Euro Accident Liv

Insurance for certain critical illnesses for children

Insurance terms

Applicable from 1 January 2022

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1 Insurance for certain critical illnesses for children

1.1 Scope of the terms

The terms in this section apply if the insurance policy includes insurance for certain critical illnesses for children.

The insurance coverage details are specified in the insurance certificate.

Euro Accident's General Insurance Terms shall also apply to the insurance.

If there are discrepancies between the Danish and English insurance terms, then the Danish insurance terms apply.

1.2 Cover

The insurance is paid when the child, after birth and until their 21st year, is diagnosed with one of the disorders/treatments defined in clause 1.8 and the other cover conditions are fulfilled. It is a requirement that the child is liveborn.

The insurance terms and the sum insured that apply at the time when the diagnosis is made and the other cover conditions are fulfilled shall be used.

The cover includes biological children, adopted children and stepchildren. Stepchildren are a spouse's biological or adopted children. The children shall be registered at the same address as the policyholder at the time of the critical illness.

1.3 Timing of cover

It is a requirement for payment of cover that the illness has been diagnosed and the other conditions for cover are fulfilled during the policy period. It is thus the time of diagnosis that is important and not the onset of the illness or the time where the insured becomes aware of the illness.

1.4 Illnesses before the policy period

The insurance shall not provide cover if, before the start of the policy period, the child is diagnosed with, treated or examined for one of the critical illnesses and disorders or similar diseases and disorders defined in clause 1.8. See, however, clause 1.8.1.5 regarding cancer.

The insurance does not entitle one to payment if an illness or disorder can be directly or indirectly associated with an illness or disorder with which the child was diagnosed before the policy period.

1.5 Limited cover

Compensation for a specific critical illness is only paid once. Cover for the relevant illness and for similar illnesses/disorders as defined in clause 1.8 shall then lapse, with the exception of cancers, see clause 1.8.1.5.

1.6 Multiple diagnoses

The insured is entitled to payment of benefits for multiple diagnoses covered by the insurance if the diagnosis of the other illness covered by the insurance was made no earlier than 6 months after the diagnosis that previously entitled one to payment of benefits.

The 6 month time-limit is counted from the completed operation if payment has been made upon inclusion of the child on a waiting list.

If the child is diagnosed with another illness covered under the insurance less than 6 months after the previous diagnosis covered, this illness will not entitle one to payment of benefits later in the policy period.

1.7 Lapse on death

The right to compensation lapses on the death of the child unless a written application for payment has been submitted to Euro Accident beforehand.

1.8 Illnesses covered under the insurance

The insurance includes the following critical illnesses:

1.8.1 Cancer and certain benign tumours

1.8.1.1 General cancers

The insurance covers malignant tumours that are diagnosed histologically and characterised by uncontrolled, infiltrating growth of malignant cells into adjacent tissue and tendency to local recurrence and spreading to regional lymph nodes and more remote organs.

The insurance does not include:

- Tumours that may be designated as premalignant, non-invasive, carcinoma in situ, borderline or as having low malignant potential
- Tumours arising in connection with HIV infection, including Kaposis sarcoma
- Skin cancer of any type, including skin lymphomas. However, stage 1-4 malignant melanoma is covered under the insurance
- Prostate cancer with a Gleason score of 6 or lower
- Bladder papilloma

If the child has previously been diagnosed with the following, there is no entitlement to payment of benefits under this clause, see clauses 1.4 and 1.5:

- 1.8.1.2 Certain specific cancers.

1.8.1.2 Certain specific cancers

The insurance covers malignant cancers which arise in the blood, lymph nodes or in the blood-forming cells in the bone marrow and which have an atypical blood chemistry with uncontrolled growth of blood cells and a tendency towards progression and recurrence.

The insurance covers the use of cytotoxic (cell-killing) therapy such as chemotherapy, radiotherapy and therapy with biological drugs and/or transplant with stem cells/bone marrow from another human being for the following diseases:

- Acute leukaemia, chronic myeloid leukaemia in accelerated phase or blast crisis and chronic lymphatic leukaemia requiring treatment
- High-risk myelodysplastic syndrome and chronic myelomonocytic leukaemia
- Multiple myeloma/solitary myeloma requiring treatment
- Burkitt lymphoma, stage 2-4 Hodgkins lymphoma and non-Hodgkins lymphoma, except for less aggressive forms such as localised MALT lymphoma, Waldenström macroglobulinemia, mucosis fungides in the plaque stage and skin lymphoma such as localised CD30 positive lymphoma and cutaneous B-cell lymphoma localised in the skin

The insurance does not include:

- Stage 1 Hodgkins lymphoma
- Stage 1 or 2 chronic lymphatic leukaemia

If the child has previously been diagnosed with the following, there is no entitlement to payment of benefits under this clause, see clauses 1.4 and 1.5:

- 1.8.1.1 General cancers.

1.8.1.3 Certain benign tumours

The insurance includes tumours occurring in and spreading from the brain, the brainstem, the spinal cord or the central nervous system generally which are either removed via surgery or where surgery is indicated but cannot be performed for technical reasons

The insurance does not include:

- Cysts or granulomas
- Pituitary adenomas
- Acoustic neuromas (Schwannoma)
- Tumours in cranial/brain nerves

1.8.1.4 Histiocytoses and fibromatoses

Histiocytoses and fibromatoses treated with chemotherapy and/or radiation therapy. The diagnosis must have been made by a paediatric oncology specialist.

1.8.1.5 Special rules for cancers

However, it applies for cancers mentioned in clause 1.8.1. that even if the child has been diagnosed with one of these cancers before the start of the policy period, the child is still entitled to payment of benefits if:

- the cancer diagnosis is made no earlier than 7 years after completion of any treatment for the first diagnosis, and
- no recurrence has been diagnosed during this 7-year period

1.8.2 Cerebral thrombosis etc.

1.8.2.1 Cerebral thrombosis and cerebral haemorrhage

The insurance covers acute injury to the brain or brain stem resulting in neurological symptoms such as paralysis and/or vision,speech or sensory disturbances for more than 24 hours that may be confirmed on a CT or MRI scan of the brain. The injury may be due to:

- narrowing or blocking of an artery in the brain as a result of thrombosis or embolism;
- a spontaneous or traumatic accumulation of blood in the brain; or
- a spontaneous or traumatic accumulation of blood between the meninges as a result of a ruptured artery or a deformity in the brain's vascular system.

The diagnosis must have been made by a department of neurology or department of neurosurgery or confirmed by a neurologist.

Although a CT or MRI scan of the brain cannot confirm a thrombus, the insurance will provide cover if the child exhibits all the classical clinical symptoms of cerebral thrombosis and after 3 months has permanent objective neurological symptoms in the form of paralysis and/or vision, speech or sensory disturbances that may be caused by brain damage. Fatigue or cognitive symptoms do not entitle to cover under the insurance.

The insurance does not include:

- Transient ischaemic attack/Transitory cerebral ischaemia
- Cerebral infarctions or cerebral haemorrhage identified accidentally on a brain scan, for example as part of examination for another illness
- Thromboses or haemorrhage in the peripheral part of the nerve tissue, i.e. outside the brain, for example in the eyes and ears

1.8.2.2 AV malformation and aneurysm

In connection with arteriovenous vessel malformations, including cavernous angioma and aneurysms - confirmed by a CT or MRI scan or x-ray examination of the cerebral arteries - the insurance will cover planned or completed surgery if:

- the diagnosis is made by a department of neurology or department of neurosurgery
- the child is included on a waiting list before planned surgery

The insurance also provides cover in cases where there is medical indication for surgery but the procedure cannot be performed for technical reasons

1.8.3 Heart disease requiring surgery

Completed treatment for heart disease in the form of surgery or intervention via blood vessels.

1.8.4 Bilateral chronic kidney failure

The insurance provides cover for bilateral, chronic and irrevocable kidney failure at such a stage that kidney transplantation or permanent dialysis is carried out.

The diagnosis must have been made by a nephrologist.

In case of surgery, the diagnosis is considered to be made on the day of surgery.

In case of planned surgery, the child must be included on an active waiting list.

In case of dialysis, permanent dialysis must have been initiated.

1.8.5 Organ transplant

In case of organ failure in the child, the insurance provides cover for planned or completed transplantation of heart, liver, lung, heart-lung, heart-lung-liver, kidney or pancreas.

The diagnosis must be made by a specialist in the relevant field.

The diagnosis is considered to be made on the day of surgery.

In case of planned surgery, the child must be included on a waiting list.

The insurance also provides cover for completed transplantation with bone marrow or stem cells from another human being in other conditions than those stated in clause 1.8.1.2.

The insurance does not include:

- Transplantation of other organs, parts of organs, tissue or cells.

1.8.6 Disseminated sclerosis etc.

1.8.6.1 Multiple sclerosis

The insurance covers chronic disease of the central nervous system confirmed *either* by one or several episodes of neurological functional deficiency in various parts of the central nervous system followed by complete or partial remission in combination with at least two characteristic lesions in the white matter of the brain (with confirmed dissemination in time and space) on an MRI scan or by a clearly progressive attack *or* a severe attack where the diagnostic criteria for MS according to McDonald have been fulfilled.

The insurance also covers neuromyelitis optica with bilateral opticus neuritis or myelopathy and opticus neuritis as well as MRI changes in the central part of the medulla in more than three segments.

The diagnosis must have been made by a neurologist.

The insurance does not include:

- Cases solely of transverse myelitis or optic nerve atrophy
- Diagnosis of CIS

1.8.7 Major burns, frostbites and caustic burns

Third degree burns, frostbites or caustic burns covering at least 10% of the body.

The diagnosis must be confirmed by medical records from a burns unit.

1.8.8 Meningo-encephalomyelitis, etc.

1.8.8.1 Sequelae from encephalitis or meningitis

An infection in the brain, meninges or cranial nerve roots caused by bacteria, viruses, fungus, etc. which has caused permanent objective neurological injury in the child corresponding to a degree of permanent injury of 8% or more according to the permanent injury rating list prepared by the National Board of Industrial Injuries. It is a condition that:

- the diagnosis was made by a department of neurology or medical department where microorganisms in the cerebrospinal fluid can be identified, alternatively that a cerebrospinal fluid analysis can reveal an obvious inflammatory reaction with increased number of white blood cells
- a neurosurgeon has assessed that the sequela is stable. However, cover cannot be obtained until 3 months after diagnosis, at the earliest.

It applies especially to the following three diseases that:

- encephalitis due to malaria must be verified by parasites in the blood
- Tick-borne encephalitis must be verified by the presence of virus antibodies in serum and cerebrospinal fluid
- Japanese encephalitis must be verified by the presence of the Japanese encephalitis virus in blood and cerebrospinal fluid.

If the child has previously been diagnosed with the following, there is no entitlement to payment of benefits under this clause, see clauses 1.4 and 1.5:

- 1.8.13.2 Borreliosis infection after tick bite.

1.8.8.2 Borreliosis infection after tick bite

Neuroborreliosis due to tick bite which causes permanent objective neurological injury of 8% or more according to the permanent injury rating list prepared by the National Board of Industrial Injuries. It is a condition that:

- the diagnosis was based on analyses of cerebrospinal fluid or borreliosis specific antibodies or on MRI/CT scan and it must be confirmed by a neurologist, and
- a neurosurgeon has assessed that the sequela is stable. However, cover cannot be obtained until 3 months after diagnosis, at the earliest.