



CRITICAL ILLNESS COVER CLAIM - MEDICAL REPORT

INSTRUCTIONS:

Dear Medical Examiner

The medical information requested in this form is in support of a claim for Critical Illness benefits provided to the claimant. Your expertise and advice will provide a vital link in the process of assessing the claim.

As this is an extremely stressful time for the Claimant, we would appreciate your speedy assistance with this matter.

We thank you in anticipation for your co-operation.

As this report is in support of a claim application, any cost in connecting with this report will be for the account of the claimant in terms of the policy, unless otherwise specified by FedGroup Life and confirmed in writing.

Please complete the report and return it directly to FedGroup Life.

1. POLICY DETAILS:

Name of Group Risk Policy

Policy no

 G A

Name of Employer

2. EMPLOYEE DETAILS:

Title

Initials

Surname

ID no

Contact no

3. MEDICAL EXAMINER DETAILS:

Title

Initials

Surname

Speciality

Practice no

HPCSA registration no

Tel no

Fax no

Email

Physical address

Postal address

Code

Code

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4. DIAGNOSIS:

Date of diagnosis

CORE AND COMPREHENSIVE ILLNESS COVER:

Heart Attack - defined as the death of heart muscle, due to inadequate blood supply, as evidenced by two of the following three criteria:

1. Compatible clinical symptoms.
2. Characteristic ECG changes, which can be either of the following:
 - New pathological Q-waves as defined below, or
 - ST-segment and T-wave changes indicative of myocardial injury, as defined below, but only when accompanied by raised cardiac markers as described hereafter
3. Raised cardiac markers:
 - Trop T >1,0 ng/ml or Trop I >0,5 ng/ml, or
 - Raised CK-MB mass (more than 2 times normal values in acute presentation phase or more than 4 times normal values post-intervention)
 - Total CPK elevation of more than 2 times normal values, with at least 6% being CK-MB.

Definitions of ECG changes:

ECG changes indicative of Myocardial Ischaemia that may progress to Myocardial Infarction:

Patients with ST-segment elevation:

New or presumed new ST segment elevation at the J point in two or more contiguous leads with the cut-off points greater than or equal to 0.2mV in leads V1, V2, or V3, and greater than or equal to 0.1 mV in other leads.

Contiguity in the frontal plane is defined by the lead sequence AVL, I and II, AVF, III. (Ref. 1)

Patients without ST-segment elevation:

ST-segment depression of at least 0.1 mV;

T-wave abnormalities only. (Ref. 1)

Definition of new pathological Q-waves:

Any new Q-wave in leads V1 through V3;

A Q-wave greater than or equal to 40 ms (0.04s) in leads I, II, AVL, AVF, V4, V5 or V6;

The Q-wave changes must be present in any two contiguous leads, and be greater than or equal to 1mm in depth. (Ref. 1);

Appearance of new complete bundle branch block.

Cancer - defined as a 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.

The following conditions are excluded from this definition:

1. All cancers in situ and all premalignant conditions
2. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
3. All skin cancers, other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin)

The following are covered:

Stage 2, 3 and 4 cancer correlated to the general classification used by the American Joint Committee for Cancer for the type of cancer involved.

For Prostate cancer: T3, N0, M0 any G; Any T, N1 – 3, M0 any G; any T, any N, M1 any G

For Leukaemia and Lymphoma the benefit will pay for any one of the following diagnoses:

Chronic Lymphocytic Leukaemia, stage II, III or IV on the Rai classification;

Acute Lymphocytic Leukaemia;

Chronic Myeloid Leukaemia (regardless of bone marrow transplantation) or Acute Myeloid Leukaemia;

Hodgkins/Non Hodgkins lymphoma Stage II, III or IV on Ann Arbor classification system;

Multiple myeloma Stage I, II or III on the Durie-Salmon scale.

Note that the following apply to all claims:

Histological confirmation is required

There is no requirement to undergo treatment.

Prophylactic mastectomy for carcinoma in situ will not qualify under this definition as the cancer is not invasive.

Stroke with mild impairment - defined as death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in neurological deficit lasting longer than 24 hours, confirmed by neuro-imaging investigation and appropriate clinical findings by a specialist neurologist.

The following conditions are excluded from this definition:

1. Transient ischaemic attack
2. Vascular disease affecting the eye or optic nerve
3. Migraine and vestibular disorders
4. Traumatic injury to brain tissue or blood vessels

The residual impairment will be assessed by a full neurological examination by a specialist neurologist any time after three months. The claim will be considered valid if the member can function independently, but has impairment as measured by the inability to do 3 or more advanced ADL's

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4. DIAGNOSIS (CONTINUED):

Coronary Artery Bypass Graft - defined as the undergoing of surgery to correct the narrowing of, or blockage to, one or more coronary artery(ies) by means of a bypass graft.

The following are covered:

- The undergoing of surgery to correct the narrowing of, or blockage to, three or more coronary arteries by means of a by-pass graft.
- The undergoing of surgery to correct the narrowing of, or blockage to, two coronary arteries by means of a by-pass graft.
- The undergoing of surgery to correct the narrowing of, or blockage to, the left main or proximal left anterior descending coronary artery by means of a by-pass graft.
- The undergoing of surgery to correct the narrowing of, or blockage to, any one coronary artery by means of a by-pass graft.

Major Organ Transplant- defined as 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 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.

Blindness- defined as the clinically proven irreversible reduction of sight in both eyes as a result of sickness or accident.

The corrected visual acuity must be less than 6/60 or 20/200 using e.g. Snellen test types, or visual field restriction to 20° or less in both eyes. No benefit will be payable if in general medical opinion a device, or implant could result in the partial or total restoration of sight.

Paraplegia- defined as the total and irreversible loss of the use of any two limbs as a result of a spinal cord injury.

Coma with residual impairment- defined as 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
- Results in permanent neurological defect with persisting clinical symptoms. The residual impairment will be assessed by a full neurological examination by a specialist neurologist any time after three months. The claim will be considered valid if the member can function independently, but has impairment as measured by the inability to do 3 or more advanced ADL's (see Appendix 2).

For the above definition, the following is not covered:

- Coma secondary to alcohol or drug abuse or medically induced coma.

COMPREHENSIVE ILLNESS COVER:

Severe Burns- full thickness that involve at least 20% of the body surface area.

This means tissue injury caused by thermal, electrical or chemical agents causing third degree or full thickness burns to at least 20% of the body surface area as measured by The Rule of Nines or the Lund and Browder Body Surface Chart.

Multiple Sclerosis (with persisting symptoms) -defined as a definite diagnosis of multiple sclerosis confirmed by a neurologist.

There must be at least two separate events and current clinical impairments of motor or sensory function of an EDSS scale 3.0 or more, which must have persisted for a continuous period of at least 6 months. Benign multiple sclerosis will not be covered.

End Stage Kidney Failure (requiring ongoing dialysis) -defined as chronic end stage failure of both kidneys to function, as a result of which regular dialysis is necessary.

Advanced Dementia including Alzheimer's Disease -defined as a definite diagnosis of Alzheimer's disease or advanced dementia by a neurologist, psychiatrist or geriatrician.

There must be permanent significant cognitive impairment resulting in an inability to remember, reason, perceive, understand, express and give effect to ideas as per standard testing procedures. The member is unable to do 3 or more Advanced Activities of Daily Living. Dementia as a result of alcohol or drug abuse is excluded.

Accidental Brain Injury (resulting in permanent symptoms) -defined as the death of brain tissue due to traumatic injury resulting in permanent neurological deficit with persisting clinical symptoms.

Can function independently, but has impairment as measured by the inability to do 3 or more Advanced Activities of Daily Living.

Parkinson's Disease (resulting in permanent symptoms) -defined as a definite diagnosis of Parkinson's disease by a neurologist.

There must be permanent clinical impairment of motor function with associated tremor, rigidity of movement and postural instability. Parkinson's disease secondary to drug abuse is excluded.

Heart Valve Replacement Surgery (with surgery to divide the breastbone)- defined as the undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a cardiologist to replace or repair one or more heart valves.

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5. ASSESMENT OF ACTIVITES OF DAILY LIVING:

The activities of daily living (ADL'S) is a scoring system that assesses the functional ability of a person that takes into account the physical, social and interactive abilities of a person.

Assesment of Activites of Daily Living:

Please comment on the Claimant's functional limitations or abilities to carry out the following activities.

Activity	Current limitations				Expected future ability		
	No limitations	Partial limitations	Impossible	Danger to self and others	Improve	Remain constant	Deteriorate
Bowel status							
Bladder status							
Grooming							
Toileting							
Feeding							
Transfer from chair to bed							
Indoor mobility							
Dressing							
Stairs							
Bathing							
Driving a car							
Medical care: prepares and takes correct medicine							
Money management							
Communicative activities: use of phone, writing cheques, writing letters							
Shopping: lifting or carrying groceries							
Food preparation							
Housework							
Community ambulation with or without assisting, but not requiring a mobility device							
Moderate activities: moving table, pushing vacuum cleaner, bowling, golf							
Vigorous activities: running, heavy lifting, sports							

Please complete the Expanded Disability Status Scale:

0 - 1.0	No disability, minimal symptoms	
1.5 - 2.5	Moderate disability in one functional system or mild disability 3 or 4 FS, remain fully ambulatory	
3.0 - 5.5	Ambulatory without an aid and/or rest at least 100metres, disability severe enough to impair full daily activities (may impair the ability to work a full day)	
6.0	Ambulatory impairment such that a can is needed to walk 100 metres	
6.5 - 9.5	Constant bilateral assistance necessary to walk 20 metres up through inability to perform self-care	

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