the lungs that can be blown out in the first second (FEV1) or a reduced volume of air that can be blown out after inhaling fully (FVC) or a reduced ability to transfer oxygen or diffusion capacity (DCO), all of which indicate poor functioning of the lungs.

Chronic irreversible lung disease with severe impairment

Chronic irreversible lung disease, confirmed by a pulmonologist, resulting in irreversible respiratory impairment of FEV1 $\leq 40\%$ or FVC $\leq 40\%$, or DCO $\leq 40\%$ on at least three occasions at least 1 month apart.

Chronic irreversible lung disease is when there is a reduced volume of air from the lungs that can be blown out in the first second (FEV1) or a reduced volume of air that can be blown out after inhaling fully (FVC) or a reduced ability to transfer oxygen or diffusion capacity (DCO), all of which indicate poor functioning of the lungs.

Removal of two or more lobes of a lung

The surgical removal of two or more lobes of a lung by an appropriate specialist, with surgical reports.

Removal of a lung

The surgical removal of one lung, confirmed with surgical reports by an appropriate specialist.

Lung or heart-lung transplant

The undergoing of a complete lung or heart-lung transplant as a recipient, or confirmation of being on a recognised national South African transplant waiting list, awaiting a complete lung or heart-lung transplant. This must be confirmed by a specialist with supporting evidence.

Any chronic lung disease with pleurectomy or decortication

Any chronic lung disease, with pleurectomy or decortication. This must be confirmed with surgical reports by a specialist.

Pleurectomy is a type of surgery in which part of the pleura is removed. The pleura is a membrane that surrounds the lungs. This procedure helps to prevent fluid from collecting in the affected area. Decortication is a surgical procedure that removes a restrictive layer of fibrous tissue overlying the lung, chest wall and diaphragm. This improves the elasticity of the lung.

Chronic sarcoidosis not responding to optimal treatment

Definitive diagnosis of chronic pulmonary sarcoidosis, which is not responding to optimal medical therapy. This must be evidenced by three lung function tests, each performed at least 1 month apart, and confirmed by a specialist.

Sarcoidosis is the growth of tiny collections of inflammatory cells called granulomas. This can occur in different parts of the body, but most commonly in the lungs. This can cause progressive loss of lung function.

Pulmonary fibrosis

Definite diagnosis of pulmonary fibrosis, with at least three lung function tests, each performed at least 1 month apart, showing a DCO of less than 50%. This must be confirmed by a specialist.

Pulmonary fibrosis is a disease whereby scarring in the lungs occur. Tissue deep in the lungs becomes thick, stiff and scarred. The scarring is called fibrosis. As the lung tissue becomes scarred, it interferes with a person's ability to breathe.

Pulmonary alveolar proteinosis

Definitive diagnosis of pulmonary alveolar proteinosis, with at least three lung function tests, each performed at least one month apart, showing a DCO of less than 50%. This must be confirmed by a specialist.

Pulmonary alveolar proteinosis is a rare lung condition where protein build up occurs in air sacs of the lungs, reducing lung function.

Repair of bronchopleural fistula

Surgical repair of a bronchopleural fistula, by a thoracic surgeon, with surgical reports.

A bronchopleural fistula is a communication of the area between lung and chestwall and the branching system of bronchi and bronchioles which are responsible for air transport in the lung.

Skin and soft tissue

Pemphigus vulgaris

Pemphigus vulgaris, confirmed with histopathological (tissue examination) evidence by a specialist.

Pemphigus vulgaris is a chronic autoimmune disorder marked by blistering and sores (erosions) of the skin and mucous membranes.

Stevens-Johnson syndrome

The definitive diagnosis of Stevens-Johnson syndrome, confirmed with histopathological (tissue examination) evidence by a specialist.

Stevens-Johnson syndrome is a disorder of the skin and mucous membranes as a result of an immune reaction to infection, medication or external triggers causing flu-like symptoms, with a painful blistering rash with peeling of less than 10% body skin.

Toxic epidermal necrolysis

The definitive diagnosis of toxic epidermal necrolysis, confirmed with histopathological (tissue examination) evidence by a specialist.

Toxic epidermal necrolysis is a severe, life threatening disorder of the skin and mucous membranes as a result of an immune reaction to infection, medication or external triggers causing flu-like symptoms, with a painful blistering rash with peeling of less than 30% body skin.

Psoriasis of more than 20% skin involvement plus nail and joint involvement

Psoriasis, involving more than 20% skin, with both nail and joint involvement, confirmed by a specialist. This must be supported with all of the following: 1) Evidence of characteristic skin lesions; 2) Radiological evidence.

Psoriasis is a condition marked by skin cells that multiply abnormally fast, causing scaling and plaque formation with surrounding inflammation. The condition can also affect nailbeds and nails, causing discolouration, distortion and inflammation, as well as cause an arthritic process in major joints.

Discoid lupus

Discoid lupus, confirmed by a specialist with all of the following supportive evidence: 1) Characteristic skin lesions; 2) Biopsy.

Discoid lupus is a chronic skin condition of sores with inflammation and scarring favouring the face, ears and scalp, and at times other body areas.

Compartment syndrome with permanent motor nerve damage

Definitive history of compartment syndrome with permanent motor nerve damage, confirmed by a specialist. This must be confirmed with all of the following supporting evidence: 1) History and clinical signs of compartment syndrome; 2) Nerve conduction studies.

Compartment syndrome is a condition of severe tissue compression, usually as a result of trauma, in a closed muscle compartment with permanent motor nerve damage.

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Scleroderma

Scleroderma, confined to the skin only, confirmed by a specialist. This must be confirmed with all of the following:

1) Histological evidence; 2) Raised anti-nuclear antibodies.

Scleroderma is a condition of chronic hardening and contraction of the skin and connective tissue.

CREST syndrome

The definitive diagnosis of CREST syndrome, by a specialist. This must be confirmed with all of the following supportive evidence: 1) Appropriate laboratory markers; 2) Imaging; 3) Oesophageal motility studies

CREST syndrome (the acronym for the disease processes) is a multisystem connective tissue disorder marked by calcinosis (deposition of calcific nodules), Raynaud's phenomenon (constriction of blood vessels in the digits in reaction to change in temperature), esophageal dysmotility (poor movement of the oesophagus), sclerodactyly (thickening of the skin) and telangiectasia (dilated vessels just below surface of the skin). Confirmed by a specialist with supporting documents.

The oesophagus is a muscular tube that moves food and liquids from the throat to the stomach.

Urogenital disorders

Vesicovaginal or rectovaginal fistula having undergone surgery

An operation done by a specialist to repair an abnormal connection between the bladder and vagina (vesico vaginal fistula) or to repair an abnormal connection between the lower part of the large intestine (rectum) and the vagina (recto-vaginal fistula). This must be confirmed with surgical reports.

Partial amputation of the penis

Any physical disease or injury of the penis that results in partial amputation of the penis. This must be performed by a surgeon, and confirmed with surgical reports. Amputation due to gender dysphoria or for gender reassignment purposes is not covered.

Total amputation of the penis

Any physical disease or injury of the penis that results in total amputation of the penis. This must be performed by a surgeon, and confirmed with surgical reports. Amputation due to gender dysphoria or for gender reassignment purposes is not covered.

Partial cystectomy (removal of at least 50% of the urinary bladder)

The surgical removal of at least 50% of the urinary bladder by a specialist, confirmed by surgical reports.

Radical cystectomy resulting in a need for an external bag or catheterisation

The surgical removal of the whole urinary bladder by a specialist, confirmed by surgical reports.

Unilateral orchidectomy

Surgery to remove one testicle for a medical reason. This must be performed by a specialist and confirmed with surgical reports. This claim event does not cover any part of sex change surgery.

Bilateral orchidectomy

Surgery to remove both testicles for a medical reason. This must be performed by a specialist and confirmed with surgical reports. This claim event does not cover any part of sex change surgery.

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Vision

Macular degeneration

Diagnosis of macular degeneration (an eye disease that progressively destroys the macula, the central portion of the retina). The definitive diagnosis of macular degeneration must be supported with all of the following: 1) Reports by an ophthalmologist; 2) Objective tests.

Retinal detachment requiring corrective laser therapy or that is inoperable

Retinal detachment requiring corrective laser therapy or that is inoperable. This must be confirmed by an ophthalmologist with supporting documents.

Retinal detachment is an emergency situation in which a thin layer of tissue (the retina) at the back of the eye pulls away from the layer of blood vessels that provides it with oxygen and nutrients.

Corneal transplant

The undergoing of a corneal transplant, as a recipient, confirmed with surgical reports by an ophthalmologist.

The cornea is the clear outer lens on the front of the eye. A corneal transplant is surgery to replace the cornea with tissue from a donor.

Optic neuritis

The confirmed diagnosis of optic neuritis (inflammation of the nerve supplying the eye) by an ophthalmologist. Only one payment for this claim event.

Enucleation of one eye

The complete removal of one eye from its socket as a result of trauma or surgery, confirmed with supporting documents by an ophthalmologist.

Retinitis pigmentosa

Retinitis pigmentosa, confirmed with supporting reports by an ophthalmologist.

Retinitis pigmentosa is an inherited disease of the retina (the thin layer at the back of the eye) that progresses over time, resulting in blindness.

Total and permanent loss of sight in one eye

The total and permanent loss of sight in one eye, with all of the following: 1) Sharpness of vision of 6/60 or worse when measured with the use of visual aids; 2) Reports by an ophthalmologist. Permanent implies all reasonable treatment should have been undergone.

Total and permanent loss of sight in both eyes

The total and permanent loss of sight in both eyes, with all of the following: 1) Visual acuity of 6/30 or worse for both eyes when measured with the use of visual aids; 2) Reports by an ophthalmologist. Permanent implies all reasonable treatment should have been undergone.

Irreversible hemianopia in one eye

Irreversible loss of either the left or right half of the visual field in one eye, as confirmed by an ophthalmologist. This must be supported with all of the following: 1) Radiological evidence; 2) Visual tests.

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Irreversible hemianopia in both eyes

Irreversible loss of either the left or right half the visual field in both eyes, as confirmed by an ophthalmologist. This must be supported with all of the following: 1) Radiological evidence; 2) Visual tests.

Infections

Accidental HIV infection

Infection by the Human Immunodeficiency Virus (HIV) or the diagnosis of immunodeficiency syndrome.

The infection must be proved to our satisfaction as being due to one of the following:

- the transfusion of infected blood or blood products from a transfusion service that we recognise, on or after the cover start date;
- an accidental needlestick injury or cut in the execution of the life insured's duties as a full time medical student, or normal professional duties as a medical or dental practitioner or nurse, registered with the Health Professions Council of South Africa (HPCSA), or the South African Nursing Council. The incident must have been recorded in writing in the workplace, for example with the Superintendent if in a hospital. An HIV test must have been performed within 24 hours to confirm the HIV negative status of the life insured at the time of the incident, as well as the HIV status of the patient with whom the incident took place. There must be proof that the life insured has been started on a course of anti-retroviral drugs. A subsequent HIV test must have been performed within 6 months after the incident to confirm the change in the life insured's HIV status from negative to positive;
- receiving a transplanted organ where the organ has previously been infected with the HI virus;
- any other medical or dental procedure, recognised by the HPCSA, performed on the life insured by a medical or dental practitioner, registered with the HPCSA. An HIV test must have been performed, but not longer than 12 months before the medical or dental procedure, to confirm the HIV negative status of the life insured at the time of the incident. A subsequent HIV test must have been performed within at least 12 months after the incident to confirm the change in the life insured's HIV status from negative to positive;
- rape or indecent assault. The offence must have been reported to the South African Police Services (SAPS) and a case number and/or a criminal case must have been opened. An HIV test must have been performed within 24 hours to confirm the HIV negative status of the life insured at the time of the assault. A medical examination must have been performed within 24 hours after the incident, confirming the rape or indecent assault. There must be proof that the life insured has been started on a course of anti-retroviral drugs. A subsequent HIV test must have been performed within 6 months after the incident to confirm the change in the life insured's HIV status from negative to positive;
- a violent crime. The offence must have been reported to the SAPS and a case number and/or criminal case must have been opened. A medical examination must have been performed within 24 hours after the incident, confirming the crime. Medically documented proof of acute trauma and suspicion of HIV infection must have been submitted, as well as an HIV test that proves that the life insured was HIV negative at the time of the crime. There must be proof that the life insured has been started on a course of anti-retroviral drugs. A subsequent HIV test must have been performed within 6 months after the incident to confirm the change in the life insured's HIV status from negative to positive;
- a road traffic accident. The accident must have been reported to the SAPS and a case number and/or criminal case must have been opened. A medical examination must have been performed within 24 hours after the incident, confirming the accident. Medically documented proof of acute trauma and suspicion of HIV infection must have been submitted, as well as an HIV test that proves that the life insured was HIV negative at the time of the accident. There must be proof that the life insured has been started on a course of anti-retroviral drugs. A subsequent HIV test must have been performed within 6 months after the incident to confirm the change in the life insured's HIV status from negative to positive. If the accidental HIV infection is a result of emergency assistance at the scene of the accident, an affidavit by the SAPS or an eyewitness to prove the assistance of the life insured must have been submitted.

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Clinical manifestation of Aids supported by a positive HIV test result

A positive Human Immunodeficiency Virus (HIV) antibody test result with all of the following: 1) CD4 count of less than 200 cells/mm³ must be present despite compliance with anti-retroviral treatment; 2) The existence of at least three diseases according to stage III of the latest World Health Organisation (WHO) Clinical Staging, OR alternatively, one AIDS-defining disease according to stage IV of the latest WHO Clinical Classification System.

Cerebral malaria

Confirmed diagnosis of cerebral malaria with all of the following: 1) Blood tests showing parasitaemia count of more than 5%; 2) Permanent neurological deficit, as measured by a whole person impairment (WPI) of 1 to 10% according to the latest American Medical Association's Guides to the Evaluation of Permanent Impairment. This will be measured after 3 months.

Cerebral malaria resulting in permanent neurological impairment

Confirmed diagnosis of cerebral malaria with all of the following: 1) Blood tests showing parasitemia count of more than 5%; 2) Permanent neurological deficit, as measured by a whole person impairment (WPI) of 11% or more according to the latest American Medical Association's Guides to the Evaluation of Permanent Impairment. This will be measured after 3 months.

Bacterial meningitis

A confirmed diagnosis of bacterial meningitis, by an appropriate specialist with appropriate special investigations such as a lumbar puncture. This must cause inflammation of the membranes of the brain or spinal cord and result in permanent neurological deficit.

Injuries, accidents and poison

Full thickness burns involving more than 30% of one hand or more than 30% of the head

Full thickness burns (burns through all the layers of the skin) involving more than 30% of the surface area of one hand or more than 30% of the surface area of the head, as measured by the Lund and Browder Chart or equivalent. This must be confirmed by a specialist.

The Lund and Browder chart is a special chart which is used to measure burns by percentages allocated to body parts.

Grade II partial thickness burns involving more than 20% of the body surface area

Partial thickness or second degree burns (burns which affect the outer layer of skin, the epidermis) involving more than 20% of the body surface area, as measured by the Lund and Browder Chart or equivalent. This must be confirmed by a specialist.

The Lund and Browder chart is a special chart which is used to measure burns by percentages allocated to body parts.

Full thickness burns involving more than 10% but less than or equal to 20% of the body surface area

Full thickness burns (burns through all the layers of the skin) involving more than 10% but less than or equal to 20% of the body surface area, as measured by the Lund and Browder Chart or equivalent. This must be confirmed by a specialist.

The Lund and Browder chart is a special chart which is used to measure burns by percentages allocated to body parts.

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Full thickness burns involving more than 20% but less than or equal to 30% of the body surface area

Full thickness burns (burns through all the layers of the skin) involving more than 20% but less than or equal to 30% of the body surface area, as measured by the Lund and Browder Chart or equivalent. This must be confirmed by a specialist.

The Lund and Browder chart is a special chart which is used to measure burns by percentages allocated to body parts.

Full thickness burns involving more than 30% of the body surface area

Full thickness burns (burns through all the layers of the skin) involving more than 30% of the body surface area, as measured by the Lund and Browder Chart or equivalent. This must be confirmed by a specialist.

The Lund and Browder chart is a special chart which is used to measure burns by percentages allocated to body parts.

Spinal fusion

An acute history of a traumatic event, resulting in spinal fusion. This must be confirmed with radiological evidence by a specialist.

Spinal fusion surgery is designed to prevent movement at a painful vertebral segment in order to decrease pain from a joint damaged by injury or an accident.

Decompression laminectomy or decompression laminotomy

An acute history of a traumatic event, resulting in decompression laminectomy or decompression laminotomy being performed. This must be confirmed by a specialist.

Laminectomy and laminotomy are used to relieve pressure and pain on the spine. In these operations all (decompression laminectomy) or part (decompression laminotomy) of the bony roof covering the spinal cord and nerves is removed.

Drainage via burr hole

An acute traumatic brain injury that results in a subdural haematoma, and where drainage is performed via burr hole. This must be confirmed with surgical reports by a neurosurgeon.

A burr hole for subdural hematoma is performed to remove a haemorrhage (blood clot) from around the surface of the brain. A sudden injury to the brain may cause blood to collect between the brain and the outermost membrane, the dura mater. The blood must be removed by drilling small holes in the skull bone (burr hole).

Emergency tracheostomy or cricothyrotomy

Any traumatic event that results in an emergency tracheostomy or cricothyrotomy. This must be confirmed by an appropriate specialist.

In an emergency, where an airway needs to be established, a tracheotomy can be performed. This is a surgical procedure that opens up the windpipe. A cricothyrotomy can also be done, where an incision is made through the skin and cricothyroid membrane to establish an airway.

ICU admission with mechanical ventilation for at least 96 hours

Traumatic event resulting in intensive care unit (ICU) admission, with assisted breathing on a ventilator for at least 96 hours. This must be confirmed with clinical reports by a specialist.

Traumatic injuries resulting in a comatose state requiring mechanical ventilation persistent for longer than 96 hours

Traumatic injuries resulting in a comatose state requiring assisted breathing on a ventilator persistent for longer than 96 hours, not induced by sedation. There must be evidence of all of the following: 1) Glasgow Coma scale reading of 8 or less; 2) No reaction to external stimuli or internal needs; 3) This state must persist continuously for more than 96 hours.

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Spinal injury resulting in paraplegia, diplegia, hemiplegia, quadriplegia or cauda equina syndrome

Traumatic event to the spinal cord, resulting in permanent paraplegia, diplegia, hemiplegia, quadriplegia or cauda equina syndrome (permanent loss of bowel or bladder function or paraplegia). This must be confirmed by a specialist with copies of all scans.

Paraplegia is the total and permanent loss of muscle function resulting in the loss of use of both legs due to disease of or injury to the spinal cord or brain.

Diplegia is the total and permanent loss of muscle function or sensation of both sides of the body due to disease of or injury to the spinal cord or brain.

Hemiplegia is the total and permanent loss of muscle function of one side of the body due to disease of or injury to the spinal cord or brain. This claim event does not cover hemiplegia facialis (facial palsy).

Quadriplegia is the total and permanent loss of the functioning of both arms and both legs due to disease of or injury to the spinal cord or brain.

Cauda equina syndrome is where there is damage to the cauda equina nerves. These nerves are found at the bottom end of the spinal cord. This can cause a permanent loss of bowel or bladder function or loss of use of the legs.

Objective radiological evidence of a fracture dislocation of the spine

Any acute traumatic event that results in a fracture-dislocation of the spine, with or without neurological deficit. This must be supported by radiological evidence and confirmed by a specialist.

A dislocation is where a bone moves from its original place.

Penetrating stab wound or gunshot wound

Penetration by a bullet or sharp object through the skull or into the chest or abdominal cavities, resulting in surgical exploration of the skull or cavity concerned under general anaesthetic. This must be confirmed by a specialist with an operation report.

Loss of bowel or bladder function, with permanent stoma or indwelling catheter

A traumatic spinal injury resulting in permanent bladder incontinence (loss of control of the bladder) requiring a permanent indwelling catheter or bowel incontinence (loss of control of the bowel) requiring a permanent colostomy. This must be confirmed by a specialist with copies of all scans.

A colostomy is where the end of the large intestine is surgically brought out through an opening in the abdominal wall.

Fat embolism of the lungs

Fat embolism of the lungs that occurs after one or more major traumatic long-bone fractures. This must be confirmed by radiological evidence and by a specialist physician.

Fat embolism occurs when there is the presence of fat globules inside the lung. This occurs when fat from the bone marrow escapes after a fracture of a long bone and travels to the lungs.

Skull fracture requiring reconstruction

Any injury which causes a depressed fracture of the bones of the skull and requires reconstructive surgery. This must be confirmed by radiological evidence and by a specialist.

Dog bite to the face requiring primary suturing under general anaesthetic by a plastic surgeon

A dog bite to the face, where the initial repair to the face is done under general anaesthetic. This must be performed by a plastic surgeon, supported with an operation report.

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Dog bite to the face requiring primary suturing, followed by multiple sessions of repair by a plastic or reconstructive surgeon

A dog bite to the face, where the initial repair to the face is followed by at least one surgery by a plastic or reconstructive surgeon to improve the appearance of the scar, supported with an operation report. Only one payment for this claim event.

Blunt injury to the abdomen resulting in rupture of the liver or spleen, or injury to the kidney, necessitating emergency exploration

A blunt injury to the abdomen (where there is no penetration of the abdomen), with rupture of the liver or spleen, or injury to the kidney, which requires emergency surgery into the abdomen, supported with an operation report.

Brachial plexus injury with permanent neurological impairment

Brachial plexus injury, with permanent irreversible paralysis of the entire arm. This must be supported by neurophysiological tests, and confirmed by a specialist.

The brachial plexus is a collection of nerves from the neck that branches off and forms nerves that control movement and sensation of the upper limbs. If these nerves are severely damaged, it can cause total and permanent paralysis of the arm.

Radial, ulnar or median nerve injury, with loss of function of the hand

Radial, ulnar or median nerve injury, with permanent loss of function of the hand in the area innervated by the affected nerve. This must be supported by neurophysiological tests, and confirmed by a specialist.

Damage to the radial nerve can cause weakness in the wrist and fingers, which reduces the ability to open the hand to grasp objects. In severe cases, the hand droops from the wrist and the fingers are curved.

When the median nerve is damaged, the thumb and first two fingers may lose sensation or have a burning sensation or tingling. Median nerve damage can also affect the ability to use the thumb to pinch or grip items.

Ulnar nerve damage results in a pins-and-needles (tingling) sensation and hand weakness. Severe ulnar nerve damage can result in muscles becoming smaller in the hand and a deformity called "claw hand".

Plateau fracture of the tibia

A tibial plateau fracture. This must be confirmed on imaging.

A tibial plateau fracture is a break in the bone on the top part of the shinbone where it makes contact with the thigh bone (the tibial plateau). A tibial plateau fracture can affect the knee joint, thus stability and motion of the knee.

Open fracture of the tibia

An open fracture of the tibia. This must be confirmed on imaging and clinical reports by an orthopaedic surgeon.

An open fracture of the tibia is a break in the shinbone with bone protruding through the skin.

Open fracture of the femur

An open fracture of the femur. This must be confirmed by imaging and clinical reports by an orthopaedic surgeon.

An open fracture of the femur is a break in the thigh bone with bone protruding through the skin.

Lead or mercury poisoning

Acute lead or mercury poisoning with all of the following: 1) Evidence on laboratory markers; 2) Appropriate signs and symptoms; 3) Confirmation by a specialist.

Acute lead poisoning symptoms may include stomach pain and cramping. Acute mercury poisoning signs and symptoms may include numbness, tingling, hearing loss, sight difficulties, loss of balance, as well as emotional and mental difficulties.

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Venomous snake bite necessitating anti-venom administration and ICU admission requiring mechanical ventilation

A snake bite, which results in the administration of anti-venom and admission to an intensive care unit (ICU) for assistance with breathing by a machine. This must be supported with a specialist's report.

Traumatic event resulting in ICU admission of more than 5 weeks with assisted mechanical ventilation for at least 3 of those weeks

Any accident or injury that results in the admission to an intensive care unit (ICU) for more than 5 weeks, with assisted mechanical ventilation for at least 3 weeks. This must be supported with a specialist's report.

Reconstructive surgery for multiple facial fractures

Multiple facial fractures (broken bones in the face) that result in two or more craniofacial surgeries, where medically necessary realignment of the bone segments and fixation are performed. This must be performed by a reconstructive or maxillofacial surgeon. This must be supported with a specialist's report with all operation reports. This claim event does not cover cosmetic surgery.

Occupational toxin exposure which necessitated supportive therapy in ICU for at least 48 hours

The exposure to a poison in the workplace, which results in the admission to an intensive care unit (ICU) for at least 48 hours. This must be supported with a specialist's report. This claim event does not cover self-inflicted poison ingestion or exposure to poison.

Near drowning requiring post resuscitation mechanical ventilation in ICU for at least 48 hours

Near drowning, which results in the admission to an intensive care unit (ICU) with assisted breathing by a machine for at least 48 hours. This must be supported with a specialist's report.

Hyperbaric therapy for decompression sickness

Hyperbaric therapy for decompression sickness in a registered hospital that has hyperbaric decompression chambers. This must be confirmed by a doctor.

Decompression sickness occurs in divers where nitrogen bubbles form in the tissues of the body, especially if the diver surfaces too quickly. This can cause pain in the muscles and joints, cramps, numbness, nausea and paralysis. In order to treat this condition, the person is treated in a special hyperbaric chamber with pure oxygen, which removes the nitrogen bubbles that form.

Orbital fracture requiring surgical correction

A break in the bones of the eye socket, which is surgically repaired. This must be supported by imaging and specialist reports.

Le Fort II or III facial injuries

Facial fractures, which are classified as severity of at least Le Fort II or III. This must be confirmed by imaging and specialist reports.

Le Fort is a classification system for facial fractures severity. Le Fort II fractures of the face typically affect the middle third of the face including the nose and the bones behind it. A higher severity fracture such as Le Fort III involves a larger area of the face, and can include bones of the lower third of the face as well.

The layman's terms are intended only to give a better understanding of the claim events for Sanlam Life's severe illness benefits. They are not to be used in the legal interpretation of the claim events. The definitions of the claim events as described under "Explanations" in the contract documents are the only contractual definitions applicable. Note that a claim will only be considered if the life insured meets the contractual claim event definition for the particular claim event under this "Explanations" and as such, medical evidence will be required by Sanlam Life where applicable.

Catch-all

General catch-all

Any disease or disorder that results in a whole person impairment (WPI) of at least 35% and meets the class 4 impairment criteria specified for the relevant system(s) in the American Medical Association's Guides to the Evaluation of Permanent Impairment or its equivalent, in the opinion of Sanlam's Chief Medical Officer. The functional impairment, and permanence thereof, will be evaluated after the life insured has undergone optimal, reasonable treatment, based on generally accepted medical protocols for treatment of the condition in question at the time of the claim. Treatment undergone, as well as future treatment, will be taken into account.

Terminal illness catch-all

Diagnosis of a terminal illness which is reasonably expected to reduce the life insured's life expectancy to a period of 12 months or less, in the opinion of Sanlam's Chief Medical Officer.

Activities of daily living

Basic activities of daily living

Bathing	The ability to wash or bathe oneself independently
Transferring	The ability to move oneself from a bed to a chair or from a bed to a toilet independently
Dressing	The ability to take off and put on one's clothes independently
Eating	The ability to feed oneself independently. This does not include the making of food
Toileting	The ability to use a toilet and cleanse oneself thereafter, independently
Locomotion on a level surface	The ability to walk on a flat surface, independently
Locomotion on an incline	The ability to walk up a gentle slope, or a flight of steps independently

Advanced activities of daily living

Driving a car	The ability to open a car door, change gears or use a steering wheel
Medical care	The ability to prepare and take the correct medication
Money management	The ability to do one's own banking and to make rational financial decisions
Communicative activities	The ability to communicate either verbally or written
Shopping	The ability to choose and lift groceries from shelves as well as carry them in bags
Food preparation	The ability to prepare food for cooking as well as using kitchen utensils
Housework	The ability to clean a house or iron clothing
Community ambulation with or without assistive device, but not requiring a mobility device	The ability to walk around in public places using only a walking stick if necessary
Moderate activities	Activities like moving a table, pushing a vacuum cleaner, bowling, golf
Vigorous activities	Able to partake in running, heavy lifting, sports