

TOTAL WOMAN

Discover Life Insurance designed specifically for your needs



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Sagikor Life



GENERAL INFORMATION

This is the information folder which is required by law to be presented to any prospective purchaser of an Equity Linked Policy of Life Insurance. It describes the Total Woman plan and the Funds to which the plan is linked in general terms. **IT IS NOT A CONTRACT.** The information folder is designed to provide a general understanding of the plan in language that is easy to understand.

SAGICOR LIFE JAMAICA LIMITED

Sagicor Life Jamaica Limited is a Public Company incorporated under the Companies Act. The Company is a proprietary insurance company transacting ordinary long-term insurance and group business. Its policies are normally sold to the public through salesmen who are direct employees of the Company, but may be sold also through brokers. Sagicor Financial Corporation owns a 49.11% interest in Sagicor Group Jamaica Limited of which Sagicor Life Jamaica Limited is a wholly owned subsidiary.

Day to day management of the Company is under the direction of the President. The President and the other officers of the Company exercise general control and are responsible to the Board of Directors for the business operations of the Company.

PRODUCT OVERVIEW

The Total Woman Plan caters to today's woman and has a different design for every stage of a woman's life. The plan not only covers the main critical illnesses that affect everyone, but it especially covers you in the event of a uniquely female illness or condition covered under the plan.

The product offers the following 4 options which a woman can chose from.

- Critical Illness and Life Insurance coverage
- Critical Illness, Life Insurance coverage and Pregnancy Complication and New Born Benefits*
- Critical Illness, Life Insurance coverage and Investment
- Critical Illness, Life Insurance coverage, Pregnancy Complication and New Born Benefits* and Investment

The Total Woman Plan caters to today's woman and has a different design for every stage of a woman's life.

*Pregnancy Complication and New Born Benefits are only available to women under 45 years of age and coverage expires at age 50. All other benefits are available to any woman between the ages of 18 and 65. Critical illness coverage expires at age 80.

You may contribute any premium, subject to a minimum amount determined by the Company from time to time. **You can select the amount of life insurance coverage required today and ensure that it maintains its value in real terms by choosing Automatic Indexation.** If desired, you can increase the life insurance benefit by more than the rate of inflation or decrease it to suit any new circumstances in the future.

Apart from the Basic Sum Insured and the rider benefits, if purchased, the benefits payable under this plan are not guaranteed, but will fluctuate with the market values of the assets supporting the Funds.

Coverage Available

- Critical Illness and Life Insurance:
 - If indexation is selected at issue the maximum sum insured is \$15 million
 - If no indexation is selected at issue the maximum sum insured is \$20 million
- Pregnancy Complication & New Born Benefits:
 - Ranges from 12.5% to 25% of the sum insured

BENEFITS

You may choose the benefit payable as one of the following:

- (i) The total of the Basic Sum Insured and the Insurance Fund Value;
- (ii) The greater of the Basic Sum Insured and the Insurance Fund Value.

Different premium rates apply for each option.

The plan provides a benefit on death or on first diagnosis of any of the following 15 critical illnesses.

Critical Illnesses Covered:

- Cancer – in particular any cancer pertaining to female organs, including cervix, breast, uterus, ovary
- Carcinoma in Situ of Breast
- Chronic Respiratory failure
- Dilated Cardiomyopathy
- Early on set Dementia
- Heart Attack
- Kidney Failure
- Occupational HIV
- Paralysis
- Rheumatoid Arthritis
- Severe Crohn's Disease
- Severe Osteoporosis With Fractures
- Stroke
- Systemic Lupus Erythematosus with Nephritis
- Viral Encephalitis

No amount shall be payable under this provision in respect of a Critical Illness Condition diagnosed within a period of three months after the date of issue or within three months after the date of any revival of this insurance.

Provided that the policy has been in force for at least two years, if the life insured is diagnosed as being terminally ill with a prognosis of no more than six months to live, half of the death benefit (subject to a maximum amount which is currently \$5,000,000) is paid immediately on diagnosis.

Suicide

If the Life Insured, whether sane or insane, commits suicide within two years after the Issue Date or within two years after the date of any reinstatement, the death benefit will be limited to the return of all premiums paid less total amounts encashed on the policy, the amounts being those paid under the policy since the Issue Date or reinstatement as the case may be.

Pregnancy Complication and Newborn Coverage

Payout 20% of the Basic Sum Insured:

- Ectopic Pregnancy
- Pre-Eclampsia
- Emergency Caesarean Section

Payout 25% of the Basic Sum Insured:

- Still Birth
- Hydatidiform Mole
- Emergency Hysterectomies

Congenital Disability Benefits for the Delivered Child

(Payout 12.5% of the Basic Sum insured):

- Down syndrome (Mongolism Trisomy 21)
- Congenital Cyanotic Heart Disease
- Tracheo-oesophageal fistula
- Cleft Palate with or without Cleft Lip
- Spina Bifida
- Hydrocephalus

No amount shall be payable under this provision if the Life Insured survives less than 30 days after the Life Insured has been diagnosed as suffering from a pregnancy complication.



Women under 45 have the option of adding Pregnancy Complication & New Born Benefits to their coverage options.

No amount shall be payable under this provision in respect of any of the conditions referred to in this document, if the insured is diagnosed within a period of 6 months of the date of issue or within 6 months after the date of any revival of this insurance.

Upon application for this provision the insured must disclose if they are currently pregnant. No amounts shall be payable under this provision to women who are pregnant at the time of application. Failure to disclose will render the provision null and void.

Bonus New Born Benefit

For women who choose to add a Pregnancy Complication and New Born benefit to their policy, Sagicor will provide life insurance coverage of the lesser of \$500,000 or 5% of the Basic Sum Insured for the first child born after the policy has been purchased. Premiums will be fully paid by Sagicor for the first year of the child's life. In the event of multiple births (twins etc.) the coverage amount will be proportionately shared among the children.

ADDITIONAL BENEFIT DIAGNOSTIC TESTS AND MEDICAL CHECK UPS

All women covered under this plan, in any of the 4 options offered will receive the following:

1. Free screening at the Jamaica Cancer Society on alternate policy anniversaries.

Services covered are limited to either a pap smear or a mammogram; and

2. Medical check-up services as determined by the company will be provided to the Life Insured at the Company's Paramedic unit, on alternate policy anniversaries

The first such screening and medical check-up may take place at least two years subsequent to the Issue Date of the policy. Both benefits outlined above will expire on the 10th policy anniversary.

All women covered under this plan can receive free cancer screenings at the Jamaica Cancer Society



PREMIUM PAYMENTS

You may pay premiums monthly, semiannually or annually. Premiums can be Basic Premiums, Regular Additional Premiums and Additional Periodic Investment Premiums

The basic premium is the minimum payable and is used to fund the basic sum insured. The regular additional premium is an optional additional premium payable along with and at the same frequency as the basic premium. If it is chosen, it forms part of the contractual premium and must be paid. The Basic Premium and Regular Additional Premiums must be paid in order to maintain the Basic Sum Insured.

Women who wish to add an investment component to their policy will pay Additional Periodic Investment Premiums into the second fund. These premiums are payable at your discretion.

FUND ACCUMULATION

This is an equity linked insurance plan. The plan has two equity linked funds:

1. The first fund (the Insurance Fund) is mandatory as it supports the sum insured; this is the fund to which all Basic Premiums and Regular Additional Premiums are paid.
2. The second fund (the Investment Fund) is optional and can be added solely for the purpose of investment; this is the fund to which all Additional Periodic Investment Premiums are paid

Both funds are linked to the Sagicor Segregated Funds, and the relevant proportions of each are allocated to purchase units in the Funds.

ALLOCATION TO FUNDS

In the first to fifth policy years, 75% of each Basic Premium paid is allocated to

purchase units in the Funds; in the sixth to tenth policy year, 95% of each Basic Premium paid is so allocated, and 97.5% in the eleventh year and thereafter. All allocations to purchase units are done at the Offer Price.

100% of each Regular Additional Premium as well as the Additional Periodic Investment Premiums are allocated to purchase units in the Funds at the Offer Price.

ENCASHMENT

You may encash units from the policy at any time, subject to a minimum encashment value and a transaction fee. The transaction fee and the minimum encashment value are determined by the Company from time to time.

A minimum residual Insurance Fund Value must remain on the policy after encashment. This is equal to a multiple of the annual cost of insurance charge based on your attained age. The Company reserves the right to adjust this minimum from time to time.

SURRENDER

You may surrender your policy at any time for an amount equal to the sum of the Insurance Fund Value and the Investment Fund Value less a penalty expressed as a percentage of the Basic Premium and less a transaction fee, after which the policy will cease to be in force. The penalty is in accordance with the following table:

| Number of Complete Years in Force | Penalty |
|-----------------------------------|---------|
| 1 | 100.0% |
| 2 | 80.0% |
| 3 | 60.0% |
| 4 | 40.0% |
| 5 | 20.0% |

The transaction fee is subject to change from time to time.

AUTOMATIC INDEXATION

You may choose at the outset to have the Basic Sum Insured increased automatically on each plan anniversary. You can determine the level of indexation on application for the policy, subject to a minimum of 5% and a maximum of 20%. These increases are not subject to any medical evidence at the time of the increases.

The Basic Premium is increased in accordance with the increase in the Basic Sum Insured based on your attained age at the time of the increase. The last increase takes place on the policy anniversary at which you are age 64 based on age nearest birthday, or at the point at which the sum insured has reached the maximum allowed by the company, which can be varied from time to time. **Automatic Indexation will help to maintain the value of your life insurance cover in real terms.**

At each plan anniversary, you also have the option to increase the Regular Additional Premium. Taking advantage of this facility means that **all the benefits of your plan are maintained in real terms.**

OTHER CHANGES IN THE BASIC SUM INSURED

You may apply for any other change in the Basic Sum Insured to respond to any specific need. This means that you can increase the amount of life cover by more than that allowed for by Automatic Indexation or you can decrease the amount of life cover, thereby channeling more of your premium into savings as your circumstances change in the future.

Any *ad hoc* increase of this nature is subject to satisfactory evidence of insurability. Overall minimum and maximum limits in respect of the size of the Basic Sum Insured may apply from time to time and are available upon request from the Company. A transaction fee, determined by the Company from time to time, is taken by cancelling units in the Fund on exercising an *ad hoc* change of this nature. This transaction fee does not apply if you choose Automatic Inflation Linking.

The Basic Premium is increased or decreased as appropriate by an amount to be determined by the Company.

ADDITIONAL BENEFITS

You may add to your plan any of the following additional benefit (riders) for a small extra premium:

- Disability Waiver of Premium
- Accidental Death & Dismemberment
- Supplemental Term
- Personal Accident

POLICY REVIEWS

Periodic policy reviews take place to ensure that the Insurance Fund Value can continue to maintain the benefits provided. The first policy review will take place no later than on the tenth policy anniversary and subsequent reviews thereafter



You may apply for any other change in the basic sum insured to respond to any specific need.



will be based on your attained age at the time. These reviews may necessitate either an increase in Basic Premium or a decrease in Basic Sum Insured or some combination of both.

NON PAYMENT OF PREMIUMS AND NON-FORFEITURE

Thirty days of grace are allowed for the payment of any premium from its due date. In the event that premiums are not received within this period, the Basic Sum Insured remains payable provided that the value of the Units in the Insurance Fund is sufficient to cover the monthly deductions. If on the other hand, the value of the Units in the Insurance Fund is not sufficient to cover the monthly deductions, then your policy will cease to be in force and will be terminated. Any residual Fund Value may be surrendered.

You may, by written request at any time, elect to change the non-forfeiture option to automatically deduct the Planned Premium from the Fund to pay the premium at the relevant due date.

SAGICOR SEGREGATED FUNDS

Description of the Funds

The Sagicor Segregated Funds (or the Funds) comprising the Balanced Fund, the Equity Fund, the Fixed Income Fund, the Foreign Currency Indexed Fund, the International Equity Fund and the Money Market Fund, are separate and identifiable funds investing in a variety of assets. Units in these Funds are purchased by Basic Premiums or Regular Additional Premiums. The values of the Units fluctuate with the market value of the assets in the Funds. Hence, the value of your investment in the Funds is not guaranteed in monetary terms.

These Funds are:

- The Balanced Fund, a separate and identifiable fund, is invested in fixed income securities, tradeable equities and real estate. The constituent investments and the proportions in which they are maintained may be varied by the Company from time to time. The value of the holdings will vary from time to time.
- The Equity Fund, a separate and identifiable fund, is invested primarily in shares traded on recognised stock exchanges and fixed interest securities. The constituent investments and the proportions in which they are maintained may be varied by the Company from time to time. The value of the holdings will vary from time to time.
- The Fixed Income Fund, a separate and identifiable fund, is invested in Government fixed income securities and other interest bearing deposits. The

constituent investments and the proportions in which they are maintained may be varied by the Company from time to time. The value of the holdings will vary from time to time.

- The Foreign Currency Indexed Fund is a separate and identifiable fund and is invested primarily in assets denominated in currencies other than Jamaican dollars, such as debt instruments/obligations issued or guaranteed by the Government of Jamaica and those issued by a foreign entity or foreign government with a minimum Standard & Poor's credit rating of "BBB" or the equivalent from any other recognized rate agency. The constituent investments and the proportions in which they are maintained may be varied by the Company from time to time.
- The International Equity Fund is a separate and identifiable fund and is invested in equities listed on recognized stock exchanges in approved jurisdictions, Exchange Traded Funds (ETFs) and Managed Equity Funds. The constituent investments and the proportions in which they are maintained may be varied by the Company from time to time.
- The Money Market Fund is a separate and identifiable fund and is invested in short-term fixed income securities with average maturity less than two (2) years, including short-term Government of Jamaica securities and blue-chip corporate securities.

The Company may, at its discretion, establish any other Fund from time to time.

VALUATION OF THE FUNDS

The assets of all the Funds are valued by the Company on such day or days of each month that the Company may determine (the "Valuation Date"). Real properties are valued not less than once every year by an independent valuer who has no direct or indirect interest in any of the properties held or to be held by the Funds. At the discretion of the Company, provision may be made in any Fund valuation for any estimated changes in the values of properties since the last independent valuation. The value of a security which is traded on a recognised stock exchange will be calculated by reference to the relevant quoted prices on the Valuation Date. If the security is not quoted in Jamaican currency, it will be valued using the appropriate



exchange rate. The value of any other security is determined by the best available quotation or means available to the Company.

The value of the offer and bid prices of the Units in these Funds will be determined on the same day.

CHARGES AND FEES

The following charges will be deducted from the Funds periodically:

- Investment taxes at the rate charged by the Government.
- Transfer costs.
- Brokers' fees.
- Valuation fees.
- Other expenses associated with the purchase, maintenance and sale of assets.
- Management fees.
- Interest due on any amounts borrowed by the Funds.

CERTIFICATE

Within 30 days of each anniversary, the Company will provide you with a certificate showing:

1. the amount allocated to purchase Units in each Fund during the preceding Policy Year;
2. the number of Units in each Fund allocated to the policy, together with their value, calculated at their bid prices on that day; and
3. the cash surrender value of the policy on that date.

You will also receive a copy of the Fund Statement, prepared not more than 105 days before the date of the Certificate, showing for each Fund:

1. a list of the respective values of the investments of the Fund;
2. all amounts accrued to or deducted from the Fund over the year ended on the date of the Fund Account, including all charges for taxes, management charges or other expenses.

POLICY DESIGN

How Does the Policy Work?

From every basic premium you pay, the Company first deducts its expense charges (expense loads). These expense loads vary by the duration the policy has been in force. There are no expense loads deducted from regular additional premiums or from additional periodic investment premiums.

Premiums are paid into 2 separate funds:

- The Basic Premium (less the expense loads) and the Regular Additional Premiums are paid into the insurance fund and is allocated on your behalf in the Segregated Funds. Each month, units are cancelled from the Segregated Funds at the Bid Price to pay the Cost of Insurance and the Administration Charge. In the first policy month, there is an Administration Charge representing the Stamp Duty and in the first policy year, an additional Administration Charge representing the Issue/Underwriting Cost.

- The Additional Periodic Investment Premiums are paid into the investment fund and allocated on your behalf in the Segregated Funds.

You may make a withdrawal from your Insurance Fund at any time, subject to the terms and conditions related

You may make a withdrawal from your Insurance Fund at any time, subject to the terms and conditions related to encashment.

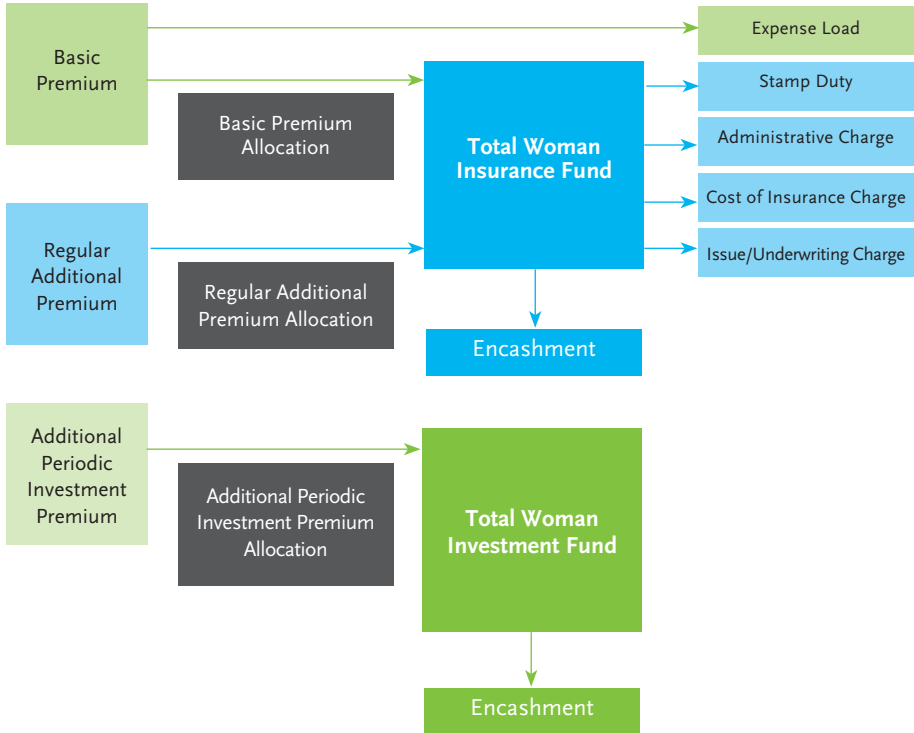
One of these conditions is that the minimum amount remaining on the fund after an encashment is a multiple of the annual cost of insurance.

Since both the multiple and the cost of insurance increase with your attained age, this minimum Residual value will increase as you get older. Therefore, this minimum must be satisfied before an encashment is made. This serves an important role in protecting the structure of the policy while allowing you to make withdrawals from your policy.

Funds can be withdrawn from your investment fund at any time; there are no restrictions on the frequency or size of withdrawals from this fund.

Funds can be withdrawn from your investment fund at any time; there are no restrictions on the frequency or size of withdrawals from this fund.

The following diagram illustrates the main design elements of the policy:



CURRENT TERMS, CHARGES AND LIMITS APPLICABLE TO TOTAL WOMAN PLAN POLICIES

1. Cost of Insurance

The Cost of Insurance is a one year term mortality/morbidity charge. The Cost of Insurance for a month is obtained by multiplying the Amount at Risk by the current cost of insurance rate, which is based on the Attained Age of the Life Insured. The Cost of Insurance rates are not guaranteed and will be determined by the Company from time to time.

2. Administration Charge

Regular administration charge of \$225 per month. An additional administration charge of \$200 in the first month only. An additional administration charge of \$12,000 in the first year only.

3. Maximum Sum Insured After Indexation

This is equal to twice the initial sum insured, subject to a maximum of \$30,000,000.

4. Transaction Fee

Applicable to Partial Withdrawals or a Full Surrender – 4% of the transaction amount in the first year and 2% of the transaction amount thereafter, subject to a maximum of \$1,500 and subject to change from time to time.

No transaction fee applies to increases due to Automatic Indexation or any ad-hoc change in the Basic Sum Insured.

5. Encashment

The minimum amount to be withdrawn is \$3,000.

The minimum amount remaining in the Fund is a multiple of the annual cost of insurance based on the following table:

| Attained Age | Multiple |
|--------------|----------|
| 18-30 | 7 |
| 31-50 | 8 |
| 51-70 | 9 |
| 71 & OVER | 10 |

6. Policy Reviews

Subsequent to the first review at the tenth policy anniversary, future reviews will be conducted based on the attained age in accordance with the following table:

| Attained Age: | Review Frequency (years) |
|---------------|--------------------------|
| 18-29 | 10 |
| 30-39 | 8 |
| 40-49 | 5 |
| 50-54 | 3 |
| 55-59 | 2 |
| 60 & OVER | 1 |

DEFINITIONS

CRITICAL ILLNESS CONDITIONS

Cancer

The diagnosis of a malignancy, which is characterized by the uncontrolled growth of cancer cells with invasion of tissue, diagnosed not earlier than 90 days after the date of issue of this Policy, or, in the case of reinstatement of the Policy, 90 days after the date of the Certificate of Reinstatement.

Exclusions: non-invasive cancer in situ; pre-malignant lesions, benign tumors or polyps; any tumor in the presence of any Human Immunodeficiency Virus (HIV); any skin cancer other than invasive malignant melanoma greater than 0.75mm; Hydatidiform Mole (Gestational Trophoblastic Disease)

Carcinoma in Situ of Breast

The undergoing of a mastectomy, partial mastectomy, segmentectomy or lumpectomy operation on the advice of a consultant surgeon or oncologist following a histologically confirmed diagnosis of carcinoma in situ (CIS) of the breast

Exclusions: Mastectomy, partial mastectomy, segmentectomy or lumpectomy operation for reasons other than CIS, for example prophylactic mastectomy.

Chronic Respiratory Failure

Chronic Respiratory failure is defined as an advanced stage of emphysema or other chronic lung disease which results in all of the following:

Oxygen saturation persistently below 90% requiring the need for regular oxygen treatment on a permanent basis, permanent impairment of Lung Function Tests as follows:

Forced Vital Capacity (FVC) and Forced Expiratory Volume at 1 second being less than 50 % of normal

Dilated Cardiomyopathy

An Idiopathic dilated cardiomyopathy is defined as enlargement of the heart, associated with normal left ventricular wall thickness and systolic dysfunction. The LV ejection fraction should be 35% or less and associated with clinical symptoms of heart failure and inability to perform physical activities to at least New York Heart Association (NYHA) Class 3 functional capacity. The diagnosis must be confirmed by echocardiography and a consultant cardiologist. This condition should be medically documented for at least 6 weeks.

All causes of secondary cardiomyopathy including alcohol, drug abuse, and myocarditis are excluded.

NYHA Class 3 is "Marked limitation of Physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation or dyspnoea" (Source: Heart Failure Society of America, 2007)

Early Onset Dementia – Resulting in Permanent Symptoms

A rapid progression of cognitive impairment with neuropsychological syndromes and neurological symptoms has been considered a characteristic of early onset dementia.

A definite diagnosis must be made before your 65th birthday by a consultant neurologist, psychiatrist or geriatrician of pre-senile dementia. The diagnosis must at the time it is made be supported by evidence of progressive deterioration of memory and of the ability to reason, perceive, understand, express and give effect to ideas.

Heart Attack

The death of a portion of heart muscle as a result of inadequate blood supply, as evidenced by a) a new electrocardiographic (ECG) changes indicative of a myocardial infarction, and by b) the elevation of cardiac biochemical markers to levels considered diagnostic for infarction.

Heart attack during coronary angioplasty is covered provided that there are diagnostic changes of new Q wave infarction on the ECG in addition to elevation of cardiac markers.

Exclusions: Heart attack does not include an incidental finding of ECG changes suggesting a prior myocardial infarction, in the absence of a corroborating event. Lesser acute coronary syndromes including unstable angina and acute coronary insufficiency are specifically excluded.

Kidney Failure

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular haemodialysis, peritoneal dialysis or renal transplantation is initiated.

Occupational HIV

Human immunodeficiency virus (HIV) infection as a direct result of accidental exposure to HIV contaminated blood or bodily fluids during the course of the Life Insured's regular occupation.

The life insured must undergo a generally accepted medical testing procedure for HIV infection, performed by an independent duly licensed medical laboratory:

- a. Within 14 days of the accidental exposure and the result must be negative and
- b. Between 90 days and 180 days after the accidental exposure and the result must be positive

For greater certainty non-accidental exposure including but not limited to sexual transmission or intravenous drug use does not satisfy the definition of Occupational HIV infection.

The critical illness benefit will be payable only if the following conditions are satisfied:

- a. Accidental exposure has been reported within 14 days of the accidental exposure and

b. Accidental exposure has been reported, investigated and documented in accordance with prudent workplace practices and any applicable legislation regulations or guidelines

The critical illness benefit will not be payable if the life insured elected not to take any available licensed treatment which is customarily recommended for protection against HIV.

Paralysis

The complete and permanent loss of use of two or more limbs for a continuous period of ninety days following the precipitating event, during which time there has been no sign of improvement. All psychiatric related causes are specifically excluded.

Rheumatoid Arthritis

A definite diagnosis by a consultant rheumatologist of chronic rheumatoid arthritis as evidenced by widespread joint destruction with major clinical deformity.

There should be serological confirmation with Positive Rheumatoid Factor and/or positive Anti Citric Citrullinated Peptide Antibody (Anti CCP Antibody) test. In addition the life assured must be permanently unable to perform 3 or more of the following activities:

Bending: the ability to get into or out of a standard car, or to bend or kneel to pick up any a tea cup or similar object from the floor and straighten up again without the assistance of another person but including the use of appropriate aids

Dexterity: the physical ability to use hands and fingers such as being able to communicate effectively using a pen pencil or keyboard

Lifting: the ability to lift carry or otherwise move everyday objects by hand. Everyday objects include a kettle of water, a shopping bag or an overnight bag or briefcase.

Walking: the ability to walk a distance of 200 meters on a level surface without the assistance of another person but including the use of appropriate aids for example a walking stick.

Severe Crohn's Disease

A definite diagnosis by a Consultant Gastroenterologist of Chron's disease with symptoms that have not responded to optimal therapy while under the supervision of the consultant. There must also be evidence of continued inflammation with all of the following:

Stricture formation causing intestinal obstruction requiring admission to hospital; fistula formation between loops of bowel or bowel to another organ; at least one restriction of a segment of small bowel.

Severe Osteoporosis With Fractures

At least 2 fractures in the vertebrae and/or fracture in the neck of the femur caused by osteoporosis. A bone density measure score of minus 2.5 is also required to be recorded in at least two separate areas being scanned.

Stroke

The unequivocal diagnosis of the death of brain tissue caused by thrombosis, haemorrhage or embolism. The diagnosis must be based on all of the following: sudden onset of new neurological symptoms; new objective neurological deficits on clinical examination persisting continuously for at least thirty (30) days following the diagnosis of the stroke; new findings on CT scan or MRI, if done, consistent with the clinical diagnosis.

Transient ischemic attacks (TIA's) are specifically excluded.

Systemic Lupus Erythematosus with Lupus Nephritis

Systemic Lupus Erythematosus is a multi-system, multifactorial, autoimmune disorder characterised by the development of auto-antibodies directed against various self-antigens. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a certified doctor specializing in Rheumatology and Immunology or Nephrology.

The WHO Classification of Lupus Nephritis:

Class I Minimal Change Lupus Glomerulonephritis

Class II Mesangial Lupus Glomerulonephritis

Class III Focal Segmental Proliferative Lupus Glomerulonephritis

Class IV Diffuse Proliferative Lupus Glomerulonephritis

Class V Membranous Lupus Glomerulonephritis

Viral Encephalitis

Encephalitis is defined as severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit.

This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks. Encephalitis caused by HIV infection is excluded

PREGNANCY COMPLICATION BENEFITS

Ectopic Pregnancy

Pregnancy in which implantation of a fertilized ovum occurs outside the uterine cavity.

Emergency Caesarean Sections

An emergency caesarean section is the surgical delivery of a baby, through the mother's abdomen, due to complications occurring after labour has started.

Emergency Hysterectomies

Emergency Hysterectomy is the surgical removal of the uterus (womb) resulting from uncontrollable bleeding or infection during childbirth

Hydatidiform Mole

Hydatidiform mole is tumour that forms in the uterus as a mass resembling a bunch of grapes. It is a precancerous state and may rarely lead to a choriocarcinoma. The diagnosis must include marked elevation of beta human chorionic gonadotrophin (HCG)

Preeclampsia

Preeclampsia is a pregnancy complication that occurs during pregnancy, typically after 20 weeks gestation, and the postpartum period; and is characterized by high blood pressure and the presence of protein in the urine.

Still Birth

Still Birth means the death of a fetus (unborn baby) of the Life Insured of 28 weeks of pregnancy or older.

CONGENITAL DISABILITY BENEFITS FOR DELIVERED CHILD

Cleft Palate With or Without Cleft Lip

Cleft Lip: A congenitally deformed lip, usually the upper one, in which there is a vertical fissure that extends into one or both nostrils

Cleft Palate: An opening in the roof of the mouth due to a failure of the palatal shelves to come fully together from either side of the mouth and fuse during the first months of development as an embryo. The opening in the palate permits communication between the nasal passages and the mouth. Surgery is needed to close the palate.



Congenital Cyanotic Heart Disease

Congenital cyanotic heart disease is defined as a group of congenital heart defect characterized by cyanosis due to an intra-cardiac right to left shunting of blood.

These conditions are limited to the following diagnoses; Tetralogy of Fallot, Eisenmenger syndrome, Transposition of the Great Arteries, Total Anomalous Pulmonary Venous Connections and Persistent Truncus Arteriosus

Down syndrome (Mongolism, Trisomy 21)

A specific autosomal aberration identified by an extra chromosome 21 and characterized by muscular hypotonicity, microcephaly, brachycephaly a flattened occiput and both mental and physical retardation. Such diagnosis shall be based on the currently accepted criteria of Down's Syndrome.

Hydrocephalus

Hydrocephalus is an excessive accumulation of cerebrospinal fluid with the cerebral ventricles.

Spina Bifida

A defective closure of the spinal column due to a neural tube defect with a resultant meningomyelocele or meningocele. Spina Bifida Occulta is excluded.

Tracheo-oesophageal Fistula

Maldevelopment of the proximal oesophagus which terminates in a blind sac or forms a fistula communicating with the trachea.



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