



**CRITICAL ILLNESS COVER**  
Confidential Medical Certificate

Name	
Date of Birth	
Policy No.	
The above named is insured with Ceylinco Insurance PLC against the happening of certain contingent events associated with his/her health. A claim has been submitted in connection with primary pulmonary arterial hypertension and, to enable us to assess the claim, we should be obliged if you would complete this confidential report and return it direct to Manager -Policy Servicing in the stamped addressed envelope provided.	
In order for the claim to be valid the following definition must be fulfilled:	
<p><b>Major organ transplant</b> The undergoing as a recipient of an allograft or isograft transplant of one or more of the following:</p> <ul style="list-style-type: none"> <li>• Heart</li> <li>• Kidney</li> <li>• Liver (including split liver and living donor liver transplantation)</li> <li>• Lung (including living donor lobe transplantation or single-lung transplantation)</li> <li>• Bone marrow (allogeneic hematopoietic stem cell transplantation preceded by total bone marrow ablation)</li> <li>• Small bowel</li> <li>• Pancreas</li> </ul> <p>Partial or full face, hand, arm and leg transplantation (composite tissue allograft transplantation) is covered under this definition, too. The condition leading to transplantation must be deemed untreatable by any other means, as confirmed by a Specialist.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> <li>• Transplantation of other organs, body parts or tissues (including cornea and skin)</li> <li>• Transplantation of other cells (including islet cells and stem cells other than hematopoietic)</li> </ul>	
<p>1. General</p> <p>I. Are you the insured's usual medical attendant? If "yes" over what period ?</p> <p>II. What is the underlying disease which make a major organ transplant necessary?</p>	

<p>III. When were you first consulted for this disease and, at that time, how long had symptoms been present?</p> <p>IV. Has the insured previously suffered from any kind of disease or health conditions that could possibly have been the cause of development of end-stage failure of the organ(s) which is now obvious? If yes please give dates of consultations and resulting diagnosis</p> <p>V. On which date did the insured first become aware of the disease or diagnosis?</p>	
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<p>2. Details of the Insured's illness:</p> <p>I. Has the affected organ definitively reached the stage of end-stage failure, which cannot be fully compensated by any other treatment than transplantation?</p> <p>II. In the case of renal end-stage disease is the insured currently undergoing regular peritoneal dialysis or haemodialysis.</p> <p>III. Has the organ transplant already been performed? Or has the insured been put on a waiting list. If "Yes" please give further details</p> <p>IV. Please provide the full address of the hospital to where the final diagnosis was established and insured treated?</p> <p>We would be grateful for copies of any relevant hospital reports that are available.</p>	
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<p>3. If there is any further information which, in your opinion, will assist our Chief Medical Officer in assessing this claim, please furnish such information.</p>	
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<p>4. In your opinion, does the episode suffered by the Insured fulfill the definition stated?</p>	
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<p>Signature</p>  <p>Address</p>  <p>Date</p>	<p>Practice Stamp</p>
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