

Introducing Lincoln's Financial Foundations critical health options

An introduction to the critical illness conditions covered by your Financial Foundations policy

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Introduction

Critical health options provide a special kind of insurance cover. Lincoln believes in helping its customers to fully understand and appreciate the extent of the cover their plan can provide, so careful explanation is particularly important.

Our experience has shown that the medical terminology used is not always easy to understand and it is the intention of this guide to provide some clarity without compromising the meaning of the cover.

Lincoln will usually pay the amount of benefit you have chosen* on evidence of diagnosis or confirmation of the medical condition, surgical procedure or disability by a consultant or relevant specialist in the area of medicine appropriate to the cause of claim and who is acceptable to our Chief Medical Officer.

*Except for angioplasty before age 75 for coronary artery disease of a specified severity, where the amount is the lesser of 10% of the benefit or £10,000.

This guide provides you with:

- the definitions that are used to determine the basis for payment of the benefit
- background information to give you a better understanding of the condition, surgical procedure or disability and meanings of some of the medical terms used.

Critical illness cover

Angioplasty before age 75 - for coronary artery disease of a specified severity

(The amount payable is the lesser of 10% of the benefit or £10,000)

Policy definition

The undergoing, to treat severe coronary artery disease, of any of the following:

- balloon angioplasty
- atherectomy
- rotablation
- laser treatment
- and/or insertion of stents

to treat the narrowing or blockage in two or more main coronary arteries. This procedure must have been carried out on the advice of a consultant cardiologist.

The intervention must be to treat at least 70% diameter narrowing in each vessel and must be carried out as a single procedure.

For the purposes of this definition, main coronary arteries are defined as being:

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

Two or more procedures in the same artery or procedures to any branches of the above arteries are specifically excluded.

Background information

The coronary arteries supply blood to and from the heart muscle and can become narrowed or blocked. If left untreated the heart muscle which should be supplied with blood by the diseased artery would die. The treatments listed are to unblock the artery and involve different techniques.

Balloon angioplasty is a treatment to improve the blood supply through an artery. A catheter (a fine, hollow tube) with a small inflatable balloon at its tip is inserted into an artery, usually in the groin, and passed through to the narrowed artery. The balloon is then gently inflated so that it squashes the fatty tissue responsible for the narrowing, and widens the artery.

Atherectomy and rotablation involve an instrument called a 'rotoblator', a tiny revolving drill which is attached to the end of a special catheter. The procedure is similar in the beginning to the normal angioplasty in that a catheter is inserted into an artery, usually in the groin. The cardiologist will guide the catheter from the artery in the groin through to the coronary artery which is being treated. When it reaches the blocked area, the rotoblator revolves at a high speed. The rotoblater cuts fatty deposits in tiny pieces from the artery lining. It does not damage the artery lining and there is minimal stretching to the artery wall. The tiny pieces of fatty deposits travel away from the area in the blood stream.

Laser treatment involves a thin plastic tube (a catheter) being inserted into an artery and guided through until it reaches the blockage. The tube is flexible and has a laser at its tip. When in position, the laser emits pulsating light beams which vaporise the atheroma.

A stent is a short tube of stainless steel wire mesh. It is used to hold open a coronary

artery after you have had an angioplasty to widen the artery. The balloon is deflated and removed. The stent stays in place to prop open the artery wall.

The amount payable in respect of angioplasty is the lesser of:

- 10% of the amount of critical illness stated in the policy schedule, or
- £10,000.

Only one angioplasty claim can be made by each life assured and there will be a resulting reduction in cover for the other critical health conditions following payment of a valid claim.

Aorta graft surgery before age 75 - for disease

Policy definition

The undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft.

The term aorta includes the thoracic and abdominal aorta but not its branches.

For the above definition, the following are not covered:

- any other surgical procedure, for example the insertion of stents or endovascular repair
- surgery following traumatic injury to the aorta.

Background information

The aorta is the large artery leading from the heart which supplies the rest of the body with oxygen-rich blood. Aorta graft surgery involves bypassing the damaged or blocked section of the aorta by using a blood vessel from another

part of the body or a fabric artificial blood vessel. This will then restore blood flow.

It should be noted that the cover is for disease and not due to an accident.

Aplastic anaemia before age 75 - of specified severity

Policy definition

Confirmation by a consultant haematologist of a definite diagnosis of complete bone marrow failure resulting in anaemia, neutropenia and thrombocytopenia and requiring at least one of the following treatments:

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

All other forms of anaemia are specifically excluded.

Background information

Aplastic anaemia is a condition where bone marrow does not produce sufficient new cells to replenish blood cells.

Anaemia is a deficiency in red blood cells. This results in a reduced ability of blood to transfer oxygen to tissues (all human cells rely on oxygen for survival).

Neutropenia is a disorder characterised by abnormally low numbers of white blood cells, resulting in being more susceptible to bacterial infections.

Thrombocytopenia is the presence of relatively few platelets in the blood. This can lead to easy bruising, nose bleeds and bleeding gums.

Anaemia, neutropenia and thrombocytopenia must all be present, together with at least one of the stated treatments, for a claim to be considered.

Bacterial meningitis before age 75 - resulting in permanent symptoms

Policy definition

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord and resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis must be confirmed by a consultant neurologist.

All other forms of meningitis including viral meningitis are not covered.

Background information

Bacterial meningitis is a condition in which the outer layers of the membrane covering the brain (the meninges) become inflamed as a result of infection with bacteria. Symptoms include fever, headache, light sensitivity and confusion. As the meninges continue to the lining of the spinal cord, movement can cause spinal cord pain.

Benign brain tumour before age 75 - resulting in permanent symptoms

Policy definition

A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- tumours in the pituitary gland
- angiomas.

Background information

Benign tumours are not normally covered for critical illness. However, in the brain they can cause permanent neurological (nerve or nervous system) damage resulting in physical symptoms. The pituitary gland is a small 'pea-sized' gland that sits at the base of the brain and secretes hormones to regulate the body. Angiomas are benign tumours made up of small blood vessels.

Cancer before age 75 - excluding less advanced cases

Policy definition

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

The term malignant tumour includes leukaemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

- all cancers which are histologically classified as any of the following:
 - pre-malignant
 - non-invasive
 - cancer in situ
 - having either borderline malignancy or
 - having a low malignant potential.

- all tumours of the prostate unless histologically classified as having a Gleason score of greater than six or having progressed to at least clinical TNM classification T2N0M0
- chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A
- any skin cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

Background information

The human body contains approximately 100 trillion cells. Cells divide to form new cells and each cell will eventually die. However, in cancer the cells become 'immortal' and so division becomes uncontrolled and the cells invade other tissues to form a tumour.

Tumours can be benign or malignant. Benign tumours do not invade surrounding tissues or spread to other parts of the body and are not covered under this condition.

There are tumours that can be viewed as sitting 'in between' benign and malignant. These are also not covered under this condition.

Malignant tumours have the ability to invade adjacent tissues and spread to other parts of the body. These are the tumours that are designed to be covered – subject to the above restrictions – in the policy definition.

Cardiomyopathy before age 75 - of specified severity

Policy definition

The definite diagnosis by a consultant cardiologist of cardiomyopathy resulting in impaired ventricular function and marked limitation of physical activity with the life assured unable to progress:

- beyond stage 2 of a treadmill exercise test using the standard Bruce protocol; or is
- classified as Stage III under the New York Heart Association Functional Classification.

For the purpose of this definition, NYHA Stage III is classified as a marked limitation in activity due to symptoms even during less than ordinary activity. The patient is only comfortable at rest.

For the above definition, all other forms of heart disease, heart enlargement and myocarditis are specifically excluded. Cardiomyopathy directly related to alcohol or drug misuse is excluded.

Background information

Cardiomyopathy is deterioration of the function of the heart muscle. Symptoms can include fainting, difficulty breathing and fatigue. The cause is either from within the heart muscle itself or due to outside dysfunction, the most common cause being inadequate oxygen delivery to the heart muscle due to heart disease.

There are two ventricles – right and left. These pump blood out of the heart to either the lungs or the rest of the body respectively.

Coma before age 75 - resulting in permanent symptoms

Policy definition

A state of unconsciousness with no reaction to external stimuli or internal needs which:

- requires the use of life support systems for a continuous period of at least 96 hours; and
- results in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following is not covered:

- coma secondary to alcohol or drug abuse.

Background information

Coma is a profound state of unconsciousness and such a person cannot be awakened, does not respond normally to pain or light and voluntary actions are absent. Coma may result from a variety of conditions including central nervous system disease, stroke, a violent accident to the head or ingestion of substances, such as excessive alcohol or drug abuse.

Coronary artery bypass grafts before age 75 - with surgery to divide the breastbone

Policy definition

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

Background information

Coronary artery bypass graft is a surgical procedure performed to relieve angina and reduce the risk of death from coronary artery disease. The procedure may be to either detach an artery from the chest wall and attach the open end to the coronary artery below the blocked area or to remove a piece of long vein from the leg. One end is attached to the aorta (the large artery leading from the heart to supply the rest of the body with oxygen-rich blood) and the other end is attached or 'grafted' to the coronary artery below the blocked area. These procedures bypass the blocked area and restore blood flow to the heart muscle.

Heart attack before age 75 - of specified severity

Policy definition

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

- typical clinical symptoms (for example, characteristic chest pain)
- new characteristic electrocardiographic changes
- the characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher;
 - Troponin T > 1.0 ng/ml
 - AccuTnl > 0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

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

Background information

Heart attack (myocardial infarction) is a disease state that occurs when the blood supply to the heart muscle is interrupted. The resulting oxygen shortage causes damage and potential death of heart tissue. Symptoms may include chest pain, shortness of breath, nausea, vomiting, palpitations and sweating.

Approximately one third of acute myocardial infarctions are silent, without chest pain or other symptoms and these are not covered under this definition.

Heart valve replacement or repair before age 75 - with surgery to divide the breastbone

Policy definition

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to replace or repair one or more heart valves.

Background information

The heart is a muscle which pumps oxygenated blood throughout the body and receives de-oxygenated blood back. Within this muscle are valves to regulate the flow and direction of the blood. The surgery is to repair or replace heart valves that are defective. There are four valves in the heart (tricuspid valve, pulmonary valve, mitral valve and aortic valve) that regulate the blood flow into and out of the chambers of the heart by opening and closing depending on the difference in pressure on each side of

the valve. Problems can arise when the valve fails to open properly causing narrowing and restricting the blood flow; fails to close properly allowing blood to flow back into the previous chamber or, because the valves do not have their own blood supply and the body's defence mechanisms cannot access them, an organism can damage the valves.

HIV infection before age 75 - caught in the UK from a blood transfusion, a physical assault or at work

Policy definition

Infection by Human Immunodeficiency Virus resulting from:

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

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

- the incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures
- where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within five days of the incident

- there must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus
- the incident causing infection must have occurred in the UK.

For the above definition, the following is not covered:

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

Background information

HIV stands for Human Immunodeficiency Virus and is a retrovirus (a type of virus that replicates itself inside cells they have invaded, using an enzyme called 'reverse transcriptase' to transcribe RNA into DNA. They can then invade the body's natural defence mechanisms as they make new copies of themselves). This can cause acquired immunodeficiency syndrome (AIDS), a condition in which the immune system begins to fail, leading to life threatening opportunistic infections. In an uninfected person their immune system would normally fight off these infections.

A claim will only be considered if the infection occurred in the UK and resulted from either a blood transfusion as part of medical treatment or physical assault or an incident occurring during the course of performing normal duties of employment.

Kidney failure before age 75 - requiring dialysis

Policy definition

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

Background information

Kidney or renal failure is a condition in which the kidneys fail to function properly. End stage renal failure can be the result of numerous kidney diseases. The cover is not for acute renal failure which can be reversible. With chronic renal failure the kidneys are usually smaller and there is a gradual rise in serum creatinine (a measure of renal function). Regular dialysis is necessary for a claim to be considered.

Liver failure before age 75 - end stage

Policy definition

Chronic liver disease, being end stage and irreversible liver failure due to cirrhosis and resulting in all of the following:

- permanent jaundice
- ascites
- encephalopathy.

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

Background information

Liver failure is the final stage of liver disease. The liver is the largest glandular organ in the body. The causes can include hepatitis, cirrhosis, vein obstruction and damage from alcohol or drugs. Symptoms can include jaundice, build up of fluid in the abdominal lining (ascites), musty sweet smelling breath and impaired brain function (encephalopathy).

The condition must be end stage and irreversible for a claim to be considered.

Major organ transplant before age 75

Policy definition

The undergoing as a recipient of a transplant of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or inclusion on an official UK waiting list for such a procedure.

For the above definition, the following is not covered:

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

Background information

Transplant is the best possible treatment for most people with major organ failure. As defined above, a claim can be considered if you are on an official UK waiting list for such a procedure.

Multiple sclerosis before age 75 - with persisting symptoms

Policy definition

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

Background information

Multiple sclerosis (MS, also known as disseminated sclerosis) is a chronic, inflammatory disease that affects the central nervous system. MS is an autoimmune condition that means that your immune system attacks your own body. MS mistakes your own body's tissue, myelin and nerve fibres in

particular, as foreign. Myelin is an electrically insulating fatty layer that surrounds nerve fibres to help carry the electrical signals. MS causes gradual destruction of myelin and nerve fibres throughout the brain and spinal cord.

The severity and permanency of MS symptoms varies considerably from a 'one-off' episode with full recovery to chronic progressive with continual deterioration of health and increased disability.

You should note that impairment of motor or sensory function must persist continuously for at least six months before a claim will be considered.

Pre-senile dementia before age 65 - resulting in permanent symptoms

Policy definition

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

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

Background information

Pre-senile dementia is the term used for dementia occurring before age 65. Dementia is the progressive decline in memory, attention, perception, action, problem solving and mental imagery due to damage or disease in the brain beyond what can be expected from the normal ageing process.

Stroke before age 75 - resulting in permanent symptoms

Policy definition

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

For the above definition, the following are not covered:

- transient ischaemic attack
- traumatic injury to brain tissue or blood vessels.

Background information

A stroke, also known as cerebrovascular accident (CVA), is an acute neurological injury in which the blood supply to a part of the brain is interrupted. This means that part of the brain no longer receives adequate oxygen, causing brain cells to die or be seriously damaged, impairing local brain function. Sufficient damage or death of brain cells will result in impairment of bodily function depending on which area of the brain is affected and this could result in symptoms such as paralysis on one side of the body, slurred speech, visual disturbance and confusion.

A mini-stroke or transient ischaemic attack (TIA) is not covered under this benefit.

Third degree burns before age 75 - covering 20% of the body's surface area

Policy definition

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

Background information

Burns of the skin are classified into three degrees – first, second and third degree burns. Third degree burns can be caused by heat, cold, electricity, chemicals or radiation. They are often painless as nerve endings have been destroyed. A claim will only be considered if the burns affect at least 20% of the surface area of the body.

Traumatic head injury before age 75 - resulting in permanent symptoms

Policy definition

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

Background information

A serious blow to the head can result in damage and death of brain tissue. The effects of this may be that someone is no longer able to function as they were before. For example, they are unable to walk properly or their sight is significantly affected. The effects must be permanent for a claim to be considered.

Children's critical illness benefit

Policy definition

We will pay the lesser of £15,000 or half of the critical illness cover stated in the schedule, if a child born to, or legally adopted by the life assured, suffers any of the critical illness conditions when more than 30 days old and less than 18 years old (or less than 21 years old if still in full-time education).

We will not pay a claim under this condition if the illness or event in respect of which the claim is made arises directly or indirectly, wholly or partly from a congenital or pre-existing condition. A pre-existing condition is one which existed or from which the child suffered, before they were 30 days old, or the benefit start date if later.

The maximum payable under this policy and any similar policies with us in respect of each child is £15,000.

Any payment made under this condition will not reduce the amount of benefit payable in respect of the life assured.

Background information

This critical illness cover is provided for the life assured's children free of charge.

Permanent disability cover

Blindness - permanent and irreversible

Policy definition

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

Background information

The Snellen eye chart is the common eye chart you would see in an optician's testing room that shows increasing numbers of letters on each line and decreasing size of the letters. It is used to measure visual acuity. The measure of 3/60 from the World Health Organisation's International Statistical Classification of Diseases, Injuries and Causes of Death is a common definition of blindness.

The condition must be permanent and irreversible for a claim to be considered.

Deafness - permanent and irreversible

Policy definition

Permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.

Background information

Hearing loss of 95 decibels would be classified as 'profound deafness'. Mild, moderate and severe deafness range from 25 to 94 decibels. Deafness can be caused by the ageing process, exposure to noise, injury or illness or genetic factors.

The condition must be permanent and irreversible for a claim to be considered.

Loss of hands or feet - permanent physical severance

Policy definition

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

Background information

This may be as a result of trauma or a surgical procedure to control pain or a disease affecting the limb, such as malignancy or gangrene.

Two or more hands or feet must have been severed for a claim to be considered.

Loss of speech - permanent and irreversible

Policy definition

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

Background information

This may be as a result of trauma or a physical illness or disease.

The condition must be permanent and irreversible for a claim to be considered.

Paralysis of limbs - total and irreversible

Policy definition

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

Background information

Causes of paralysis may include stroke, trauma or multiple sclerosis. It is most often caused by damage to the nervous system or brain, especially the spinal cord.

Cover is restricted to paralysis of the whole of any two limbs, rather than paralysis elsewhere. The condition must be permanent and irreversible for a claim to be considered.

Failure of at least three activities of daily working before age 60

Policy definition

If the life assured has not reached 60 years of age at the date of admission of the claim, they shall be considered to be disabled if they, as a direct result of illness or injury sustained after the benefit start date, are permanently and totally unable to perform at least three of the following six activities of daily working without the physical assistance of another person, even with the use of appropriate assistive aids and appliances:

- hearing - hearing, with the use of a hearing aid if necessary, well enough to understand someone speaking a common language in a normal voice in a quiet room
- speech - being understood in a common language in a quiet room by people with normal hearing
- standing - standing, with the aid of a walking stick or other aid if necessary
- use of pen, pencil or keyboard - using a pen, pencil or computer keyboard with either hand

- vision - seeing, using spectacles, contact lenses or other aids if necessary, well enough to read a large print book (16 point) placed in front of the life assured
- walking - walking, on a level surface with a walking stick or other aid if necessary, more than 200 metres on the flat without having to stop or suffering severe discomfort.

In addition, the life assured must be under the care and attention of a specialist appropriate to their condition.

For the purposes of this definition, 'physical assistance' means the actual physical participation of another person in the activity or activities and not merely their supervision or encouragement.

Elderly care cover

Alzheimer's disease - resulting in permanent symptoms

Policy definition

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

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

For the above definition, the following are not covered:

- other types of dementia.

Background information

Alzheimer's disease is a progressive disease of the brain that is characterised by impairment of memory and a disturbance in other thinking function (for example, language or perception of reality).

It must be noted that other forms of dementia, such as pre-senile dementia, multi-infarct dementia or Pick's disease, are not covered under this condition.

Motor neurone disease - resulting in permanent symptoms

Policy definition

A definite diagnosis of motor neurone disease by a consultant neurologist. There must be permanent clinical impairment of motor function.

Background information

Motor neurone disease (MND) is a group of progressive neurological disorders that destroy the cells that control voluntary muscle activity such as speaking, walking, breathing and swallowing. Symptoms include progressive weakness, muscle wasting, stiffness in the arms and legs and slurred speech.

The condition must show permanent impairment of movement for a claim to be considered.

Parkinson's disease - resulting in permanent symptoms

Policy definition

A definite diagnosis of Parkinson's disease by a consultant neurologist. There must be permanent clinical impairment of motor function with associated tremor, rigidity of movement and postural instability.

For the above definition, the following is not covered:

- Parkinson's disease secondary to drug abuse.

Background information

Parkinson's disease (PD) is a degenerative disorder of the central nervous system characterised by muscle rigidity, tremor, a slowing of physical movement and, in rare cases, a loss of physical movement. Postural instability refers to the position or movement of the body being unstable and could result in loss of balance and falls.

The condition must have reached a stage of showing permanent impairment of movement along with tremor (involuntary muscle movement – with PD this is usually the hands

but could be the jaw or feet), rigidity (stiffness and inflexibility) of movement and postural instability for a claim to be considered.

For the purposes of this definition, 'physical assistance' means the actual physical participation of another person in the activity or activities and not merely their supervision or encouragement.

Failure of at least three activities of daily living

Policy definition

The life assured shall be considered to be disabled if they, as a direct result of illness or injury sustained after the benefit start date, are permanently and totally unable to perform at least three of the following five activities of daily living without the physical assistance of another person, even with the use of appropriate assistive aids and appliances:

- continence - voluntary control of bowel and bladder function, with or without the use of catheters, incontinence pads or other artificial aids, to a level which is sufficient to maintain personal hygiene
- dressing - dressing and undressing including the putting on and taking off of medically necessary surgical appliances usually worn
- feeding - feeding oneself once food or drink has been prepared and made available
- mobility - moving from one side of a room to another, or to an adjacent room, or getting in or out of a chair or bed, with or without the aid of equipment
- using the toilet - getting on and off the toilet and cleaning oneself to a level which is sufficient to maintain an adequate level of personal hygiene.

Entitlement and exclusions

Your entitlement to benefit

No critical health option benefit will be paid unless:

- the illness or disability is diagnosed or confirmed by a consultant or equivalent at a recognised hospital within: Australia, Austria, Belgium, Channel Islands, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Isle of Man, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, New Zealand, North America, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, or the United Kingdom; who is a specialist in an area of medicine appropriate to the cause of claim and who is acceptable to our Chief Medical Officer; and
- you send written notice of the claim to us within three months of the date of diagnosis of the illness or disability; and
- you provide, at your own expense, any reasonable clinical, histological and laboratory evidence we require to support payment of the claim, including proof of the life assured's illness or disability; and
- if we request him/her to do so, the life assured who is the subject of the claim signs any consent form necessary for the purpose of undergoing medical examinations and/or tests (including blood and saliva tests) and which enables a medical practitioner to provide the results of the examinations and tests directly to Lincoln; and
- if we request him/her to do so, the life assured who is the subject of the claim undergoes medical examinations and/or tests, including blood and saliva tests, to be carried out by a medical practitioner of our choice.

Benefit exclusions

No critical health option benefit will be paid if it is caused directly or indirectly from any of the following:

- criminal acts - taking part in a criminal act
- drug or alcohol abuse - alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner
- failure to follow medical advice - unreasonable failure to seek or follow medical advice
- HIV/AIDS - infection with Human Immunodeficiency Virus (HIV) or conditions due to any Acquired Immune Deficiency Syndrome (AIDS). This exclusion will not apply in respect of HIV/AIDS cover for assault, HIV/AIDS cover for blood transfusions, or HIV/AIDS cover for occupational duties, provided the criteria for payment of a benefit as described under that condition are met in full
- self-inflicted injury - intentional self-inflicted injury
- war and civil commotion - war, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.

Multiple illnesses

Should you suffer one or more medical conditions which might be capable of falling within one or more categories of cover, please note that only one claim will be paid, other than for angioplasty. Where there are two lives assured for a critical health benefit:

- on a standalone basis, only one claim will be paid in respect of each life assured; and

■ on a prepayment basis, a claim will only be paid in respect of the first life assured to have a valid claim.

Where a claim is in respect of angioplasty, the benefit amount will be reduced by the amount of the claim, and a further claim may be made in respect of the other insured critical health conditions. No further claims will be allowed for angioplasty operations undergone by the same life assured.

Further information is contained within the Key Features document and policy document.

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