



CRITICAL ILLNESS COVER

Confidential Medical Certificate

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| Name | |
| Date of Birth | |
| Policy No. | |
| <p>The above named is insured with Ceylinco Life Insurance Limited against the happening of certain contingent events associated with his/her health. A claim has been submitted in connection with Cancer and, to enable us to assess the claim, we should be obliged if you would complete this confidential report and return it direct to <u>Manager -Claims</u>.</p> | |
| <p>In order for the claim to be valid the following definition must be fulfilled:</p> | |
| <p>Cancer: A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.</p> <p>The following are excluded –</p> <ul style="list-style-type: none"> All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; Malignant melanoma that has not caused invasion beyond the epidermis; All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0 All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; Chronic lymphocytic leukaemia less than RAI stage 3 Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; All tumors in the presence of HIV infection. | |

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| I. General I. Are you the insured's usual medical attendant? If "yes" over what period? II. When were you first consulted for this disease and, at that time, how long had the symptoms been presents? III. Has the insured previously suffered from any condition specified above or any related illness? If "Yes" please give dates of consultations and resulting diagnosis. IV. On which date did the insured first become aware of the disease? V. Is there anything in the insured's family which would have increased the risk of Cancer VI. Please give details of the insured's habits in relation to cigarette smoking. | Yes/No, Yes/No, |
| 2. Details of the Insured's illness: I. What was the site of organ involved and the precise histology of the tumour? II. What stage did the disease reach? Please describe this using whichever staging classification is appropriate? a. Was the disease completely localized? b. Was there an invasion of adjacent tissues? c. Were regional lymph nodes involved ? d. Were there distant metastases?. III. If the diagnosis is leukaemia, please provide details of the actual type. IV. Please provide the full address of the hospital to together with the names of the consultants attended. V. We would be grateful for copies of any relevant hospital reports that are available. | |
| 3. If there is any further information which, in your opinion, will assist our Chief Medical Officer in assessing this clam, please furnish such information | |
| 4. In your opinion, does the episode suffered by the Insured fulfill the definition stated? | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Signature Address Date </div> <div style="width: 45%; text-align: center;"> Practice Stamp </div> </div> | |