INSURANCE PRODUCT INFORMATION DOCUMENT AND GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP INSURANCE AGAINST THE SPOUSE'S OR LIFE PARTNER'S SERIOUS ILLNESS

Insurance Product Information Document

SUPPLEMENTARY GROUP INSURANCE AGAINST THE SPOUSE'S OR LIFE PARTNER'S SERIOUS ILLNESS

Terms and Conditions Code: MCGP56

Document version dated 22 November 2025

This document contains information about the insurance product. Full details of the insurance are provided in other documents, in particular in the General Terms and Conditions of the Supplementary Group Insurance against the Spouse's or Life Partner's Serious Illness, Terms and Conditions Code: MCGP56 (the GTC). Before deciding whether to enter into the insurance contract, please read the GTC carefully. Definitions used in the GTC may differ from their commonly accepted meaning; therefore, please pay particular attention to them.

The conclusion of the contract is voluntary.

THIS DOCUMENT:

- is provided for information purposes only;
- does not form part of the insurance contract (the Contract);
- does not constitute an offer within the meaning of Article 66 of the Polish Civil Code;
- should not be relied upon as the sole basis for making a decision to enter into the Contract.

SUBJECT MATTER AND SCOPE OF COVER

We provide cover for an insured event occurring in the life of the Insured Person, namely the occurrence of an event affecting the spouse or life partner as described in the GTC.
The scope of the Insurance covers an insured event occurring in the life of the Insured Person, namely the occurrence, during the period of insurance, of an event affecting the spouse or life partner that satisfies all of the following conditions:

- meets the definition set out in the Appendix to the GTC;
- it falls within the scope of insured events covered under the insurance contract (policy);
- it occurred before the spouse or life partner reached the age of 70. The

insurance is available under four levels of cover:

- Basic;
- Extended;
- Extended Plus;
- Extended Extra.

Information on the events covered under each level of cover is provided in the Appendix to the GTC. The scope of insured events is confirmed in the policy and in the individual certificate of insurance.

PRODUCT FEATURES – THE MAIN FEATURES OF OUR INSURANCE

If an insured event occurs in respect of your spouse or life partner, we shall pay the Insured Person a benefit equal to the percentage of the Sum Insured applicable on the date of occurrence of the insured event, as specified in the policy and in the individual certificate of insurance.

The Supplementary Insurance may be taken out either at the same time as the Principal Insurance (PZU Na Życie Plus Group Insurance) or during its term.

ELIGIBILITY TO ENTER INTO THE CONTRACT AND PERSONS COVERED

The Supplementary Insurance is taken out by the Policyholder, who is responsible for paying the insurance premium.

The Supplementary Insurance is available to Insured Persons who have joined the Principal Insurance.

DURATION OF THE CONTRACT

The Policyholder may enter into the supplementary insurance contract for a fixed term. The duration of the supplementary insurance is confirmed in the policy. If the supplementary insurance is taken out between policy anniversaries, our insurance cover will remain in force until the next policy anniversary.

TERRITORIAL SCOPE OF COVER

Insurance cover applies worldwide.

PAYMENT OF PREMIUMS

Premiums are paid by the Policyholder on a monthly basis together with the premium for the principal insurance policy.

COMMENCEMENT AND TERMINATION OF INSURANCE COVER

Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy. Cover under the Supplementary Insurance shall commence only if cover under the Principal Insurance is in force.

Insurance cover under the supplementary insurance shall terminate:

- on the date cover under the Principal Insurance terminates;
- on the date we receive the Policyholder's notice of withdrawal from the supplementary insurance;
- on the expiry date of the supplementary insurance cover, where it is not renewed;
- on the last day of the month in which you opt out of the supplementary insurance;
- at the end of the month during which the supplementary insurance remains in force on its existing terms and conditions, if you have not provided the required consent to a change in the supplementary insurance;
- on the date the notice period for termination of the supplementary insurance expires;
- on the date the supplementary insurance contract is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF INSURANCE COVER

No benefit will be payable in the following circumstances:

- the recurrence of the same insured event affecting the spouse or life partner, if a benefit has already been paid in respect of the previous occurrence of that insured event;
- failure to provide the documents necessary to determine the validity of the claim;
- the absence of our cover on the date of occurrence of the insured event affecting the spouse or life partner.

In addition, we shall not be liable if the insured event is not covered under the scope of the Insurance, does not meet the definition set out in the insurance contract, our liability has ceased, or in any other cases specified in the GTC.

TERMINATION OF THE CONTRACT

The Policyholder may withdraw from the supplementary insurance contract within:

- 7 days of entering into the contract, if the Policyholder is a business undertaking;
- 30 days of entering into the contract, if the Policyholder is not a business undertaking.

After this period, the Policyholder may terminate the contract by giving written notice.
The Policyholder may elect not to renew the supplementary insurance by submitting a written declaration of non-renewal no later than 30 days before the expiry of the insurance period.

INSURANCE DISTRIBUTOR'S REMUNERATION

Under the proposed contract, the insurance distributor receives commission-based remuneration.

COMPLAINTS, GRIEVANCES AND APPEALS

1. A complaint, grievance or appeal may be submitted at any of our customer service offices.
2. A complaint, grievance or appeal may be made:
   1) in writing – in person or by post within the meaning of the Postal Law Act, for example by writing to: PZU Życie SA ul. Postępu 18A, 02-676 Warsaw (correspondence address only), or by submitting correspondence through a postal or delivery service provider operating within the European Union;
   2) in writing – by sending it to the electronic delivery address of PZU Życie SA within the meaning of the Electronic Deliveries Act: AE:PL-50066-37983-FBWRA-37, as registered in the electronic address database referred to in the Act on Electronic Delivery;
   3) verbally – by telephone, for example by calling our helpline on 801 102 102, or in person at one of our offices, in which case the submission will be recorded in a written report;

4) electronically – by sending an email to reklamacje@pzu.pl or by completing the online form available at pzu.pl or www.moje.pzu.pl.

3. We will respond to any complaint or grievance as soon as possible and no later than 30 days from the date of receipt. In particularly complex cases, where it is not possible to provide a response within 30 days, we will inform you:
   1) of the reasons for the delay;
   2) of the circumstances that still need to be established in order to resolve the matter;
   3) of the revised deadline for our response, which shall not exceed 60 days from the date on which we received the complaint, grievance or appeal.
4. Responses to complaints, grievances or appeals will be provided to the person who submitted them:
   1) where the customer is a natural person, in writing; however, the response may be provided by electronic mail solely at the customer's request;
   2) where the customer is an entity other than that referred to in item 1, in writing or by means of another durable medium.
5. If, following the investigation of the complaint:
   1) we have not upheld the claims submitted; or
   2) we have upheld the claims but have failed to carry out, within the timeframe specified in our response, the actions we undertook to perform,

   – the individual who submitted the complaint may refer the matter to the Financial Ombudsman by submitting an application.
6. Complaints, grievances and appeals are considered by the organisational units responsible for the subject matter of the case.
7. Further information regarding complaints can be found in the Act on the Handling of Complaints by Financial Market Entities, the Financial Ombudsman and the Financial Education Fund, as well as in the Insurance Distribution Act.
8. We provide for the possibility of resolving disputes through out-of-court dispute resolution procedures.
9. For the purposes of the Act on Out-of-Court Consumer Dispute Resolution, the entity authorised to conduct out-of-court dispute resolution proceedings in relation to PZU Życie SA is the Financial Ombudsman. Financial Ombudsman's website: rf.gov.pl.
10. Where the Insured Person, the Policyholder, the Beneficiary or any entitled person is a consumer, they may also seek assistance from their municipal or district Consumer Ombudsman.
11. The language used by us in our dealings with consumers is Polish.
12. PZU Życie SA is supervised by the Polish Financial Supervision Authority (KNF).

The table below sets out the provisions of the General Terms and Conditions of the Supplementary Group Insurance against the Spouse's or Life Partner's Serious Illness, Terms and Conditions Code MCGP56 (the GTC), which specify the principal terms and conditions of the insurance contract.
This information forms part of the GTC and is provided pursuant to statutory requirements (Article 17(1) of the Insurance and Reinsurance Activity Act).

No.	Type of information	Clause reference
1.	Conditions for benefit payment	Clauses 1–2 Clauses 4–6 Clauses 16–18 Clause 40 Clauses 41–46 Clause 47
2.	Limitations and exclusions of the insurer's liability entitling it to refuse payment of benefits or to reduce the amount payable	Clauses 1–2 Clauses 7–12 Clauses 13–15 Clauses 37–38 Clause 39 Clause 40 Clause 47

GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP INSURANCE AGAINST THE SPOUSE'S OR LIFE PARTNER'S SERIOUS ILLNESS

GTC Code: MCGP56

The Management Board of PZU Życie SA adopted these General Terms and Conditions of the Supplementary Group Insurance against the Spouse's or Life Partner's Serious Illness by Resolution No. UZ/165/2025 dated 14 October 2025 (hereinafter referred to as the GTC).

These GTC come into force on 22 November 2025 and apply to insurance contracts concluded from 1 December 2025 onwards.

Before entering into the insurance contract, the Policyholder should carefully review the GTC and provide a copy of the GTC to each person wishing to join the insurance scheme.

Before joining the insurance, please read carefully the GTC provided to you by the Policyholder.

GLOSSARY

– what the terms used in these GTC mean

1. In these GTC, we use the following terms:
1) **Cover Period** – the period during which we are liable to the Insured Person under the supplementary insurance;
2) **Diagnostic and Therapeutic Procedure** – a medical process consisting of a medical history, physical examination of the patient and any additional diagnostic investigations required to establish a diagnosis, or any medical treatment provided for therapeutic purposes;
3) **Supplementary Insurance** – the insurance contract to which these GTC apply;
4) **Principal Insurance** – the PZU Na Życie Plus Group Insurance contract under which the Policyholder may take out the Supplementary Insurance.

2. Other terms used in these GTC are defined in the General Terms and Conditions of the Principal Insurance and shall have the same meaning when used in these GTC.

SUBJECT-MATTER INSURED

– what is insured

3. We provide cover for an insured event occurring in your life, namely the occurrence of an event affecting your spouse or life partner as described in the GTC.

SCOPE OF COVER AND BENEFIT AMOUNT

– the events for which we will pay a benefit and the amount payable

4. The scope of the Supplementary Insurance covers an insured event occurring in your life, namely the occurrence, during the period of insurance, of an event affecting your spouse or life partner that satisfies all of the following conditions:
1) meets the definition set out in the Appendix to these GTC;
2) it falls within the scope of insured events covered under the insurance contract (policy);
3) it occurred before the spouse or life partner reached the age of 70.

5. The Supplementary Insurance is available under four levels of cover:
1) Basic;
2) Extended;
3) Extended Plus;
4) Extended Extra.

Information on the events covered under each level of cover is provided in the Appendix to the GTC. The selected level of cover is confirmed in the policy and in the individual certificate of insurance.

6. If an event specified in the Appendix to these GTC occurs in your spouse or life partner, we shall pay you a benefit equal to the percentage of the Sum Insured applicable on the date of occurrence of the event, as specified in the policy and in the individual certificate of insurance.

EXCLUSIONS OF COVER

– the circumstances in which no benefit will be payable

7. Our liability does not extend to any event affecting your spouse or life partner specified in the Appendix to these GTC if the event occurred:
1) as a result of acts of war;

2) as a result of the spouse's or life partner's active participation in acts of terrorism or civil disturbances;
3) as a result of the spouse or life partner committing or attempting to commit an act constituting an intentional criminal offence;
4) where the spouse or life partner was involved in a traffic accident while driving a vehicle:
   a) without the driving licence or other authorisation required by law; or
   b) after consuming alcohol or while under the influence of alcohol, within the meaning of the Act on Upbringing in Sobriety and Counteracting Alcoholism; or
   c) after using narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances within the meaning of the Act on Counteracting Drug Addiction,

   provided that any of these circumstances contributed to the occurrence of the road traffic accident;
5) where the spouse or life partner was under the influence of alcohol, within the meaning of the Act on Upbringing in Sobriety and and Counteracting Alcoholism, or had used narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances within the meaning of the Act on Counteracting Drug Addiction, provided that any of these circumstances contributed to the occurrence of the insured event;
6) as a result of the spouse or life partner intentionally injuring himself or herself or attempting suicide;
7) directly as a result of poisoning of the spouse's or life partner's body by alcohol consumed or by the use of narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances, within the meaning of the provisions on counteracting drug addiction;
8) where the spouse or life partner had reached the age of 70.

8. Our liability also excludes:
1) events specified in the Appendix to these GTC resulting from an accident that occurred before the commencement of the cover period;
2) total loss of hearing in both ears, where, before the commencement of the period of insurance, the spouse or life partner had been diagnosed with cancer or otosclerosis, which caused the hearing loss;
3) total loss of sight in both eyes, where, before the commencement of the period of insurance, the spouse or life partner had been diagnosed with macular degeneration, glaucoma or diabetes that caused the loss of sight;
4) coronary artery disease treated by coronary artery bypass graft surgery, where, before the commencement of the period of insurance, the spouse or life partner had been diagnosed with coronary artery disease or myocardial infarction;
5) chronic kidney disease requiring renal replacement therapy, where, before the commencement of the period of insurance, the spouse or life partner had been diagnosed with an abnormality in the structure or function of the kidneys that caused the need for renal replacement therapy;
6) disseminated intravascular coagulation (DIC), where, before the commencement of the cover period, the spouse or life partner had been diagnosed with thromboembolic disease;
7) coma with severe neurological sequelae resulting from brain injury, where, before the commencement of the cover period, the spouse or life partner had been diagnosed with cancer, diabetes, kidney failure or liver failure, which was the cause of the coma with severe neurological sequelae;
8) transplantation, where, before the commencement of the period of insurance, the spouse or life partner had been placed on a transplant waiting list;
9) stroke resulting in permanent neurological deficit, where, before the commencement of the cover period, the spouse or life partner had been diagnosed with stroke, transient ischaemic attack (TIA) or cerebral atherosclerosis;
10) loss of a limb, where, before the commencement of the cover period, the spouse or life partner had been diagnosed with diabetes or peripheral arterial disease, which was the cause of the amputation;
11) infected pancreatic necrosis, where, before the commencement of the cover period, the spouse or life partner had been diagnosed with acute or chronic pancreatitis;
12) heart valve disease treated surgically by valve implantation, where, before the commencement of the cover period, the spouse or life partner had been diagnosed with heart valve disease, which was the reason for the surgical treatment;
13) pulmonary embolism, where, before the commencement of the period of insurance, the spouse or life partner had been diagnosed with thromboembolic disease;
14) myocardial infarction, where, before the commencement of the cover period, the spouse or life partner had been diagnosed with coronary artery disease or a previous myocardial infarction had occurred;
15) short bowel syndrome, where, before the commencement of the cover period, the spouse or life partner had been diagnosed with Crohn's disease.

9. Our liability does not extend to any event specified in the Appendix to these GTC that occurred, or in respect of which diagnostic and therapeutic procedures were commenced in relation to the spouse or life partner, during the three-year period preceding the commencement of the period of insurance. This exclusion does not apply to Clause 8.

10. The exclusion referred to in Clause 9 does not apply:
1) where the diagnostic and therapeutic procedure commenced and was completed before the spouse or life partner reached the age of 18; or
2) where there is no causal relationship between the previous occurrence and the current occurrence of the same event.

11. In the case of malignant cancer, only one benefit shall be payable, irrespective of the location, number or type of malignant tumours.

12. Once a benefit has been paid in respect of a particular event specified in the Appendix to these GTC, our cover in respect of that event shall cease.

WAITING PERIOD

– the period following your enrolment in the Supplementary Insurance during which our liability is excluded or limited

13. We shall not be liable during the first 180 days following your enrolment in the Supplementary Insurance.
14. We shall be liable if the insured event occurring in the life of the Insured Person, namely an event affecting the spouse or life partner specified in the Appendix to these GTC, resulted from an accident that occurred during the first 180 days following your enrolment in the Supplementary Insurance, subject to the exclusions set out in Clauses 7 and 8.
15. If you change the scope of insured events, we shall not be liable during the first 180 days in respect of those insured events affecting the spouse or life partner that were not covered under the previous scope of insured events. In such a case, the 180-day period shall be calculated from the commencement of cover under the new level of cover.

AMOUNT INSURED

– definition and amount

16. The Sum Insured is the amount used as the basis for calculating the benefit payable.
17. The amount of the Sum Insured is specified in the policy and in the individual certificate of insurance.
18. The Sum Insured remains unchanged throughout the term of the insurance contract. The Sum Insured may be changed by mutual agreement between the parties.

PREMIUM

– determination and payment of the premium

19. The premium for the Supplementary Insurance:
1) reflects the waiting periods applicable under the Supplementary Insurance;
2) is fixed, although it may be changed by mutual agreement between the parties;
3) depends on:
a) the Sum Insured;
b) the scope of insurance;
c) the amount of the benefit;
d) the number of persons joining the insurance, their age and gender profile, and the nature of the work they perform.

20. The amount of the premium for the Supplementary Insurance is specified in the application for insurance and in the policy.
21. The Policyholder pays premiums for the Supplementary Insurance on a monthly basis together with the premium for the Principal Insurance.

TAKING OUT AND JOINING THE SUPPLEMENTARY INSURANCE

– how you become insured

22. The Supplementary Insurance may be taken out either at the same time as the Principal Insurance or during its term.
23. The Supplementary Insurance is available to Insured Persons who have joined the Principal Insurance.
24. Under the selected insurance option, the Policyholder may choose one of four scopes of serious illnesses: Basic, Extended, Extended Plus or Extended Extra.
25. The Policyholder may change the level of cover at any time.
26. To change the level of cover, the Policyholder must submit an application. The new level of cover takes effect on the first day of the month following the month in which the application is submitted.
27. Where you change your level of cover, the cover period applicable to the previous level of cover ends at the close of the day immediately preceding the commencement of the cover period under the new level of cover, subject to Clause 15.

DURATION OF THE SUPPLEMENTARY INSURANCE

– the period for which the Supplementary Insurance is taken out

28. The Policyholder may enter into the supplementary insurance contract for a fixed term. The duration of the supplementary insurance is confirmed in the policy. If the supplementary insurance is taken out between policy anniversaries, our insurance cover will remain in force until the next policy anniversary.

RENEWAL OF THE SUPPLEMENTARY INSURANCE

– the rules governing renewal of the Supplementary Insurance

29. Unless either party decides otherwise, and provided that the Principal Insurance remains in force, the Supplementary Insurance shall be automatically renewed for a further policy year on the same terms and conditions. In such circumstances, you, as the Insured Person, are not required to submit a new application to join the insurance.

30. Either party may elect not to renew the Supplementary Insurance by giving written notice to the other party. Such notice must be given no later than 30 days before the expiry of the Supplementary Insurance.

WITHDRAWAL FROM THE SUPPLEMENTARY INSURANCE

– the circumstances in which the Policyholder may withdraw from the Supplementary Insurance

31. Withdrawal from the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
32. If the Policyholder withdraws from the Principal Insurance, this shall automatically result in withdrawal from the Supplementary Insurance.
33. If the Policyholder withdraws from the Supplementary Insurance, this shall not result in withdrawal from the Principal Insurance.

TERMINATION OF THE SUPPLEMENTARY INSURANCE

– how the Policyholder may terminate the Supplementary Insurance

34. Termination of the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
35. If the Policyholder terminates the Principal Insurance, this shall automatically result in termination of the Supplementary Insurance.
36. If the Policyholder terminates the Supplementary Insurance, this shall not result in termination of the Principal Insurance.

COMMENCEMENT OF COVER

– when your insurance cover begins

37. Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy.
38. Cover under the Supplementary Insurance shall commence only if cover under the Principal Insurance is in force.

TERMINATION OF COVER

– when the Supplementary Insurance ends

39. Insurance cover under the supplementary insurance shall terminate:
1) on the date cover under the Principal Insurance terminates;
2) on the date we receive the Policyholder's notice of withdrawal from the Supplementary Insurance;
3) on the expiry date of the Supplementary Insurance cover, where it is not renewed;
4) on the last day of the month in which you opt out of the Supplementary Insurance;
5) at the end of the month during which the Supplementary Insurance remains in force on its existing terms and conditions, where you have not provided the required consent to a change in the Supplementary Insurance;
6) on the date the notice period for termination of the Supplementary Insurance expires;
7) on the date the supplementary insurance contract is terminated.

PERSON ENTITLED TO THE BENEFIT

– who is entitled to receive the benefit

40. You are entitled to receive the benefit. You are not entitled to a benefit in respect of an event affecting your life partner if, on the date of occurrence of the event affecting your life partner, you are married.

PAYMENT OF THE BENEFIT

– when we will pay the benefit

41. If an event specified in the Appendix to these GTC occurs in your spouse or life partner, please provide us with:
1) a completed benefit claim form;
2) your marriage certificate, if the claim relates to an event affecting your spouse;
3) medical documentation confirming the occurrence of the event affecting your spouse or life partner and, in the case of burns, confirming their degree and extent;
4) documentation confirming the circumstances of the accident, if the serious illness resulted from an accident;
5) the hospital treatment discharge summary, if your spouse or life partner stayed in hospital.

42. We may also request an opinion from a physician designated by us if this is necessary to determine our liability.
43. We will bear the cost of any medical opinion that we request.
44. If the documents you provide are insufficient for us to determine your entitlement to the benefit, we may ask you to submit any additional documents required.
45. If any documents requested by us are in a language other than Polish, you must provide a Polish translation prepared by a sworn translator.

46. Our decision on payment of the benefit will be based on the documentation provided.

FINAL PROVISIONS

– other important information

47. In matters not governed by the Supplementary Insurance, the General Terms and Conditions of the Principal Insurance, the provisions of the Polish Civil Code, the Insurance and Reinsurance Activity Act, and any other applicable laws and regulations shall apply.

APPENDIX
TO THE GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP INSURANCE AGAINST THE SPOUSE'S OR LIFE PARTNER'S SERIOUS ILLNESS

1. Insured events covered under this insurance and the date on which an insured event is deemed to have occurred:

1) **Bacterial encephalitis or bacterial meningitis** – an infectious bacterial disease of the nervous system involving inflammation of the brain, spinal cord or meninges. We shall provide cover only where bacterial encephalitis or bacterial meningitis has been diagnosed on the basis of a test identifying the causative pathogen and has required hospitalisation.
   The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
   a) bacterial encephalitis or bacterial meningitis was diagnosed in the manner described above; and
   b) hospitalisation was required.
2) **Bacterial endocarditis** – inflammation of the endocardium caused by a bacterial infection.
   We shall provide cover only where the bacterial endocarditis affects the native heart valves or cardiac chambers, without prosthetic material or medical devices, and has been diagnosed on the basis of a test identifying the causative pathogen, or by diagnostic imaging or histopathological examination confirming endocardial damage.
   The date of occurrence of the insured event shall be the date on which, according to the medical records, the diagnostic imaging was performed or the specimen was obtained for the examinations referred to above, confirming bacterial endocarditis.
3) **Cerebral echinococcosis** – an infectious disease caused by the Echinococcus tapeworm, characterised by the presence of hydatid cysts within the brain.
   We shall provide cover only where cerebral echinococcosis has been diagnosed on the basis of a test identifying the causative pathogen and the presence of hydatid cysts within the brain has been confirmed.
   The date of occurrence of the insured event shall be the date on which cerebral echinococcosis was diagnosed in the manner described above, according to the medical records.
4) **Lyme carditis** – an infectious disease caused by Borrelia spirochaetes resulting in cardiac involvement. We shall provide cover only where Lyme carditis has been diagnosed on the basis of a test identifying the causative pathogen and at least one of the following clinical manifestations has been confirmed:
   a) myocarditis;
   b) pericarditis;
   c) cardiac arrhythmia;
   d) cardiac conduction disorder.
   The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
   a) Lyme carditis was diagnosed in the manner described above; and
   b) at least one of the clinical manifestations listed above was confirmed.
5) **Neuroborreliosis (neurological Lyme disease)** – an infectious disease caused by Borrelia spirochaetes resulting in involvement of the nervous system.
   We shall provide cover only where neuroborreliosis has been diagnosed on the basis of a test identifying the causative pathogen and has resulted in at least one of the following clinical manifestations:
   a) encephalomyelitis;
   b) meningitis;
   c) cranial neuritis;
   d) polyradiculitis.
   The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
   a) neuroborreliosis was diagnosed in the manner described above; and
   b) at least one of the clinical manifestations listed above was confirmed;
6) **Total loss of speech** – the permanent and irreversible loss of the ability to produce speech sounds and articulate intelligible language.
   We shall provide cover only where the total loss of speech results from disease or injury to the larynx and cannot be corrected, even partially, by any method.
   The date of occurrence of the insured event shall be the date on which total loss of speech was diagnosed in the manner described above, according to the medical records.
7) **Total loss of hearing in both ears** – the permanent and irreversible bilateral loss of hearing. We shall provide cover only where the hearing loss has been diagnosed on the basis of an examination confirming that the average bilateral hearing threshold for speech frequencies is at least 90 dB.
   The date of occurrence of the insured event shall be the date on which total loss of hearing in both ears was diagnosed in the manner described above, according to the medical records.
8) **Total loss of sight in both eyes** – the permanent and irreversible bilateral loss of vision. We shall provide cover only where the loss of sight has been diagnosed on the basis of an examination confirming that, after optical correction, visual acuity in both eyes is less than 0.1 (5/50) or the visual field is less than 20 degrees. The date of occurrence of the insured event shall be the date on which total loss of sight in both eyes was diagnosed in the manner described above, according to the medical records.
9) **Borrelial lymphocytoma** – a manifestation of Lyme disease, an infectious disease caused by Borrelia spirochaetes. We shall provide cover only where the diagnosis of borrelial lymphocytoma has been confirmed by histopathological examination and serological blood tests.
   The date of occurrence of the insured event shall be the date on which borrelial lymphocytoma was diagnosed in the manner described above, according to the medical records.

10) **Addison's disease** – a clinical syndrome caused by prolonged deficiency of adrenal cortex hormones resulting from direct damage to the adrenal glands.
We shall provide cover only where Addison's disease has been diagnosed by an endocrinologist and treatment with hormone replacement therapy has been initiated.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) Addison's disease was diagnosed in the manner described above; and
b) the treatment referred to above was commenced.

11) **Alzheimer's disease** – a disease characterised by progressive impairment of memory and other cognitive functions leading to dementia.
We shall provide cover only where Alzheimer's disease has been diagnosed by a neurologist, psychiatrist or geriatrician on the basis of clinical findings and recognised diagnostic tests and assessment tools for Alzheimer's disease, and dementia has been confirmed.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) Alzheimer's disease was diagnosed in the manner described above; and
b) dementia, as described above, was confirmed.

12) **Creutzfeldt-Jakob disease** – a neurodegenerative disease of the central nervous system caused by prions. We shall provide cover only where Creutzfeldt-Jakob disease has been diagnosed by a neurologist and both dementia and impairment of motor function have been confirmed.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) Creutzfeldt-Jakob disease was diagnosed in the manner described above; and
b) the consequences described above were confirmed.

13) **Huntington's disease** – an inherited disorder of the central nervous system.
We shall provide cover only where Huntington's disease has been diagnosed by a neurologist on the basis of genetic testing and at least one of the following manifestations has been confirmed:
a) motor impairment;
b) mood disorders; or
c) cognitive impairment.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) Huntington's disease was diagnosed in the manner described above; and
b) at least one of the manifestations listed above was confirmed.

14) **Crohn's disease with complications** – a chronic, non-specific inflammation of the intestinal wall in the course of which complications have developed.
We are liable only for cases of Crohn's disease that have been diagnosed on the basis of a histopathological examination and in the course of which one of the following complications has been identified:
a) intestinal fistula;
b) intestinal abscess;
c) intestinal stricture.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) Crohn's disease was diagnosed in the manner described above; and
b) at least one of the complications of Crohn's disease listed above was confirmed.

15) **Motor neurone disease (amyotrophic lateral sclerosis)** – a neurodegenerative disease of the central and peripheral nervous systems caused by selective degeneration of motor neurones.
We shall provide cover only where motor neurone disease has been diagnosed by a neurologist on the basis of electromyography (EMG) and the following have been confirmed:
a) muscle weakness or muscle wasting; and
b) limitation of voluntary movements.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) motor neurone disease was diagnosed in the manner described above; and
b) muscle weakness or muscle wasting and limitation of voluntary movements were confirmed.

16) **Coronary artery disease treated by coronary artery bypass grafting** – coronary artery disease requiring the insertion of a bypass graft to circumvent a narrowed or occluded section of a coronary artery.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) coronary artery disease was diagnosed; and
b) the treatment referred to above was carried out.

17) **Parkinson's disease** – a neurodegenerative disease of the central nervous system caused by degeneration of nerve cells responsible for motor function.
We shall provide cover only where Parkinson's disease has been diagnosed by a neurologist and at least two of the following manifestations have been confirmed:
a) resting tremor;
b) bradykinesia;
c) increased muscle tone.
Our cover does not extend to secondary parkinsonism.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) Parkinson's disease was diagnosed in the manner described above; and
b) at least two of the manifestations of Parkinson's disease listed above were confirmed.

18) **Cardiac conduction system disease treated surgically by implantation of a cardiac pacing device** – sinus node dysfunction or a disorder of the cardiac conduction system requiring permanent implantation of a cardiac pacing device.
Our cover does not extend to procedures involving repositioning, revision or replacement of pacing leads or the cardiac pacing device
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) cardiac conduction system disease was diagnosed; and
b) the treatment referred to above was carried out.

19) **Pituitary adenoma** – a tumour arising from hormone-producing cells of the anterior pituitary gland.
We shall provide cover only where the pituitary adenoma has been diagnosed by an endocrinologist or radiologist on the basis of diagnostic imaging.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the pituitary adenoma was diagnosed in the manner described above.

20) **Tuberculosis requiring hospital treatment** – an infectious disease caused by Mycobacterium tuberculosis requiring hospital treatment.
We shall provide cover only where tuberculosis has been diagnosed on the basis of a test identifying the causative pathogen and has required both anti-tuberculosis therapy and hospitalisation.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) tuberculosis was diagnosed in the manner described above; and
b) both of the treatment methods referred to above were initiated.

21) **Phaeochromocytoma** – a tumour arising from chromaffin cells, located either in the adrenal glands or at an extra-adrenal site, the symptoms of which are associated with excessive secretion of catecholamines.
We shall provide cover only where the phaeochromocytoma has been diagnosed by an endocrinologist or radiologist on the basis of diagnostic imaging.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the phaeochromocytoma was diagnosed in the manner described above.

22) **Idiopathic pulmonary arterial hypertension** – a syndrome of clinical manifestations caused by a spontaneous increase in pressure within the pulmonary artery.
We shall provide cover only where the mean resting pulmonary arterial pressure, measured by right heart catheterisation, is at least 25 mmHg.
Our cover does not extend to secondary pulmonary hypertension, including pulmonary hypertension resulting from other diseases or reactions to toxic substances, or to drug-induced pulmonary hypertension.
The date of occurrence of the insured event shall be the date on which, according to the medical records, idiopathic pulmonary arterial hypertension was diagnosed in the manner described above.

23) **Hypertrophic cardiomyopathy** – a genetically determined primary disorder of the heart muscle characterised by thickening of the walls of the left ventricle that is not caused by abnormal loading conditions.
We shall provide cover only where hypertrophic cardiomyopathy has been diagnosed by a cardiologist and has resulted in a left ventricular ejection fraction of less than 40%, or where an implantable cardioverter-defibrillator has been implanted as a result of the condition.
Our cover does not extend to left ventricular hypertrophy secondary to other cardiac diseases or systemic diseases.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) hypertrophic cardiomyopathy was diagnosed in the manner described above; and
b) the consequence referred to above was confirmed or the treatment referred to above was carried out.

24) **Takotsubo cardiomyopathy** – transient impairment of left ventricular wall contractility associated with elevated cardiac troponin levels above the upper limit of normal, in the absence of haemodynamically significant coronary artery stenosis
We shall provide cover only where Takotsubo cardiomyopathy has been diagnosed by a cardiologist and has required hospitalisation.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) Takotsubo cardiomyopathy was diagnosed in the manner described above; and
b) hospitalisation was required.

25) **Tick-borne encephalitis** – a viral infectious disease transmitted by ticks, characterised by inflammatory involvement of the brain or spinal cord.
We shall provide cover only where tick-borne encephalitis has been diagnosed on the basis of a test identifying the causative pathogen and has required hospitalisation.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) tick-borne encephalitis was diagnosed in the manner described above; and
b) hospitalisation was required.

26) **Intracranial haematoma treated surgically** – intracranial haemorrhage resulting in the formation of an intracerebral, subdural or epidural haematoma that has been surgically removed.
We shall provide cover only where the intracranial haematoma has been removed by craniotomy or through a burr hole.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) an intracranial haematoma was diagnosed; and
b) one of the treatment methods referred to above was carried out.

27) **Myasthenia gravis** – an autoimmune disorder of the neuromuscular junction characterised by fluctuating muscle weakness and fatigability.
We shall provide cover only where myasthenia gravis has been diagnosed by a neurologist.
The date of occurrence of the insured event shall be the date on which, according to the medical records, myasthenia gravis was diagnosed in the manner described above.

28) **Aplastic anaemia** – chronic and irreversible bone marrow failure resulting from depletion of all granulocytic, erythroid and megakaryocytic cell lines. We shall provide cover only where aplastic anaemia has been diagnosed on the basis of a bone marrow examination. The date of occurrence of the insured event shall be the date on which, according to the medical records, aplastic anaemia was diagnosed in the manner described above.

29) **Benign brain tumour** – a benign intracranial tumour of the brain, meninges or intracranial portions of the cranial nerves.
We shall provide cover only where the benign brain tumour has been diagnosed on the basis of brain imaging or histopathological examination and has been removed or, where removal of the tumour was not possible, neurological deficits have been confirmed.
Our cover does not extend to cysts, granulomas, vascular malformations, cerebral haematomas or pituitary tumours.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
   a) brain imaging was performed or a specimen was obtained for the examinations referred to above, confirming the benign brain tumour; and
   b) the treatment referred to above was carried out or the neurological deficits referred to above were confirmed.

30) **Benign spinal cord tumour** – a benign intradural tumour of the spinal cord or spinal meninges. We shall provide cover only where the benign spinal cord tumour has been diagnosed on the basis of imaging or histopathological examination and has been removed or, where removal of the tumour was not possible, neurological deficits have been confirmed.
Our cover does not extend to cysts, granulomas, vascular malformations or spinal cord haematomas.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
   a) imaging was performed or a specimen was obtained for the examinations referred to above, confirming the benign spinal cord tumour; and
   b) the treatment referred to above was carried out or the neurological deficits referred to above were confirmed.

31) **Malignant tumour** – uncontrolled proliferation of malignant cells capable of invading and destroying surrounding tissues and forming distant metastases, diagnosed on the basis of histopathological examination. We shall also provide cover for metastatic malignant cancer where no specimen has been obtained for histopathological examination, provided that the clinical presentation and diagnostic investigations clearly confirm the malignant nature of the neoplastic process.
Our cover does not extend to:
   a) cutaneous melanoma staged as T1aN0M0 according to the TNM classification, or any skin cancer, including cutaneous lymphoma;
   b) papillary thyroid carcinoma staged as T1aN0M0 according to the TNM classification;
   c) prostate cancer with a Gleason score of 6 or classified as ISUP Grade Group 1;
   d) cervical cancer and cervical dysplasia classified as CIN1, CIN2 or CIN3;
   e) Hodgkin lymphoma classified as Stage I;
   f) malignant cancers classified as pre-invasive (carcinoma in situ);
   g) malignant cancers associated with AIDS or HIV infection;
   h) tumours of borderline malignancy, tumours of low malignant potential, non-invasive tumours, dysplasia and benign tumours.

The date of occurrence of the insured event shall be the date on which, according to the medical records, the specimen for histopathological examination was obtained.

32) **Frostbite requiring hospital treatment** – localised damage to the skin and underlying tissues caused by exposure to low temperatures, resulting in tissue necrosis and tissue loss (i.e. third- or fourth-degree frostbite) and requiring hospitalisation.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the frostbite occurred and the the hospital treatment was provided as described above.

33) **Peripartum loss of the uterus** – loss of the entire uterus or removal of the uterine body while preserving the cervix as a result of complications of pregnancy or childbirth.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the peripartum loss of the uterus occurred.

34) **Oesophageal burn with perforation** – injury to the oesophagus caused by a thermal or chemical agent, resulting in perforation (a full-thickness tear) of the oesophageal wall.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the severe oesophageal burn and perforation occurred.

35) **Burn requiring hospital treatment** – localised injury to the skin and underlying tissues caused by a thermal, chemical or electrical agent, requiring hospitalisation, involving:

a) burns affecting more than 60% of the body surface area, where only second-degree burns are present; or
b) burns affecting more than 60% of the body surface area, where second- and third-degree burns are present in combination; or
c) burns affecting more than 15% of the body surface area, where only third-degree burns are present.
The date of occurrence of the insured event shall be the date on which, according to the medical records, one of the burns described above occurred and the hospital treatment was provided as described above.

36) **Primary sclerosing cholangitis** – a chronic disease characterised by autoimmune inflammation and secondary fibrosis of the bile ducts.
We shall provide cover only where primary sclerosing cholangitis has been diagnosed on the basis of imaging of the bile ducts.
The date of occurrence of the insured event shall be the date on which, according to the medical records, primary sclerosing cholangitis was diagnosed in the manner described above.

37) **Fulminant viral hepatitis** – rapidly progressive acute hepatitis caused by a viral infection.
We shall provide cover only where fulminant viral hepatitis has been diagnosed on the basis of a test identifying the causative pathogen and has required hospitalisation.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) fulminant viral hepatitis was diagnosed in the manner described above; and
b) hospitalisation was required.

38) **Kidney or partial liver donation for transplantation** – a surgical procedure to remove an organ from a donor for transplantation into a recipient.
We shall provide cover only for a donor who has undergone surgical removal of:
a) a kidney; or
b) part of the liver, for transplantation.
The date of occurrence of the insured event shall be the date on which, according to the medical records, one of the above organs was removed for transplantation.

39) **Paralysis of the limbs resulting from spinal cord injury** – complete loss of motor function in the limbs. We shall provide cover only where such paralysis affects at least two limbs and has persisted for at least three months or, before the end of that three-month period, it has been confirmed that there is no reasonable prospect of recovery of complete motor function.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) the paralysis referred to above had persisted for three months; or
b) before the expiry of that three-month period, it was confirmed that there was no reasonable prospect of recovery from the paralysis.

40) **Progressive supranuclear palsy** – a neurodegenerative disease of the central nervous system characterised by the accumulation of abnormal protein and degeneration of brain nerve cells.
We shall provide cover only where progressive supranuclear palsy has been diagnosed by a neurologist and impairment of motor function has been confirmed during the course of the disease.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) progressive supranuclear palsy was diagnosed in the manner described above; and
b) the consequences of progressive supranuclear palsy referred to above were confirmed.

41) **Chronic kidney disease requiring renal replacement therapy** – an abnormality in the structure or function of the kidneys requiring permanent dialysis or kidney transplantation.
The date of occurrence of the insured event shall be the first day on which, according to the medical records, one of the above methods of renal replacement therapy for chronic kidney disease was initiated.

42) **Rheumatoid arthritis with disability** – a chronic systemic connective tissue disease characterised by symmetrical involvement of the peripheral joints, resulting in disability.
We shall provide cover only where rheumatoid arthritis with disability has been diagnosed by a consultant rheumatologist and has resulted in the inability, without the assistance of another person, to perform at least one of the following four activities of daily living:
a) moving between rooms within the home;
b) eating prepared meals independently;
c) dressing and undressing;
d) washing and maintaining personal hygiene.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) rheumatoid arthritis was diagnosed in the manner described above; and
b) the inability, without the assistance of another person, to perform at least one of the above activities of daily living had persisted for three months.

43) **Surgically treated brain abscess** – a localised intracranial infection resulting in the formation of a collection of pus within a vascularised capsule, which has been surgically removed.
We shall provide cover only where the brain abscess has been removed by craniotomy or through a burr hole.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) a brain abscess was diagnosed; and
b) at least one of the methods of treatment described above was carried out.

44) **Disseminated intravascular coagulation (DIC)** – a disorder of blood coagulation resulting in microvascular thrombosis and haemorrhage, leading to failure of the internal organs.

We shall provide cover only where disseminated intravascular coagulation (DIC) required hospitalisation and the diagnosis is unequivocally confirmed by the medical records.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:

a) disseminated intravascular coagulation (DIC) was diagnosed in the manner described above; and
b) hospitalisation was required.

45) **Idiopathic pulmonary fibrosis** – a chronic, progressive interstitial lung disease of unknown cause, resulting in fibrosis confined to the lungs.
We shall provide cover only where idiopathic pulmonary fibrosis has been diagnosed by a consultant respiratory physician on the basis of lung imaging or a lung biopsy.
Our cover does not include hypersensitivity pneumonitis, pneumoconiosis, pulmonary fibrosis occurring in the course of connective tissue diseases, or drug-induced pulmonary fibrosis.
The date of occurrence of the insured event shall be the date on which, according to the medical records, idiopathic pulmonary fibrosis was diagnosed in the manner described above.

46) **Sarcoidosis** – a systemic granulomatous disease characterised by involvement of the lymph nodes and internal organs.
We shall provide cover only where sarcoidosis has been diagnosed by a consultant respiratory physician, cardiologist or rheumatologist and has involved the heart or at least one lung.
The date of occurrence of the insured event shall be the date on which, according to the medical records:

a) sarcoidosis was diagnosed in the manner described above; and
b) involvement of one of the organs referred to above was confirmed.

47) **End-stage respiratory failure** – impairment of the respiratory system caused by chronic respiratory disease, resulting in a permanent reduction in blood oxygenation.
We shall provide cover only where end-stage respiratory failure has resulted in a partial pressure of oxygen in arterial blood of less than 55 mmHg and has been treated by continuous daily oxygen therapy for a period of at least three months.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:

a) end-stage respiratory failure was diagnosed in the manner described above; and
b) the above method of treatment had been used continuously for three months.

48) **End-stage liver failure** – the final stage of impaired liver function.
We shall provide cover only where end-stage liver failure is accompanied by at least two of the following complications:

a) hepatic encephalopathy;
b) ascites;
c) persistent jaundice.

Our cover does not include end-stage liver failure caused by alcohol, the misuse of medicines, or other substances toxic to the liver.
The date of occurrence of the insured event shall be the date on which, according to the medical records, end-stage liver failure was confirmed in the manner described above.

49) **Sepsis** – a systemic, non-specific response of the body to microorganisms and their toxins present in the bloodstream. We shall provide cover only where the diagnosis of sepsis is unequivocally confirmed by the medical records and has resulted in failure of at least two of the following organ systems or organs:

a) central nervous system;
b) cardiovascular system;
c) respiratory system;
d) haematopoietic system;
e) kidneys;
f) liver.

The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:

a) sepsis was diagnosed in the manner described above; and
b) failure of at least two of the organ systems or organs listed above was confirmed.

50) **Pseudoarthrosis** – failure of a fractured bone to unite or failure of fracture healing to progress within the period in which complete bone union would normally be expected.
We shall provide cover only where non-union fracture (pseudoarthrosis) has been diagnosed by a consultant orthopaedic surgeon on the basis of imaging studies and involves one of the following bones:

a) humerus;
b) ulna;
c) radius;
d) femur;
e) tibia.

The date of occurrence of the insured event shall be the date on which, according to the medical records, pseudoarthrosis was diagnosed in the manner described above.

51) **Multiple sclerosis** – a disease of the central nervous system characterised by neurological deficits resulting from disseminated demyelinating lesions.
We shall provide cover only where multiple sclerosis has been diagnosed by a consultant neurologist on the basis of neurological symptoms and magnetic resonance imaging (MRI) demonstrating dissemination of demyelinating lesions in both time and anatomical location within the central nervous system.

The date of occurrence of the insured event shall be the date on which, according to the medical records, multiple sclerosis was diagnosed in the manner described above.

52) **Coma with severe neurological sequelae resulting from brain injury** – a state of profound impairment of consciousness caused by brain injury, characterised by the absence of response to external auditory or painful stimuli.
We shall provide cover only where the coma has persisted continuously for at least 96 hours and, 30 days after its onset:
a) a neurological examination confirms the persistence of a neurological deficit; or
b) a score of less than 24 points is obtained on the Mini-Mental State Examination (MMSE).
Our cover does not include coma resulting from alcohol, the misuse of medicines, or other substances toxic to the brain.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) coma was diagnosed in the manner described above; and
b) at least one of the consequences referred to above was confirmed.

53) **Surgically treated abdominal aortic aneurysm** – a localised dilatation of the abdominal aorta beyond its normal diameter, which may be accompanied by dissection of the aortic wall and has been treated surgically.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) an abdominal aortic aneurysm was diagnosed; and
b) the method of treatment described above was carried out.

54) **Surgically treated thoracic aortic aneurysm** – a localised dilatation of the thoracic aorta beyond its normal diameter, which may be accompanied by dissection of the aortic wall and has been treated surgically.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) a thoracic aortic aneurysm was diagnosed; and
b) the method of treatment described above was carried out.

55) **Interventionally treated cerebral aneurysm** – an intracranial aneurysm that has been excluded from the circulation. We shall provide cover only where the cerebral aneurysm has been treated by neurosurgical clipping following craniotomy or by endovascular occlusion without craniotomy.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) a cerebral aneurysm was diagnosed; and
b) one of the methods of treatment described above was carried out.

56) **Tetanus** – an infectious disease caused by the neurotoxin produced by Clostridium tetani.
We shall provide cover only where tetanus has been diagnosed on the basis of a test identifying the causative pathogen and has required hospitalisation.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) tetanus was diagnosed in the manner described above; and
b) hospitalisation was required.

57) **Systemic lupus erythematosus with internal organ involvement** – a chronic systemic connective tissue disease characterised by involvement of the skin, joints and internal organs.
We shall provide cover only where systemic lupus erythematosus with internal organ involvement has been diagnosed by a consultant rheumatologist and has involved at least one of the following organs or organ systems:
a) kidneys;
b) heart;
c) nervous system.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) systemic lupus erythematosus was diagnosed in the manner described above; and
b) involvement of one of the organs or organ systems listed above was confirmed.

58) **Transplantation** – the surgical transplantation into the recipient's body of a human organ or tissue obtained from a donor.
We shall provide cover only where the recipient has undergone:
a) heart transplantation;
b) lung transplantation;
c) liver or partial liver transplantation;
d) pancreas or partial pancreas transplantation;
e) intestinal or partial intestinal transplantation; or
f) allogeneic bone marrow transplantation.
The date of occurrence of the insured event shall be the date on which one of the above transplant procedures was performed, according to the medical records.

59) **Systemic sclerosis with internal organ involvement** – a chronic systemic connective tissue disease characterised by damage to blood vessels, progressive fibrosis of the skin and involvement of the internal organs.
We shall provide cover only where systemic sclerosis has been diagnosed by a consultant dermatologist or consultant rheumatologist and has involved at least one of the following organs:
a) lungs;
b) gastrointestinal tract;
c) kidneys;
d) heart.
Our cover does not include localised, generalised, bullous, linear or deep scleroderma.

The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:

a) systemic sclerosis was diagnosed in the manner described above; and
b) involvement of at least one of the organs listed above was confirmed.

60) **Stroke resulting in a permanent neurological deficit** – a sudden focal or global disturbance of brain function caused solely by occlusion of a cerebral blood vessel or rupture of its wall, resulting in a permanent neurological deficit.
We shall only cover a stroke with permanent neurological deficit where:
a) brain imaging has unequivocally confirmed acute vascular changes or the stroke was treated with thrombolytic therapy, and
b) a neurological examination performed 3 months after the stroke confirmed the persistence of the neurological deficit resulting from the stroke.
Our cover does not include transient ischaemic attack (TIA) or any stroke resulting from a non-vascular cause or caused by trauma.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) stroke resulting in a permanent neurological deficit was diagnosed in the manner described above, or the thrombolytic treatment referred to above was administered; and
b) the consequences of the stroke referred to above were confirmed.

61) **Traumatic brain injury** – injury to the skull associated with damage to the brain, the intracranial portions of the cranial nerves, or the meninges.
We shall provide cover only where the traumatic brain injury required hospitalisation and, for a period of at least three months, resulted in the inability, without the assistance of another person, to perform at least three of the following five activities of daily living:
a) moving between rooms within the home;
b) eating prepared meals independently;
c) dressing and undressing;
d) washing and maintaining personal hygiene;
e) maintaining bowel and bladder continence.
The date of occurrence of the insured event shall be the date on which, according to the medical records, three months had elapsed during which the Insured Person remained unable, without the assistance of another person, to perform at least three of the activities of daily living listed above.

62) **Loss of a limb** – the loss of all or part of a limb.
We shall provide cover only for the loss of an upper limb above the wrist or a lower limb above the ankle.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the loss of the limb occurred.

63) **Neurosurgically treated hydrocephalus** – enlargement of the cerebral ventricular system resulting from impaired production or absorption of cerebrospinal fluid, treated surgically.
We shall provide cover only where hydrocephalus has been treated by insertion of an extracranial ventricular shunt with valve implantation.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) hydrocephalus was diagnosed; and
b) the method of treatment described above was carried out.

64) **Ulcerative colitis with complications** – chronic non-specific inflammation of the wall of the large intestine resulting in complications.
We shall provide cover only where ulcerative colitis has been diagnosed on the basis of histopathological examination and at least one of the following complications has been confirmed:
a) pseudopolyposis of the colon;
b) toxic megacolon.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) ulcerative colitis was diagnosed in the manner described above; and
b) at least one of the complications listed above was confirmed.

65) **Rabies** – an infectious disease caused by the rabies virus or related viruses.
We shall provide cover only where rabies has been diagnosed on the basis of a test identifying the causative pathogen and has resulted in encephalitis or myelitis.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
a) rabies was diagnosed in the manner described above; and
b) at least one of the above complications of rabies was confirmed.

66) **HIV infection resulting from blood transfusion** – infection with the human immunodeficiency virus acquired as a result of the transfusion of blood or blood products.
The date of occurrence of the insured event shall be the date on which, according to the medical records, HIV infection resulting from blood transfusion was diagnosed.

67) **Occupational HIV infection** – infection with the human immunodeficiency virus acquired in the course of performing occupational duties.
The date of occurrence of the insured event shall be the date on which, according to the medical records, HIV infection acquired in the course of performing occupational duties was diagnosed.

68) **Infected pancreatic necrosis** – infection of necrotic pancreatic or peripancreatic tissue occurring during acute pancreatitis.

We shall provide cover only where necrotic pancreatic or peripancreatic tissue has been surgically removed.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the method of treatment described above was carried out.

69) **Valvular heart disease treated by surgical valve replacement** – an anatomical abnormality of a native heart valve requiring surgical replacement with a prosthetic or biological valve.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
   a) valvular heart disease was diagnosed; and
   b) the method of treatment described above was carried out.

70) **Pulmonary embolism** – obstruction of the pulmonary artery caused by a thrombus.
We shall provide cover only where the thrombus is located in the main pulmonary artery. The date of occurrence of the insured event shall be the date on which, according to the medical records, pulmonary embolism was diagnosed.

71) **Myocardial infarction** – damage to part of the heart muscle resulting from acute myocardial ischaemia.
We shall provide cover only where the diagnosis of myocardial infarction is confirmed by a rise and/or fall in cardiac troponin levels, with at least one value above the upper reference limit, together with at least one of the following:
   a) clinical symptoms of myocardial ischaemia;
   b) new ischaemic changes on the ECG;
   c) new loss of viable myocardium or new regional wall motion abnormality on imaging consistent with an ischaemic cause;
   d) identification of a coronary thrombus by coronary angiography.
We shall also provide cover for myocardial infarction associated with a coronary artery procedure, provided that imaging demonstrates new loss of viable myocardium consistent with an ischaemic cause or coronary angiography confirms a procedure-related complication restricting blood flow, and
cardiac troponin levels increase to:
   a) at least five times the upper reference limit following percutaneous coronary intervention; or
   b) at least ten times the upper reference limit following coronary artery bypass grafting. The date of occurrence of the insured event shall be the date on which, according to the medical records, myocardial infarction was diagnosed in the manner described above.

72) **Short bowel syndrome** – a condition following resection of, or loss of function of, all or part of the small intestine, resulting in malabsorption requiring permanent parenteral nutrition, i.e. intravenous administration of nutrients. We shall provide cover only where permanent parenteral nutrition has been instituted.
The date of occurrence of the insured event shall be the date on which permanent parenteral nutrition commenced.

73) **Ankylosing spondylitis** – spondyloarthropathy characterised by involvement of the sacroiliac and spinal joints, leading to spinal ankylosis.
We shall provide cover only where ankylosing spondylitis has been diagnosed by a consultant rheumatologist.
The date of occurrence of the insured event shall be the date on which, according to the medical records, ankylosing spondylitis was diagnosed in the manner described above.

74) **Gas gangrene** – an infectious disease caused by Clostridium species responsible for gas gangrene, occurring as a result of severe wound infection.
We shall provide cover only where gas gangrene has been diagnosed on the basis of a test identifying the causative pathogen and has resulted in muscle necrosis and systemic toxaemia requiring hospitalisation. The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
   a) gas gangrene was diagnosed in the manner described above;
   b) the complications referred to above were confirmed; and
   c) the method of treatment described above was provided.

75) **Granulomatosis with polyangiitis (Wegener's granulomatosis)** – an autoimmune disease characterised by involvement of small and medium-sized blood vessels in the respiratory system or kidneys.
We shall provide cover only where granulomatosis with polyangiitis has been diagnosed by a consultant respiratory physician, consultant rheumatologist or consultant nephrologist.
The date of occurrence of the insured event shall be the date on which, according to the medical records, granulomatosis with polyangiitis was diagnosed in the manner described above.

2. The table below sets out the insured events included within each level of cover.

EVENT		BASIC COVER	BASIC COVER	EXTENDED PLUS COVER	EXTENDED EXTRA COVER
1	bacterial encephalitis or meningitis			✓	✓
2	Bacterial endocarditis			✓	✓
3	Cerebral echinococcosis	✓	✓	✓	✓
4	Lyme carditis			✓	✓
5	Neuroborreliosis (neurological Lyme disease)			✓	✓
6	Total loss of speech	✓	✓	✓	✓
7	Total bilateral hearing loss			✓	✓
8	Total bilateral loss of vision		✓	✓	✓
9	Borrelial lymphoma				✓
10	Addison's disease				✓
11	Alzheimer disease		✓	✓	✓
12	Creutzfeldt–Jakob disease	✓	✓	✓	✓
13	Huntington's disease			✓	✓
14	Crohn's disease with complications	✓	✓	✓	✓
15	Motor neurone disease (amyotrophic lateral sclerosis)			✓	✓
16	Coronary artery disease treated with coronary artery bypass grafting	✓	✓	✓	✓
17	Parkinson's disease		✓	✓	✓
18	Cardiac conduction system disease treated by surgical implantation of a cardiac pacing system				✓
19	Pituitary adenoma				✓
20	Tuberculosis requiring hospital treatment			✓	✓
21	Phaeochromocytoma				✓
22	Idiopathic pulmonary hypertension				✓
23	Hypertrophic cardiomyopathy				✓
24	Takotsubo cardiomyopathy				✓
25	Tick-borne encephalitis	✓	✓	✓	✓
26	Intracranial haematoma treated surgically				✓
27	Myasthenia gravis				✓
28	Aplastic anaemia	✓	✓	✓	✓
29	Benign brain tumour		✓	✓	✓
30	Benign spinal cord tumour				✓
31	Malignant tumour	✓	✓	✓	✓
32	Frostbite requiring hospital treatment				✓
33	Peripartum loss of the uterus				✓
34	Oesophageal burn with perforation				✓
35	Burns requiring hospital treatment		✓	✓	✓
36	Primary sclerosing cholangitis				✓
37	Fulminant viral hepatitis				✓
38	Kidney or partial liver donation for transplantation				✓
39	Paralysis of the limbs due to spinal cord injury		✓	✓	✓

EVENT		BASIC COVER	BASIC COVER	EXTENDED PLUS COVER	EXTENDED EXTRA COVER
40	Progressive supranuclear palsy				✓
41	Chronic kidney disease requiring renal replacement therapy	✓	✓	✓	✓
42	Rheumatoid arthritis with disability		✓	✓	✓
43	Brain abscess treated surgically	✓	✓	✓	✓
44	Disseminated intravascular coagulation (DIC)				✓
45	Idiopathic pulmonary fibrosis				✓
46	Sarcoidosis				✓
47	End-stage respiratory failure				✓
48	End-stage liver failure			✓	✓
49	Sepsis	✓	✓	✓	✓
50	Pseudoarthrosis				✓
51	Multiple sclerosis			✓	✓
52	Coma with severe sequelae due to brain injury	✓	✓	✓	✓
53	Abdominal aortic aneurysm treated surgically			✓	✓
54	Thoracic aortic aneurysm treated surgically			✓	✓
55	Cerebral aneurysm treated by intervention				✓
56	Tetanus	✓	✓	✓	✓
57	Systemic lupus erythematosus with internal organ involvement		✓	✓	✓
58	Transplantation		✓	✓	✓
59	Systemic sclerosis with internal organ involvement				✓
60	Stroke with permanent neurological deficit	✓	✓	✓	✓
61	Traumatic brain injury		✓	✓	✓
62	Loss of a limb			✓	✓
63	Hydrocephalus treated neurosurgically				✓
64	Ulcerative colitis with complications		✓	✓	✓
65	Rabies	✓	✓	✓	✓
66	HIV infection resulting from a blood transfusion	✓	✓	✓	✓
67	Occupational HIV infection	✓	✓	✓	✓
68	Infected pancreatic necrosis			✓	✓
69	Valvular heart disease treated by surgical valve implantation			✓	✓
70	Pulmonary embolism	✓	✓	✓	✓
71	Myocardial infarction	✓	✓	✓	✓
72	Short bowel syndrome				✓
73	Ankylosing spondylitis				✓
74	Gas gangrene	✓	✓	✓	✓
75	Granulomatosis with polyangiitis (Wegener's granulomatosis)				✓