



**APPROVED**

**By BTA Insurance Company SE Board Decision No LV1\_0002/02-03-03-2013-112  
of 18 December 2013**

**Accident Insurance Terms and Conditions No 8.1  
Annex 6**

**CRITICAL ILLNESS  
INSURANCE TERMS AND CONDITIONS**

BTA Insurance Company SE concludes personal accident insurance contracts in accordance with General Insurance Terms and Conditions which are effective at the moment of conclusion of the insurance contract and are signed with electronic signature and are placed here: [www.bta.lv/noteikumi](http://www.bta.lv/noteikumi), Personal Accident Insurance Terms and Conditions No 8.1 approved by BTA Board decision No LV1\_0002/02-03-03-2013-112 of 18 December 2013 and these Terms and Conditions, providing additional insurance cover "Critical illnesses".

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## 1. WHAT IS WHAT?

**Initial Diagnosis of the Illness** – temporary diagnosis of the illness that is fixed in writing in your medical documentation based on the symptoms of the illness and illness anamnesis data.

**Final Confirmed Diagnosis of Illness** – illness diagnosis proved by respective laboratory and instrumental medical examinations and confirmed by the opinion of a respective certified doctor-specialist in your medical documentation.

**Initial Date of Illness** – the date when the Final Confirmed Diagnosis of Illness is determined. Initial Date of the Illness is also deemed the date when the Initial Diagnosis of the Illness is registered, provided that no later than within 1 (one) month after the expiry of the insurance contract it is confirmed by documents by an opinion of a respective certified doctor-specialist as the Final Confirmed Diagnosis of Illness.

**Waiting Period** – a period of time counting from the day when the insurance contract concluded on your behalf comes into force, during which the insurance indemnity is not granted upon establishment of the Final Confirmed Diagnosis of Illness or the death due to the illness.

The Waiting Period is 90 (ninety) days, unless stipulated otherwise in the insurance contract.

If, right after expiry of an insurance contract concluded on your behalf that included the "Critical illnesses" type of cover, a new insurance contract is concluded that also includes this type of cover, and there is no gap between these two sequentially concluded insurance contracts, then there is no Waiting Period.

**Surviving Period** – a period of time counting from the Initial Date of Illness, surviving which the insured receives the insurance indemnity.

The Surviving Period is 28 (twenty-eight) days, unless stipulated otherwise in the insurance contract.

## 2. WHAT IS INSURED?

**2.1.** The insurance object is your health.

**2.2.** An insured risk under these Terms and Conditions is an illness that has occurred to you while the insurance contract is in effect, and "Critical illnesses" cover type is effective only if specified so in the insurance contract. An insured event occurs on the Initial Date of Illness of one of the illnesses mentioned in these Terms and Conditions, provided that the critical illness has not resulted from decompensation due to another illness, is not a complication of another illness and is not diagnosed as a secondary diagnosis.

**2.3.** In the case when the Initial Diagnosis of Illness is registered during the effective period of the insurance contract, which is confirmed by a documented opinion of a respective certified doctor-specialist as the Final Confirmed Diagnosis of Illness after the expiry of the insurance contract, but no later than within a period of 1 (one) month after the registration of the Initial Diagnosis of the Illness, it is considered as an insured event.

**2.4.** In case any of the diseases mentioned below result in death after the expiry of the Surviving Period, we grant an insurance indemnity provided that the Final Confirmed Diagnosis of Illness has been determined while the insured was still alive.

### MYOCARDIAL INFARCTION (HEART ATTACK)

## 3. WHAT IS INSURED?

**3.1.** The damage of heart muscle tissues with cell necrosis caused by the interruption of blood supply to the heart muscle. The mentioned diagnosis must be confirmed by all of the following criteria corresponding to condition of a fresh myocardial infarction:

- 1) sudden, very intense burning, tearing, choking pain in the chest;
- 2) new electrocardiographic changes that prove the infarction;
- 3) increase in cardiac markers typical to the infarction.

The Final Confirmed Diagnosis of Illness with all the listed symptoms must be confirmed by an opinion of a cardiologist.

If any of the symptoms is not established, the event is not considered an insured event.

## 4. WHEN INSURANCE IS NOT VALID?

**4.1.** In addition to the exclusions specified in Clause 17 of these Terms and Conditions, the following illnesses are not considered an insured event:

- microinfarction;
- silent infarction;
- angina attacks;

- other acute coronary syndromes.

## **STROKE**

### **5. WHAT IS INSURED?**

**5.1.** Sudden disturbance in the blood supply to the brain caused by arterial embolism, vein thrombosis or cerebral haemorrhage resulting in permanent neurological damage.

This diagnosis must be substantiated by all of the following criteria:

- 1) permanent neurological damage must be confirmed by a neurologist no sooner than three months after the seizure or later and it must remain after the used therapy;
- 2) magnetic resonance image, computed tomography or other indications with similar imaging technique indicating the diagnosis of a new stroke.

The final Confirmed Diagnosis of Illness must be confirmed by an opinion of a neurologist in documents.

### **6. WHEN INSURANCE IS NOT VALID?**

**6.1.** In addition to the exclusions specified in Clause 17 of these Terms and Conditions, the following illnesses are not considered an insured event:

- transient ischemic attack;
- micro-stroke;
- brain damage caused by an accident (trauma, injury).

## **CANCER**

### **7. WHAT IS INSURED?**

**7.1.** A primary formation of malignant cells with uncontrolled proliferous growth inside the body resulting in invasion and destruction of adjacent tissues or distant metastasis in other organs. Leucosis and cancerous lymphoma are also included. The said diagnosis must be substantiated by a histological opinion on the malignant tumour confirmed by an oncologist or pathologist. The diagnosis is considered as finally confirmed on the day the histopathological examination diagnosis is determined.

The final Confirmed Diagnosis of Illness must be confirmed by an opinion of an oncologist in documents.

### **8. WHEN INSURANCE IS NOT VALID?**

**8.1.** In addition to the exclusions specified in Clause 17 of these Terms and Conditions, the following illnesses are not considered an insured event:

- benign or precancerous stage tumours;
  - pre-invasive tumours and in situ tumours (Tis\*);
  - cervical dysplasia CIN I-III;
  - urinary bladder carcinoma in stage Ta\*;
  - chronic lymphocytic leukemia (CLL);
  - all skin tumours;
  - all tumours in the presence of HIV or AIDS infection;
  - prostate cancer, histologically diagnosed as T1\*;
- \* According to the international TNM classification.

## **CHRONIC RENAL FAILURE**

### **9. WHAT IS INSURED?**

**9.1.** Chronic, irreversible failure of both kidneys, when the treatment requires regular peritoneal hemodialysis or kidney transplantation and that has developed on the background of undiagnosed chronic kidney illness.

The final Confirmed Diagnosis of Illness must be confirmed by an opinion of a nephrologist in documents.

## **PARALYSIS**

### **10. WHAT IS INSURED?**

**10.1.** Complete irreversible functional weakness of two or more extremities caused by spinal cord damage and is not due to a trauma. The chronic disease and the paralysis should be diagnosed during the effective period of the policy.

This illness is considered an insured event and the insurance indemnity is granted if during 6 (six) months after the confirmation of the mentioned diagnosis the health condition remains constant or the disease progresses. The diagnosis is confirmed by an opinion of the neurologist in documents.

#### **11. WHEN INSURANCE IS NOT VALID?**

**11.1.** In addition to the exclusions specified in Clause 17 of these Terms and Conditions, the following illnesses are not considered an insured event:

- flaccid paraparesis;
- paralysis in the event of Guillain-Barre syndrome.

#### **MULTIPLE OR DISSEMINATED SCLEROSIS**

#### **12. WHAT IS INSURED?**

**12.1.** A general disease of the central nervous system (brain and spinal cord) in which the myelin sheaths around the axons are damaged. It causes various physical, perception and sensation disorders that can progress to complete functional inability and death. The said diagnosis must be substantiated by typical demyelination tests, motor and sensor function disorder symptoms, magnetic resonance indicators.

The final Confirmed Diagnosis of Illness must be confirmed by an opinion of a neurologist in documents.

#### **PRIMARY DIABETES MELLITUS TYPE 1**

#### **13. WHAT IS INSURED?**

**13.1.** Chronic pancreatic disease characterized by increased blood sugar level in the background of reduced or missing insulin production. Insufficient function of the pancreas is compensated by regular insulin injections.

The said diagnosis must be substantiated by typical laboratory tests. The final Confirmed Diagnosis of Illness must be confirmed by an opinion of an endocrinologist in documents.

#### **14. WHEN INSURANCE IS NOT VALID?**

**14.1.** In addition to the exclusions specified in Clause 17 of these Terms and Conditions, the following illnesses are not considered an insured event:

- diabetes mellitus type 2;
- secondary diabetes mellitus;
- other types of diabetes;
- gestational diabetes.

#### **AIDS**

#### **15. WHAT IS INSURED?**

**15.1.** Being infected with the human immunodeficiency virus in the last, life-threatening stage, when the human immune system is not able to fight bacteria and virus infections that do not cause any illness to normal immune systems.

The disease referred to in this Clause is an insured event and the insurance indemnity is granted if during the effective period of the insurance contract the HIV infection and AIDS are diagnosed for the first time. The final Confirmed Diagnosis of Illness must be confirmed by an opinion of the experts of the Infectology Centre of Latvia in documented form.

#### **LYME DISEASE**

#### **16. WHAT IS INSURED?**

**16.1.** Infection caused by bacteria that are spread to human organism by infected tick bites. Only the stage of neuroborreliosis is considered as insured event. The tick bite must be established during the insurance period and the tick must be extracted in a medical institution and examined in the Infectology Centre of Latvia – facts to be proved by you providing us with a respective document. The Insured will have to submit the results of two examinations, confirming the presence of the infection (*Borrelia burgdorferi*) in the blood.

#### **17. EXCLUSIONS APPLICABLE TO ALL SECTIONS OF THESE TERMS AND CONDITIONS**

**17.1.** A disease caused by usage of alcoholic, narcotic, psychotropic or toxic substances is not considered an insured event.

**17.2.** Upon occurrence of any of the Critical illnesses specified in these Terms and Conditions during the effective period of the insurance contract the insurance indemnity is not granted if you have already been ill with the respective illness before.

**17.3.** Insurance indemnity is not granted if the Final Confirmed Diagnosis of Illness is established or death of the insured has occurred due to the illness during the waiting period.

#### **18. WHAT SHOULD YOU DO IF AN ACCIDENT HAS OCCURRED?**

**18.1.** In order to receive the insurance indemnity, you (in the event of death - a person who is entitled to receive the insurance indemnity) are obliged immediately, as soon as possible, to notify us of both the Initial Diagnosis of the Illness and the Final Confirmed Diagnosis of Illness (in the event of death – the death and the reason of death) submitting us the documents confirming this fact. In case we are informed about the referred fact later than within 30 (thirty) days after the day of the confirmation of a respective diagnosis (in the event of death – from the day of death), the abovementioned persons have to prove the improbability for them to inform us sooner.

#### **19. HOW WILL WE CALCULATE THE INSURANCE INDEMNITY AND HOW MUCH WILL WE PAY?**

**19.1.** We pay out a single insurance indemnity after the expiry of the Surviving Period of 100% (one hundred per cent) of the sum insured specified in the insurance contract for the insurance cover "Critical Illness".

#### **20. OTHER TERMS AND CONDITIONS**

**20.1.** Pursuant to these Terms and Conditions the insurance cover is in effect globally, unless stipulated otherwise in the insurance contract.

**20.2.** All issues not stipulated in these Terms and Conditions shall be settled in accordance with the BTA Insurance Company SE General Insurance Terms and Conditions, Personal Accident Insurance Terms and Conditions, the insurance contract and the effective regulatory enactments of the Republic of Latvia.

**20.3.** These Terms and Conditions shall become effective as of the moment when approved by the Board of BTA Insurance Company SE.

**20.4.** These Terms and conditions shall be applied to insurance contracts, concluded as of 1 January 2014, unless otherwise agreed by the parties in the insurance contract.