

DEFINITIONS

Unless the contrary appears from the context, the following words and phrases shall have the meanings assigned to them where they appear in this document and the Master Policy:

Accident

“Accident” means a sudden, fortuitous and uncertain event which is caused solely and directly by violent, external, physical and visible means independently of any other cause, and not deliberately by the Life Assured himself or herself.

Blindness

“Blindness” means the total, permanent and irreversible loss of all sight in both eyes as a result of sickness or Accident, resulting in a sharpness of vision of 3/60 or worse in the better eye when measured with the use of visual aids. Diagnosis has to be confirmed by an ophthalmologist and not be correctable by surgery.

Cancer

“Cancer” means 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 all solid cancers, and blood cancers.

For solid cancers, you are covered for any serious cancer that must be classified as least Stage 4 cancer, as staged by the American Joint Association (AJCC) for cancer i.e. cancers that have metastasized, (spread to other organs or throughout the body).

Exclusions for solid cancers:

- All tumours of the prostate up to TNM classification T4N0M0
- All non-melanoma skin cancers

For Blood cancers, you are covered for any serious blood cancers as detailed below, on the applicable staging systems

- Acute Myeloid Leukemia;
- Chronic Lymphocytic Leukemia, stage III or IV on the Rai classification;
- Chronic Myeloid Leukemia (requiring bone marrow transplant);
- Acute Lymphocytic Leukemia
- Hodgkins/Non Hodgkins Lymphoma Stage IV on Ann Arbor classification system;
- Multiple Myeloma Stage III on the Durie-Salmon Scale.

Hairy cell Leukemia is excluded.

Claim Payable Date

“The Claim Payable Date” means the date on which a valid claim becomes payable as a result of a Claim Condition, and is equal to Claim Condition Date plus any Deferred Period (if applicable).

Claim Condition

“Claim Condition” means an illness or bodily injury covered under clause 2.1 of this Addendum.

Claim Condition Date

“Claim Condition Date” means the date on which the Claim Condition occurs, in the case of injury, or the Life Assured is finally diagnosed, in the case of illness, or the date on which the procedure required by the relevant Dread Disease definition is performed, as approved by OMART

Coma

“Coma” means a state of unconsciousness, defined by a Glasgow Scale score of 8 or less, that necessitates the use of a ventilator for a continuous period of at least 96 hours and results in permanent neurological deficit, persisting for at least 3 months. A coma which is medically induced or results directly from alcohol or drug abuse is excluded.

Coronary Artery Bypass Graft

“Coronary Artery Bypass Graft” means the undergoing of surgery to correct the narrowing of, or blockage to, three or more coronary arteries by means of a bypass graft. Realisation of the bypass surgery has to be confirmed by a cardiothoracic surgeon. Excluded are:

- Angioplasty;
- Keyhole surgery; and
- Any other intra-arterial procedures.

Deferred Period

“Deferred Period” means the period, starting on the Claim Condition Date, for which a Claim Condition must endure continuously in order for a benefit under this Addendum to become payable.

Heart Attack

“Heart Attack” means the death of the heart muscle, due to inadequate blood supply, as evidenced by at least two of the following criteria:

1. Compatible clinical symptoms
- 2.. Characteristic ECG changes, which can be either of the following:
 - New pathological Q-waves, defined as:
 - Any new Q-wave in leads V1 through V3;
 - A Q-wave greater than or equal to 40ms (0.04s) in leads I, II, AVL, AVF, V4, V5 or V6; • The Q-wave changes must be presenting any two contiguous leads, and be greater than or equal to 1mm in depth;
 - Appearance of new complete bundle branch block. or
 - ST-segment and T-wave changes, when accompanied by raised cardiac markers as described below, indicative of myocardial ischaemia that may progress to myocardial infarction, defined as:
 - 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 0.1mV in other leads.
 - Contiguity in the frontal plane is defined by the lead sequence AVL, I and II, AVF, III. • Patients without ST-segment elevation:
 - ST-segment depression of at least 0.1mV;
 - T-wave abnormalities only
3. Pre-intervention raised cardiac markers:
 - Trop T greater than 1,0ng/ml, or Trop I greater than 0,5ng/ ml, or
 - CK-MB mass greater than two times the normal values in acute presentation phase, or
 - Total CPK elevation of greater than two times the normal values, with at least 6% (six percent) being CK-MB

AND with permanent impairment in one or more of the following functional criteria, as measured 6 weeks post-infarction:

Criterion	Value
NYHA classification	Class 4 (four)
METS	1 (one) or less
LVEF	Less than 30% (thirty percent)
LVEDD	72 (seventy two)
Ultrasound FS in %	Less than 16% (sixteen percent),

The evidence must show a definite acute myocardial infarction. Other acute coronary syndromes, including but not limited to angina, are not covered by this definition.

Heart Valve Surgery

“Heart Valve Surgery” means the undergoing of major surgery requiring median sternotomy (division of the breastbone) on the advice of a consultant cardiologist to replace or repair 2 (two) or more heart valves. Realisation of the heart valve surgery has to be confirmed by a cardiothoracic surgeon.

Loss of Limb

“Loss of Limb” means the total and permanent loss or loss of use of a limb (at or above the elbow or knee) as the result of an illness or Accident, or the total and permanent loss or loss of use of a hand or a foot as the result of an Accident (with radiological evidence of irreversible joint destruction).

Major Burns

“Major Burns” means burns that involve damage or destruction of the skin to its full depth through to the underlying tissue covering at least 20% (twenty percent) of the body surface area as determined by the Lund Browder chart.

Major Organ Transplant

"Major Organ Transplant" means the actual undergoing of a transplant as the recipient of one of the following complete human organs:

- Kidney
- Lung(s)
- Liver
- Heart
- Pancreas
- Bone marrow

Realisation of the transplantation has to be confirmed by the relevant medical specialist. Excluded are:

- The transplantation of all organs, parts of organs or any other tissue transplant, other than those organs specified above; and
- Injections of cells into organs to generate growth; and
- The undergoing of an organ transplant as a result of direct or indirect alcohol or drug abuse.

Master Policy

"Master Policy" means the Black Cygnet Life Bond Protection Endurance Policy, and Death Benefit document to which this Addendum is attached.

Paralysis

"Paralysis" means the total and irreversible loss of use of 2 (two) or more limbs through paralysis due to Accident or sickness of the spinal cord. These conditions have to be medically documented by a specialist for at least 3 (three) months. Excluded is paralysis due to Guillain-Barré-Syndrome.

Renal Failure

"Renal Failure" means end stage renal disease presented as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is required. Diagnosis has to be confirmed by a nephrologist. Kidney failure a result of direct or indirect alcohol or drug abuse is excluded.

Stroke

"Stroke" means the death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in neurological deficit lasting longer than 24 (twenty four) hours consistent with the area of the brain affected, and confirmed by a neuro-imaging investigation and appropriate clinical findings by a specialist neurologist. Excluded are:

- Transient ischemic attacks (TIA).
- Traumatic injury to brain tissue or blood vessels.
- Vascular disease affecting the eye or optic nerve.
- Migraine and vestibular disorders.

The severity level must be assessed by a full neurological examination by a specialist neurologist any time after 3 (three) months.

The stroke must result in a Whole Person Impairment (WPI) of greater than 35% (thirty five percent) (calculated as per the American Medical Association Guide to the Evaluation of Permanent Impairment 6th edition) or result in the Life Assured unable to do 3 (three) or more basic Activities of Daily Living (Bowel status, Bladder status, Grooming, Toileting, Feeding, Transfers from chair to bed, Indoor mobility, Dressing, Stairs, Bathing).

Waiting Periods

"Waiting Periods" means the periods, starting on the Commencement of Insurance, and any increase to the Sum Assured or benefit amount, during which the occurrence of a claim does not result in a benefit under this Addendum becoming payable. For the purpose of this definition "occurrence of a claim" means the earlier of any of the following events:

- The Life Assured is finally diagnosed with the relevant Dread Disease Covered;
- The underlying condition which requires the procedure is finally diagnosed;
- The Life Assured becomes aware that they contracted the relevant Dread Disease Covered;
- The actual occurrence of the relevant Dread Disease Covered.

1. Application of this Addendum

- 1.1. The terms of the Master Policy shall apply to this Addendum.
- 1.2. The Dread Disease Benefit under this Addendum shall only apply if this option has been selected in the Policy Schedule and the relevant premium paid.
- 1.3. The benefit will be paid on admission of the claim, if the Claim Payable Date is reached.

2. Dread Disease Benefit

- 2.1. If the Life Assured contracts one of the Dread Diseases Covered before Life Assured's 80th birthday, as described below, the benefit payable will be equal to the Sum Assured.
- 2.2. The Dread Disease must be diagnosed by a registered Medical Practitioner and must be supported by clinical, radiological, histological and laboratory evidence acceptable to OMART.

2.2.1. Dread Diseases Covered

The following Dread Diseases are covered as specifically defined in the Definitions section of this Addendum:

Blindness	Loss of Limb
Cancer	Major Burns
Coma	Major Organ Transplant
Coronary Artery Bypass Graft	Paralysis
Heart Attack	Renal Failure
Heart Valve Surgery	Stroke

2.2.2. Dread Disease Claims - ASISA CRITICAL ILLNESS DISCLOSURE GRID

- 2.2.2.1. OMART or its holding company is a member of ASISA (Association for Savings & Investment South Africa) and in terms of this membership if OMART declines a Dread Disease claim for one of the 4 main Dread Diseases (as per the table below) where the Dread Disease is covered by the policy, OMART can be requested to assess the claim in terms of the ASISA standardised definitions
- 2.2.2.2. For the 4 main Dread Diseases events, ASISA has standardised Dread Disease definitions according to 4 severity levels. OMART agrees to pay the following percentage of the Sum Assured for the following Dread Diseases and severity levels:

Dread Disease Event	ASISA Severity Level Classification			
	A Most Severe Impairment	B Moderate Impairment	C Mild Impairment	D Almost Full Recovery
Heart Attack	100%	0%	0%	0%
Coronary Artery Bypass Graft	100%	0%	0%	0%
Stroke	100%	0%	0%	0%
Cancer	100%	0%	0%	0%

3. Deferred Period

The Deferred Period applicable to this Benefit is 90 days.

4. Waiting Period

The Waiting Period applicable to this Benefit is 180 days from commencement of insurance and the date of any increase in the benefit amount.