

# CRITICAL

## ILLNESSES COVERED

**A REGISTERED MEDICAL PRACTITIONER MUST DIAGNOSE YOU AND YOU MUST GIVE THE INSURER THE SUPPORTING CLINICAL, RADIOLOGICAL, HISTOLOGICAL AND LABORATORY EVIDENCE.**

BENEFIT	DEFINITION	EXCLUSION
<b>ACCIDENTAL BRAIN DAMAGE</b>	is defined as death of brain tissue due to traumatic injury caused by external physical force. The diagnosis must be made by a certified specialist and confirmed on brain imaging.	
<b>ALZHEIMER'S DISEASE</b>	means the progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's Disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be progressive and significant reduction in mental and social functioning such that a medical specialist is in the opinion that the Life Insured requires continuous supervision. There must also be the permanent inability of the Life Insured to perform (whether aided or unaided) at least three (3) of the five (5) "Activities of Daily Living" for a continuous period of at least six (6) months.	<ul style="list-style-type: none"><li>• Psychiatric illnesses and alcohol-related brain damage are excluded.</li></ul>
<b>APLASTIC ANAEMIA</b>	is anaemia due to failure of the bone marrow to produce blood cells, including red and white blood cells as well as platelets. Aplastic Anaemia must be diagnosed by a certified haematologist. There must be total and permanent bone marrow failure resulting in anaemia, neutropenia and thrombocytopenia. The Life Insured must have received a bone marrow transplant or must have received treatment for more than three (3) consecutive months with one (1) of the following: <ul style="list-style-type: none"><li>• frequent blood product transfusions, or</li><li>• bone marrow stimulation products, or</li><li>• immunosuppressive agents.</li></ul>	<ul style="list-style-type: none"><li>• Temporary or reversible Aplastic Anaemia is excluded and not covered in this policy.</li><li>• Transient cases caused by the intentional use of cytotoxic drugs or radiotherapy are excluded.</li></ul>
<b>ARRHYTHMIAS</b>	defined as conditions in which the electrical activity of the heart is irregular, or is faster or slower than normal. For this definition, arrhythmias are deemed to be those of a pathological variety, and which lead to, or may potentially have, life threatening consequences. The diagnosis, as well as the need for any procedures, is to be verified by a certified cardiologist, and there must be clear ECG evidence indicating the arrhythmia. We will only pay out for a permanent defibrillator insertion, i.e. permanent defibrillator insertion must have been performed.	

<b>BENIGN BRAIN TUMOUR</b>	is defined as a life threatening, non cancerous tumour of the brain causing permanent neurological functional impairment that is progressively worsening. Diagnosis must be made by a neurosurgeon or neurologist and must be confirmed by imaging studies such as CT or MRI scan and there must be imaging evidence that the tumour is growing, and is not surgically resectable.	Conditions such as cyst, granulomas, malformation of the arteries or veins of the brain, haematomas, abscesses, acoustic neuromas and tumours of the pituitary gland, meninges or spinal cord are not covered.
<b>BLINDNESS</b>	total and permanent loss of sight in both eyes.	
<b>CANCER</b>	<p>the presence of cellular malignancy characterised by loss of normal controls resulting in unregulated growth and the ability to invade and destruct normal tissues and to metastasize. The cancer must be confirmed by a histological report from an accredited pathology laboratory. Cancer includes leukemia, malignant lymphoma, Hodgkin's disease, malignant bone marrow disorders and metastatic skin cancers. TNM group stage tumours are defined by the AJCC (American Joint Committee on Cancer) cancer staging manual, sixth edition 2002.</p> <p>Stage I: TNM Grouping Stage I malignant tumour or chronic lymphocytic leukaemia (CLL) RAI Stage 1 or Ann Arbor Stage I lymphomas.</p> <p>Stage II: TNM Grouping Stage II malignant tumour or chronic lymphocytic leukaemia (CLL) RAI Stage 2 or Ann Arbor Stage II lymphomas.</p> <p>Stage III+IV, AML, CML, ALL, Malignant Brain Tumours: TNM Grouping Stage III or IV malignant tumour or chronic lymphocytic leukaemia (CLL) RAI Stage 3 or 4 or Ann Arbor Stage III or IV lymphomas or acute myeloid leukaemia (AML) or chronic myeloid leukaemia (CML) or acute lymphocytic leukaemia (ALL) or malignant brain tumours or all other malignant haematological cancers needing cancer chemotherapy or radiation therapy.</p>	<p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• All tumours histologically described as benign, premalignant, borderline malignant, low malignant potential or non-invasive.</li> <li>• Lesions described as carcinoma in situ.</li> <li>• Cervical dysplasia, cervix cancer CIN-1, CIN-2 and CIN-3.</li> <li>• All non-melanoma skin cancers.</li> <li>• Melanomas stage 1A Breslow thickness less than 1 mm, Clark level less than III and no ulceration according to the new AJCC classification of 2002.</li> <li>• Prostatic intra-epithelial neoplasia.</li> <li>• All prostate tumours unless histologically classified as having a Gleason score greater than six (6) or having progressed to at least class T2NOMO by the American Joint Committee on Cancer (AJCC) TNM classification (sixth edition).</li> <li>• Any form of cancer in the presence of HIV infection, including but not limited to, lymphoma or Kaposi sarcoma.</li> <li>• Chronic lymphatic leukaemia (CLL) RAI Stage 0.</li> </ul>
<b>CARDIOMYOPATHY (WITH NYHA CLASS III OR CLASS IV HEART FAILURE)</b>	<p>is a heart muscle disease preventing the heart from functioning properly causing heart failure. There must be an unequivocal diagnosis by a consultant cardiologist of cardiomyopathy needing chronic medical therapy. There must be imaging evidence of severe left ventricular dysfunction (systolic or diastolic).</p> <p><b>With NYHA Class III heart failure:</b> This disease must result in severe physical limitation of activity to less than five (5) METs with symptoms occurring at rest, equivalent to the degree of Class III of the New York Heart Association Classification (NYHA). This limitation must be sustained over at least six (6) months once stabilised on appropriate therapy and the limitation must be deemed to be permanent by the consultant cardiologist with no hope of recovery despite any on going medical or surgical therapy.</p> <p><b>With NYHA Class IV heart failure:</b> This disease must result in severe physical limitation of activity to less than three (3) MET's with symptoms occurring at rest, equivalent to the degree of class IV of the New York Heart Association Classification (NYHA). This limitation must be sustained over at least six (6) months once stabilized on appropriate therapy and the limitation</p>	Cardiomyopathy related to alcohol or drug misuse is excluded.

	must be deemed to be permanent by the consultant cardiologist with no hope of recovery despite any on going medical or surgical therapy.	
<b>CEREBRAL ANEURYSM REPAIR</b>	is defined as an abnormal dilatation of an intra-cranial artery. Repair means the actual undergoing of surgery to the brain during which a craniotomy is performed and the aneurysm is surgically repaired.	Brain surgery as a result of an accident is excluded.
<b>CHRONIC LIVER FAILURE</b>	is defined permanent and irreversible failure in liver function that has resulted in all three (3) of the following: <ul style="list-style-type: none"> <li>• Permanent jaundice; and</li> <li>• Hepatic encephalopathy; and</li> <li>• Ascites</li> </ul> The diagnosis must be confirmed by a specialist physician.	
<b>COMA</b>	unconsciousness and inability to react to external stimuli or internal needs which in the opinion of the insurer will result in a permanent neurological deficit. You need to be on a life support system for at least 96 (ninety six) hours.	Coma resulting directly from alcohol or drug abuse is excluded.
<b>CONSTRUCTIVE PERICARDITIS (PERICARDECTOMY WITH NYHA CLASS III OR CLASS IV HEART FAILURE)</b>	<p>is inflammation of the lining around the heart causing scarring and impaired cardiac function. This causes heart failure needing chronic medical and/or surgical therapy. Only the chronic constrictive form of pericarditis is covered under this policy. There must be an unequivocal diagnosis by a consultant cardiologist of Chronic Constrictive Pericarditis causing impaired cardiac function as evidenced on cardiac imaging. The Life Insured must be either inoperable or must have undergone pericardectomy. The symptoms must be deemed to be permanent and not treatable with further medical or surgical therapy.</p> <p><b>Pericardectomy with NYHA Class III heart failure:</b> The disease must result in physical limitation of activity with symptoms occurring equivalent to the degree of Class III of the New York Heart Association Classification (NYHA) and restricted to activities of 5 METs or less, verified by a cardiologist at least six (6) months after pericardectomy if performed, and the Life Insured must be on optimal therapy.</p> <p><b>Pericardectomy with NYHA Class IV heart failure:</b> The disease must result in physical limitation of activity with symptoms occurring at rest equivalent to the degree of class IV of the New York Heart Association Classification (NYHA) and restricted to activities of 3 METs or less, verified by a cardiologist at least six (6) months after pericardectomy if performed, and the Life Insured must be on optimal therapy.</p>	All non-specified forms of pericarditis are excluded.
<b>CREUTZFELDT-JACOB DISEASE</b>	is an incurable prion infection that causes rapidly progressive deterioration of mental function and movement. There must be an unequivocal diagnosis of Creutzfeldt-Jacob disease made by a certified neurologist. The diagnosis must be confirmed by EEG, MRI, CSF analysis or biopsy. There must be objective evidence of functional neurological abnormalities with significant progressive reduction in mental	

	and social functioning so that permanent constant supervision or assistance is required.	
<b>DEMENTIA</b>	<p>is defined as the deterioration or loss of intellectual capacity, due to the irreversible global failure of brain functioning. There must be a reduction in the executive functions of abstract thinking, judgment and problem solving as confirmed by clinical evidence and standardised tests and questionnaires for dementia according to the current DSM-IV. Diagnosis must be made by a neurologist or psychiatrist and the specialist must be of the opinion that the Life Insured requires continuous supervision. There must be progressive and significant reduction in mental and social functioning such that a medical specialist is in the opinion that the Life Insured requires continuous supervision. There must also be the permanent inability of the Life Insured to perform (whether aided or unaided) at least three (3) of the five (5) "Activities of Daily Living" for a continuous period of at least six (6) months.</p>	<ul style="list-style-type: none"> <li>• Dementia due to alcohol and drug abuse or psychiatric illness is excluded.</li> </ul>
<b>END STAGE LUNG DISEASE</b>	<p>end stage lung disease, causing chronic respiratory failure, as evidenced by all four (4) of the following:</p> <ul style="list-style-type: none"> <li>• FEV1 test results consistently less than 1 litre measured on three (3) occasions three (3) months apart; and</li> <li>• Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and</li> <li>• Arterial blood gas analyses with partial oxygen pressures of 55 mmHg or less (<math>\text{PaO}_2 &lt; 55 \text{ mmHg}</math>); and</li> <li>• Dyspnoea at rest.</li> </ul> <p>The diagnosis must be confirmed by a respiratory physician.</p>	<ul style="list-style-type: none"> <li>• Dementia due to alcohol and drug abuse or psychiatric illness is excluded.</li> </ul>
<b>GUILLAIN BARRÉ SYNDROME</b>	<p>is an inflammatory disorder in which the body's immune system attacks the nerves outside the brain and spinal cord (peripheral nerves) and, rarely, parts of the brain itself. There must be severe weakness causing functional abnormality as listed below. The diagnosis must be made by a neurologist, and must include nerve conduction studies as well as a lumbar puncture.</p> <p>Permanent objective neurological abnormal signs, unable to walk unassisted: The condition must result in new permanent objective neurological abnormal signs evident on physical examination done by a medical specialist, at least three (3) months following the onset of the disease and must permanently result in the Life Insured being unable to walk without assistance.</p>	<p>Cardiomyopathy related to alcohol or drug misuse is excluded.</p>
<b>HEART ATTACK</b>	<p>when the heart muscle dies because there is little or no blood supply. The diagnosis will be based on three criteria:</p> <ul style="list-style-type: none"> <li>(i) history of chest pain</li> <li>(ii) new ECG changes</li> <li>(iii) elevation of cardiac enzymes</li> </ul>	<p>Heart failure, non-cardiac chest pain, angina, unstable angina, myocarditis, pericarditis and traumatic myocardial injury are not covered.</p>
<b>HIV / AIDS</b>	<p><b>Accidental HIV:</b></p> <ul style="list-style-type: none"> <li>• Infection by the Human Immunodeficiency Virus (HIV) or the diagnosis of Acquired Immunodeficiency Syndrome (AIDS), as confirmed by a positive HIV ELISA antibody test, and a positive HIV confirmatory test</li> </ul>	<p>HIV infection that is acquired through consensual sexual activity, recreational intravenous drug use or deliberate self-infliction is specifically excluded.</p>

(Western Blot or PCR test). Absa Life must be given access to independently test all the blood samples and to take such added samples as it deems necessary or advisable. Only HIV infection resulting from, or transmitted by, an occupational accident, medical procedure, road traffic accident or physical assault is covered, as defined below. The condition must be life threatening and there must exist no effective cure.

- HIV infection where the Life Insured received a medically necessary transfusion of infected blood or blood products received from a certified transfusion service in South Africa, or received a transplanted organ where the organ has previously been infected with the HIV virus, or as a consequence of any other medical or dental procedure recognised by the Health Professions Council of South Africa (HPCSA).

**Medically Acquired HIV:**

HIV infection where the Life Insured received a medically necessary transfusion of infected blood or blood products received from a certified transfusion service in South Africa, or received a transplanted organ where the organ has previously been infected with HIV, or as a consequence of any other medical or dental procedure recognised by the Health Professions Council of South Africa (HPCSA). The following criteria must also be met:

- The accident, transfusion, or transplantation causing the infection of HIV, must have occurred on or after the date the policy or reinstatement went in force, whichever date is latest; and
- The institution that provided the infected blood or organ, or performed the medical or dental procedure, must be proven to have caused the HIV infection.

**Occupationally Acquired HIV:**

HIV infection by the exposure of the Life Insured to infected blood or blood-stained body fluid from a needle stick injury, injury with a sharp instrument or by mucous membrane exposure to infected fluid, occurring during the execution of the Life Insured's normal professional duties as a medical or dental practitioner, registered with the Health Professions Council of South Africa (HPCSA). All of the following criteria must also be met:

- The accident causing the infection of HIV must have occurred after the date the policy or reinstatement went in force, whichever date is latest;
- The accident causing the infection of HIV must have been reported to the relevant authority or employer within 24 hours of the accident;
- A blood test showing no HIV or HIV antibodies must be carried out within 5 days of the accident;
- Seroconversion must be proven with another HIV test within 180 days of the incident, indicating the presence of infection by HIV or AIDS;
- The Life Insured must have been compliant with clinically accepted post-exposure prophylactic therapy; and
- The Life Insured must have received any recommended HIV vaccine, for use in the Life Insured's occupation, which becomes available before the accident.

**Road Traffic Accident Acquired HIV:**

HIV infection by the exposure of the Life Insured to infected blood or blood-stained body fluid from a needle stick injury, injury with a sharp instrument or by mucous membrane exposure to infected fluid, occurring during the involvement of a road traffic accident. All of the following criteria must also be met:

- The road traffic accident causing the infection of HIV must have occurred after the date the policy or reinstatement went in force, which ever date is latest;
- The accident causing the infection of HIV must have been reported to the police or relevant authority or employer within 24 hours of the road traffic accident;
- A blood test showing no HIV or HIV antibodies must be carried out within 5 days of the road traffic accident;
- Seroconversion must be proven with another HIV test within 180 days of the incident, indicating presence of infection by HIV or AIDS;
- The Life Insured must have been compliant with clinically accepted post-exposure prophylactic therapy.

**Assault Acquired HIV:**

HIV infection through a physical assault or rape of the Life Assured involving exposure to semen, blood or blood-stained body fluid from a needle stick injury, injury with a sharp instrument or by mucous membrane exposure to infected fluid. All of the following criteria must also be met:

- The assault causing the infection of HIV must have occurred after the date the policy or reinstatement went in force, which ever date is latest;
- The assault causing a potential claim must have been reported to the police, employer or other relevant authority within 24 hours of the incident;
- A blood test showing no HIV or HIV antibodies must be carried out within 5 days of the assault;
- Seroconversion must be proven with another HIV test within 180 days indicating presence of infection by HIV or AIDS; and
- The Life Insured must have been compliant with clinically accepted post-exposure prophylactic therapy.

**Full-blown Aids:**

"Full-blown Acquired Immunodeficiency Syndrome (AIDS)" is the end stage clinical manifestation of chronic Human Immunodeficiency Virus (HIV) infection. The diagnosis of AIDS must be evidenced by a positive HIV ELISA antibody test and a positive HIV confirmatory test (Western Blot or PCR Test). The Life Insured's CD4 cell count must also be less than 200 cells per  $\mu$ L of blood. Absa Life must be given access to independently test all the blood samples and to take such added samples as it deems necessary or advisable. Either of following criteria must also be met:

- One (1) of the following conditions must exist:
  - Kaposi sarcoma under age 60
  - Pneumocystic carinii pneumonia
  - Progressive multifocal leukoencephalopathy
  - Extra pulmonary tuberculosis
  - Cryptococcal meningitis

OR

- Three (3) of the following conditions must also exist:

	<ul style="list-style-type: none"> <li>- Weight loss of &gt;10% body mass in less than 6 months</li> <li>- Shingles</li> <li>- Oral thrush</li> <li>- Chronic diarrhoea</li> <li>- Active pulmonary tuberculosis</li> </ul> <p>Proof of the above, to the satisfaction of the company's chief medical officer, must be supplied. The condition must be life threatening and there must exist no effective cure.</p>	
<b>HYDROCEPHALUS REQUIRING A SHUNT</b>	is defined as a build-up of cerebro-spinal fluid inside the skull, which leads to increased pressure on the brain. The diagnosis must be made via a lumbar puncture and/or using imaging techniques. A shunt must be surgically implanted in order to treat the condition.	Claims are limited to one procedure.
<b>LOSS OF LIMB</b>	<p>loss of any of the following due to external causes in an accident:</p> <ul style="list-style-type: none"> <li>• upper arm</li> <li>• forearm</li> <li>• hand</li> <li>• thigh</li> <li>• lower leg</li> <li>• foot.</li> </ul>	
<b>LOSS OF HEARING</b>	is defined in this policy as total, bilateral and irreversible loss of hearing for all sounds as a result of sickness or accident. Medical evidence to be supplied by an appropriate specialist and to include audiometric and sound-threshold testing. The deafness must not be correctable by aides or surgical procedures.	
<b>LOSS OF SPEECH</b>	total and permanent loss of the ability to speak. It must last continuously for 12 (twelve) months. You must let us know within 3 (three) months of you first losing your speech.	All psychiatric causes of loss of speech are excluded.
<b>MAJOR BURNS</b>	third-degree burns covering at least 10 percent of your body.	
<b>MOTOR NEURON DISEASE</b>	is a group of neurodegenerative ailments affecting the motor neurones leading to progressive muscle dysfunction. A consultant neurologist must make the definite diagnosis of amyotrophic lateral sclerosis (Lou Gehrig's disease), spinal muscular atrophy, progressive bulbar palsy, or primary lateral sclerosis. The diagnosis must be based on the Life Insured's medical history along with electromyogram (EMG) studies and biochemical testing as indicated clinically.	HIV infection that is acquired through consensual sexual activity, recreational intravenous drug use or deliberate self-infliction is specifically excluded.
<b>MULTIPLE SCLEROSIS</b>	is an inflammatory demyelinating disease of the brain and/or spinal cord. A definite diagnosis by a consultant neurologist of multiple sclerosis must be made which satisfies clinically accepted criteria. There must be a history of documented neurological dysfunction. The diagnosis must also be confirmed with objective neurological investigations, such as lumbar puncture, visually evoked responses, auditory evoked responses and/or magnetic resonance imaging (MRI). 2 episodes of MS in 2 different neurological areas. There must also be at least two (2) episodes of multiple sclerosis exacerbations in different neurological areas spaced in time and place.	Neurological disease due to Acute Disseminated Encephalomyelitis (ADEM), lupus, bacterial or viral illnesses, or diseases of the blood vessels are excluded.

<b>MUSCULAR DYSTROPHY</b>	means a disease of the muscles with progressive and permanent weakening of certain muscle groups. The diagnosis of muscular dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the Life Insured to perform (whether aided or unaided) at least three (3) of the five (5) Activities of Daily Living.	<ul style="list-style-type: none"> <li>• Loss of fingers or toes is not covered.</li> <li>• Loss of limb due to self-harm is excluded.</li> </ul>
<b>ORGAN TRANSPLANT</b>	when the Policyholder receives any of the following major organs from a human donor: <ul style="list-style-type: none"> <li>• kidney</li> <li>• heart</li> <li>• lung</li> <li>• liver</li> <li>• pancreas</li> <li>• bone marrow.</li> </ul> The transplant of any other organs or tissue or parts thereof is excluded.	
<b>PARALYSIS</b>	is defined as total and irreversible loss of use of two or more limbs through paralysis as a result of injury or disease. The paralysis must be supported by appropriate neurological evidence. A specialist neurologist must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months. Paralysis includes quadriplegia and paraplegia	<ul style="list-style-type: none"> <li>• Loss of fingers or toes is not covered.</li> <li>• Loss of limb due to self-harm is excluded.</li> </ul>
<b>PARKINSON'S DISEASE</b>	is a degenerative brain disorder causing movement abnormalities such as resting tremor, rigidity or slow movement. There must be the unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist based on the clinical history, physical examination and appropriate testing. The disease cannot be controlled with medication.	Drug-induced or toxic causes of Parkinsonism are excluded.
<b>POLYARTERITIS NODOSA</b>	is an autoimmune disease characterised by spontaneous inflammation of the arteries of the body. The most common areas of involvement include the muscles, joints, intestines (bowels), nerves, kidneys, and skin. The diagnosis needs to be confirmed by biopsy, and the Life Insured needs to be on chronic immunosuppressive therapy for more than six (6) months. There must be involvement of the kidneys.	Paralysis due to self-harm, partial paralysis, temporary post-viral paralysis, or paralysis due to psychological causes is excluded.
<b>PULMONARY EMBOLISM</b>	is a blood clot that dislodges from its site of formation and embolises to the arterial blood supply of one of the lungs. The diagnosis must be made by a physician and be proven on scan or angiogram. This pulmonary embolism must have needed treatment with a vena-caval filter.	
<b>RENAL FAILURE</b>	permanent failure of both kidneys requiring regular renal dialysis.	
<b>REPLACEMENT OF A HEART VALVE</b>	replacement of one or more heart valves with artificial valves. It includes the replacement of aortic, mitral, tricuspid or pulmonary valves with artificial valves because of stenosis or incompetence or a combination of these conditions.	Balloon angioplasty (PTCA), heart catheterisation, laser relief, Rotablate, stenting and all other intra-arterial catheter-based techniques are excluded.



<b>RHEUMATOID ARTHRITIS</b>	<p>is an autoimmune inflammatory disease affecting the joints. The diagnosis must be made by a rheumatologist or specialist physician. The diagnosis requires four (4) or more of the following criteria to be met, with the first four (4) criteria being present for at least 6 weeks:</p> <ul style="list-style-type: none"> <li>• Daily morning stiffness for at least 1 hour</li> <li>• Arthritis of 3 or more joint areas including the proximal interphalangeal joints (PIP), wrist, elbow, knee and ankle.</li> <li>• Swelling of at least one hand joint, that is not the distal interphalangeal joint (DIP)</li> <li>• Symmetric arthritis</li> <li>• Rheumatoid nodules</li> <li>• Positive rheumatoid factor</li> <li>• Positive anti-citrullinated protein antibody (ACPA) or cyclic citrullinated peptide antibody (CCP)</li> <li>• Characteristic x-ray changes including erosions in the hands/wrists</li> </ul> <p>The arthritis must have been unresponsive to disease modifying drugs used for a minimum period of twelve (12) months (such as, but not limited to, long-term corticosteroids, methotrexate, gold, penicillamine, sulfasalazine, chloroquine and/or azathioprine). Periods of active disease interspersed with periods of remission. No major organ involvement.</p>	Degenerative osteoarthritis and all other forms of arthritis are excluded.
<b>STROKE</b>	<p>cerebrovascular incident causing neurological sequelae of a permanent nature that last for more than 24 hours. Infarction of brain tissue, hemorrhage and embolisation from an extra-cranial source are included.</p> <p>The diagnosis must be based on changes seen in a CT scan or MRI.</p>	<p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• Transient Ischaemic Attacks (TIA)</li> <li>• Brain damage due to an accident or injury, infection, vasculitis, inflammatory disease or migraine;</li> <li>• Disorders of the blood vessels affecting the eye including infarction of the optic nerve or retina;</li> <li>• Ischaemic disorders of the vestibular system;</li> <li>• Asymptomatic silent stroke found on imaging.</li> </ul>
<b>SURGERY FOR CORONARY HEART DISEASE</b>	open-heart coronary artery by-pass surgery because of coronary artery disease. This excludes angioplasty and any intra-arterial, keyhole or laser procedures.	Diagnostic coronary angiography is not covered.
<b>SURGERY FOR A DISEASE OF THE AORTA</b>	the sick aorta is taken out and replaced with a graft. Aorta means the thoracic and abdominal aorta but not its branches. It excludes traumatic injury of the aorta.	<ul style="list-style-type: none"> <li>• Surgery to treat peripheral vascular disease of the aortic branches is excluded even if a portion of aorta is removed during the operative procedure.</li> <li>• Surgery performed using only intra-arterial techniques such as percutaneous endovascular aneurysm repair is excluded.</li> </ul>
<b>SYSTEMIC LUPUS ERYTHEMATOSUS</b>	the sick aorta is taken out and replaced with a graft. Aorta means the thoracic and abdominal aorta but not its branches. It excludes traumatic injury of the aorta.	Discoid lupus and medication induced lupus are excluded.
<b>SYSTEMIC SCLEROSIS (SCLERODERMA)</b>	is defined as an autoimmune disease characterised by multisystem involvement and fibrosis of the skin, blood vessels and visceral organs including the gastrointestinal tract, lungs, heart and kidneys. The diagnosis needs to be confirmed by biopsy, and the Life Insured needs to be on chronic immunosuppressive therapy. There needs to be significant involvement of the heart, lungs or kidneys.	Cutaneous scleroderma, or any variation of the CREST syndrome and sclerodactyly are specifically excluded.
<b>WEGENER'S GRANULOMATOSIS</b>	is an inflammatory disease of blood vessels causing vasculitis. This inflammation damages important organs of the body by	

	limiting blood flow to those organs and destroying normal tissue. The diagnosis needs to be confirmed by biopsy, and the Life Insured needs to be on chronic immunosuppressive therapy for more than six (6) months. There must be involvement of the kidneys or the respiratory tract.	
<b>KIDNEY FAILURE</b>	is the progressive and irreversible failure of both kidneys to function sufficiently. Permanent renal dialysis must also be instituted and the dialysis must be deemed medically necessary by a certified nephrologist.	Acute reversible kidney failure that only needs temporary renal dialysis.
<b>KIDNEY TRANSPLANT</b>	is the actual undergoing of a transplant of a kidney as a recipient. There must also be a history of confirmed end stage kidney failure where a nephrologist felt that a kidney transplant was medically necessary.	
<b>CHRONIC LIVER FAILURE</b>	is defined permanent and irreversible failure in liver function that has resulted in all three (3) of the following: <ul style="list-style-type: none"> <li>• Permanent jaundice; and</li> <li>• Hepatic encephalopathy; and</li> <li>• Ascites</li> </ul> The diagnosis must be confirmed by a specialist physician.	Liver disease secondary to alcohol or drug abuse is excluded.
<b>LIVER TRANSPLANT</b>	is defined as the actual undergoing of a transplant of the liver as a recipient. There must also be a history of confirmed end stage liver failure where a specialist felt that a liver transplant was medically necessary	
<b>PANCREAS TRANSPLANT</b>	is defined as the actual undergoing of a pancreas transplant as a recipient. There must also be a history of confirmed end stage pancreas failure where a specialist felt that a pancreas transplant was medically necessary.	

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