



ATLASLIFE

INTERNATIONAL LIFE INSURANCE



INTERNATIONAL
CITIZENS **INSURANCE**

Individual **Policy Conditions**



Table of **Contents**

Definition of Terms.....	3
Introduction to Product.....	4
Policy Benefits	5
Premium Options	7
Reinstatement of a Policy.....	7
Policy Indexation	7
Missatement of Personal Information	8
Changes to Policy Terms.....	8
Medical Second Opinion	8
Assignment of Policy	8
Appointment of Beneficiary.....	9
Cancellation Rights	9
Confidentiality and Data Protection.....	9
Changes to the Policy Conditions	10
Claims Procedure.....	10
Policy Exclusions.....	11
Complaints Procedure.....	11
Applicable Law.....	11
Critical Illness Definitions.....	12
Disability Definitions.....	16

IMPORTANT NOTICE

These policy conditions and the separate policy schedule constitute the legal contract at policy commencement between the policyholder and Atlas Life.

The contract is issued by Atlas Life and is based on the information provided by the life assured in the application form. In the event of a claim and in return for receiving the agreed premium, Atlas Life will pay the benefit shown in the policy schedule to the person or persons entitled to receive them.

These documents are valid for all policies issued after 1 January 2024 and should be read carefully and kept in a safe place.

1. Definition of **Terms**

ATLAS LIFE	Atlas Life Insurance (PCC) Limited is a non-domestic long term life insurance company authorised and regulated by the Seychelles Financial Services Authority with registration number 8416474-4
BENEFICIARY	The person nominated to receive the policy benefits in the event of a death claim
CANCELLATION NOTICE	The document that allows the policyholder to change their mind within the first 30 days
COMMENCEMENT DATE	The date shown in the policy schedule when the policy starts
COUNTRY OF RESIDENCE	The country where the life assured enjoys permanent residence status (or equivalent). The life assured must always inform us of any change in their country of permanent residence as there are a few high risk countries where we are unable to provide cover
CURRENCY	The currency in which the premium must be paid as stated in the policy schedule
EXCLUSIONS	The events that are not covered as shown in the policy conditions and policy schedule
EXPIRY DATE	The date shown in the policy schedule when the policy expires
LIFE ASSURED	The person whose life is being covered
MEDICAL OFFICER	A qualified doctor appointed by Atlas Life
PERMANENT	A medical condition that is expected to last throughout the lifetime of the life assured with no prospect of improvement
POLICY CONDITIONS	The document, together with the policy schedule, that forms the contract of insurance between Atlas Life and the policyholder
POLICY SCHEDULE	The document which shows the specific details of the policy including the life assured, term, premium, sum assured, commencement date and expiry date
POLICYHOLDER	The person or entity who owns the policy
PREMIUM	The amount of premium that must be paid for the policy to be maintained
REINSTATEMENT	The process to restore a suspended policy so that cover may continue
REMITTANCE DATE	The date on which the premium becomes due
SUM ASSURED	The amount payable under the policy
WE/OUR/US	Atlas Life Insurance (PCC) Limited
YOU/YOUR	The legal entity named as policyholder in the policy schedule

2. Introduction to **Product**

These policy conditions and the policy schedule sets out your contract with us and shows who owns the policy, who the life assured is, the amount of life cover, any additional benefits selected, the term, the start date, the end date and the premium applicable.

TYPE OF COVER

The policy provides a lump sum death benefit, including an automatic terminal illness benefit upon diagnosis. You can also add a critical illness benefit or a disability benefit.

The policy can be written on a single or joint life basis. For joint life, you can choose whether the benefit is paid when the first life assured dies (joint life first death) or when both lives have died (joint life second death).

The policy can be denominated in either US\$, £ or €. The premium must be paid in the same currency as the policy. The policy is not a savings contract and has no cash value at any time.

ENTRY AGES AND COVER LIMITS

Life cover

- The minimum entry age is 19 next birthday and the maximum entry age is 70 next birthday
- The minimum term is 5 years and the maximum term is to age 99
- The minimum cover limit is US\$100,000 and there is no maximum cover limit
- For joint life second death, the policy expires when the older life reaches the selected expiry age

Critical illness cover

- The minimum entry age is 19 next birthday, the maximum entry age is 60 next birthday
- The term selected must be the same as for the life cover however the benefit will expire at age 65, should that occur before the end of the term of the life cover
- The minimum cover limit is US\$100,000 and the maximum cover limit is US\$1 million or currency equivalent
- The critical illness benefit is an accelerated benefit and is not available on a stand alone basis

Disability cover

- The minimum entry age is 19 next birthday, the maximum entry age is 60 next birthday
- The term selected must be the same as for the life cover however the benefit will expire at age 65, should that occur before the end of the term of the life cover
- The minimum cover limit is US\$100,000 and the maximum cover limit is US\$3 million or currency equivalent
- The disability benefit is an accelerated benefit and is not available on a stand alone basis

3. Policy **Benefits**

In addition to the life cover, we offer additional benefits that cover a wide range of illnesses and health conditions to help our policyholders if the unthinkable happens. For each benefit we have set out model definitions as well as an additional explanation on pages 12 to 17 to provide further clarity for policyholders. Where relevant, we have also included any exclusions that may be applicable.

TERMINAL ILLNESS BENEFIT

The policy includes a lump sum terminal illness benefit which is an advance payment of the death benefit if the life assured is diagnosed as terminally ill. Terminal illness is defined as a definite diagnosis by the attending medical specialist of an illness that satisfies both of the following:

- The illness has either no known cure or has progressed to the point where it cannot be cured
- In the opinion of the attending medical specialist, the illness is expected to lead to death within 12 months

No terminal illness claim can be made after the death of the life assured or within 12 months of the policy expiry date. Once a terminal illness claim has been paid the policy will end.

CRITICAL ILLNESS BENEFIT

The policy includes an option to select critical illness cover as an additional benefit whereby a lump sum will be paid if the life assured is diagnosed with a condition that falls within the scope of the benefit definitions. The critical illness cover is only available in conjunction with the life cover and cannot exceed the life cover sum assured.

- The critical illness cover is an accelerated benefit i.e. if a claim is made, the level of the life cover will be reduced by the same amount which may mean the policy comes to an end
- If disability cover is selected alongside critical illness cover and the life assured is diagnosed with a condition that falls within the scope of both benefit definitions you may be able to claim under both benefits, however, the maximum amount you can claim cannot exceed the life cover
- All claims will require diagnosis by a medical specialist relevant to the condition and additional reports may be required together with other specific information about the medical condition of the life assured. These may include reports on any other medical investigations that have been performed and in certain circumstances the life assured may also be requested to undergo further independent medical assessment.

No benefit will be payable if the critical illness claim, in whole or part, results from a self inflicted injury or attempted suicide, including during insanity. A claim will not be paid where a material fact has not been disclosed or where it is proven that false information has been provided.

3. Policy **Benefits** (continued)

DISABILITY BENEFIT

The policy includes an option to select disability and physical impairment cover as an additional benefit whereby a lump sum payment will be paid if, through illness or accident, the life assured is unable to perform at least four of the 'activities of daily living' definitions or satisfies the definitions of 'physical impairment'. The disability cover is only available in conjunction with the life cover and cannot exceed the life cover sum assured.

- The disability cover is an accelerated benefit i.e. if a claim is made, the level of the life cover will be reduced by the same amount which may mean the policy comes to an end
- If the critical illness cover is selected alongside the disability cover and the life assured is diagnosed with a condition that falls within the scope of both benefit definitions you may be able to claim under both benefits, however, the maximum amount you can claim cannot exceed the life cover
- Certain conditions will require diagnosis by a medical specialist relevant to the cause of the claim and additional reports may be required together with other specific information about the medical condition of the life assured. These may include reports on any other investigations that have been performed and in certain circumstances, the life assured may also be requested to undergo a further independent medical assessment
- The standard deferment period is 6 months, however if the disability is confirmed as permanent in nature earlier by a registered medical specialist, the remaining portion of the deferred period may be waived

No benefit will be payable if a disability claim, in whole or part, results from a self inflicted injury or attempted suicide, including during insanity. Any claim will not be paid where a material fact has not been disclosed or where it is proven that false information has been provided.

DISABILITY EXCLUSIONS

No benefit will be paid in the event of a disability as a result, whether directly or indirectly, of participation in any hazardous activities, including but not limited to:

- Mountaineering: solo climbing, extreme climbing, ice climbing and altitude climbing above 6,000 metres
- Diving: commercial diving, cave diving, wreck diving, diving at depths greater than 30 metres
- Gliding: paragliding, hang gliding, parasailing, fixed wing gliding
- Base jumping, skydiving, parachuting, sky surfing
- Private and commercial flying, other than as crew or fee paying passenger on a scheduled flight of a registered commercial airliner
- Motorised racing, including speed contests or speed trials of any kind
- Fighting of any kind except in self defence, including boxing, kick boxing and wrestling

4. Premium Options

The policy is subject to a minimum life cover premium of US\$500 per annum, US\$150 per quarter, US\$50 per month, or currency equivalent.

We offer two premium options:

- Level: the premium is actuarially calculated to remain unchanged for the full term of the policy
- Age related: the premium is actuarially calculated to increase each year as you get older

Your premium may be reviewed at the discretion of our reinsurers however, you have the option to guarantee your premium, which means the premium will not change during the term of the policy. There is an extra cost applied to the premium if you wish to add the guarantee option.

The premium is stated in the policy schedule and can be paid either annually, quarterly or monthly by credit card, debit card or telegraphic transfer.

If the premium remains unpaid for 30 days following the remittance date, the policy will become suspended and the life assured will no longer be on risk at which point, Atlas Life will have no liability for any claims incurred.

5. Reinstatement of a Policy

From the date of suspension, a policy may be reinstated within 90 days upon request from the policyholder and payment of all premiums in arrears.

The reinstatement of a suspended policy is at the discretion of Atlas Life and may require further evidence of insurability. The life assured will be required to complete a declaration of continued good health form and the terms on which the policy may be reinstated can be subject to change.

Following the date of suspension if a policy is not reinstated within 90 days, it will be cancelled and Atlas Life will be relieved of all its contractual obligations as of the last date to which premiums have been paid. Should reinstatement be requested beyond this period, this will be subject to standard underwriting and the policy terms may vary from those originally offered.

6. Policy Indexation

This option enables the level of cover to increase automatically each year without a requirement for further medical underwriting.

At policy anniversary we will apply an increase of 5.0% to the sum assured of the life cover and any additional benefits selected, in return for an increase in premium of 6.7%. The annual premium increase takes into account the fact that the life assured is one year older at policy anniversary.

We will notify you of the increase in cover and the new premium amount at policy anniversary.

You do not have to select the Indexation option at policy commencement however if you wish to activate it at a later stage it is likely that we will require further medical underwriting at that time.

7. Misstatement of **Personal Information**

During the application process, you were asked questions about your personal circumstances to enable Atlas Life to evaluate your medical condition and calculate the appropriate premium.

We reserve the right to cancel a policy at any time if we find out that the information given by, or on behalf of a policyholder or life assured is untrue, inaccurate or incomplete. The misstatement of personal details in your life insurance application may result in any claim being rejected, the policy being cancelled from inception and the full loss of all premiums paid.

For example, withholding material facts regarding your age, health or financial status may result in the repudiation of any claim.

8. Changes to **Policy Terms**

Once the policy is on risk you can request that certain changes are made such as decreasing the amount of a benefit or decreasing the policy term subject to the policy minimums.

If you wish to increase the amount of a benefit or increase the policy term these may require further underwriting and we will use your age at the time we are asked to make the change to determine the new premium applicable.

We reserve the right to amend the policy terms as a result of any change in your personal circumstances which increases the cost of maintaining the policy or affects our ability to fulfil our obligations under the policy.

We will normally make any changes with effect from the next annual policy anniversary.

9. Medical **Second Opinion**

As the life assured, you will be automatically registered for our medical second opinion service which provides access to a network of international specialist hospitals and clinics around the world.

Should you become seriously ill, this service provides you with an alternative consultation on your condition and treatment programme from a team of world leading specialists without having to leave your home.

The cost of the initial consultation is provided free of charge and any further costs including travel or resulting treatment and medication are to be paid by the life assured.

10. Assignment of **Policy**

If it is required to transfer ownership of the policy to another person or entity, we will only register the assignment if we are provided with relevant documentation including our assignment form and full due diligence on the assignee.

11. Appointment of **Beneficiary**

If you are the policyholder you may nominate one or more beneficiaries to receive the benefit payable in the event of the death of the life assured. The nominated beneficiary may be an individual, corporation or trust and they may only be appointed by completing the Atlas Life nomination of beneficiary form.

You may change a nomination or revoke a previous nomination at any time however the change will not take effect until we receive and acknowledge a new nomination form. A nominated beneficiary has no rights under the policy other than to receive their share of the policy proceeds after a claim has been admitted.

If the policy is jointly owned then the form must be signed by both policyholders otherwise it will not be valid. If ownership of the policy is assigned to another person or entity, then any previous nomination will automatically be revoked.

12. Cancellation **Rights**

When you are accepted on risk you have the right to change your mind and cancel the policy within 30 days of receiving the cancellation notice document. If you decide to cancel the policy within 30 days, you will receive a refund of your premium paid less any medical and administration expenses incurred.

After 30 days, you continue to have the right to cancel your policy at any time and if you do so, the policy will come to an end and all benefits will cease. The policy does not have a cash-in value and we will not refund any premiums paid if you cancel outside of the 30 day period.

We have the right to cancel your policy if we find out at any time that information given by, or on behalf of, a policyholder or a life assured is not true, accurate or complete.

We also have the right to cancel your policy or not to pay a claim if you have failed:

- to pay your premiums
 - to disclose any changes in the personal circumstances of the life assured that occurred during the application process and prior to acceptance of risk, which would have affected the terms of cover offered
 - to tell us of any changes in the health of the life assured that have occurred during the application process, prior to the acceptance of risk
 - to inform us of a change in the country of residence or occupation of the life assured as there are a few, high risk countries and occupations where we are unable to offer cover. Should this occur, a decision will be taken on whether cover can continue, and if so, under what conditions
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13. Confidentiality and **Data Protection**

Atlas Life is committed to processing data in accordance with its responsibilities under the Seychelles Data Protection Act 2003 and we also adopt many additional security protocols that were introduced within the General Data Protection Regulations Act of 2018.

All personal data collected in our application process is held in strictest confidence and stored securely using modern software systems which include a back-up and disaster recovery solution. Internal access to policyholder information is limited to only personnel who need access and all data is processed in a manner that ensures appropriate security at all times.

Policyholders may request access to their personal data at any time.

14. Changes to the **Policy Conditions**

Atlas Life reserves the right to appropriately adjust the terms and conditions under this policy to accommodate the following:

- Any regulatory or legislative change including tax
 - Any change in circumstances, beyond our control, which increases the cost to us of maintaining the policy
 - A substantial change to the underlying actuarial data upon which the benefits and premiums were calculated
 - The non-cancellation of existing cover by the policyholder if advised to do so by Atlas Life
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15. Claims **Procedure**

Atlas Life must be notified within 90 days of a claim event and we will require certain documents to enable us to consider the claim.

Atlas Life will require the following evidence for death claims:

- Completed claim form
- Certified copy of death certificate
- A post mortem or coroner report
- Medical records of the deceased
- Completed personal medical attendant report
- Details of the beneficiaries
- Inquest findings (where appropriate)

Atlas Life will require the following evidence for terminal illness, critical illness and disability claims:

- Completed claim form
- Confirmation by a medical specialist that the relevant policy definition has been met
- Completed personal medical attendant report including copies of supporting medical evidence

We reserve the right to request any additional information as we consider relevant and appropriate at the time of the claim. In certain instances, this may include an assessment by an independent medical officer.

Following admittance of the claim, we will make payment directly to the legal owner of the policy, or if that person has died, to their nominated representative or beneficiary.

If the policy is held in a corporate structure such as a company or trust, we will make payment to the management company as owner of the policy. The policy benefit can only be paid to the bank account of the nominated representative or beneficiary.

16. Policy **Exclusions**

General exclusions

No benefit will be payable if the claim arises directly or indirectly, or is caused by the following:

- Active participation in war, civil commotion, riot, terrorist activity, rebellion or any other acts of violence originating from civil unrest
- Any breach of criminal law by the life assured such as drinking and driving
- Nuclear explosion or radioactivity
- Suicide or attempted suicide by the life assured, whether sane or insane, within two years of the commencement date or subsequent reinstatement of the policy

Critical illness and disability exclusions

In addition to the general exclusions listed above, no benefit will be payable if a critical illness or disability claim arises directly or indirectly, or is caused by the following:

- Intentional self inflicted injury
- Alcohol, drug or chemical abuse. This means inappropriate use of alcohol, drugs or other chemicals, including but not limited to the following:
 - consuming too much alcohol
 - misuse, including overdose, of drugs whether lawfully prescribed or otherwise
 - taking controlled drugs otherwise than in accordance with a lawful prescription
 - solvent abuse
- Mental or functional nervous disorders or any non-specific chronic viral infection or any chronic fatigue syndrome (applicable to the definitions relating to 'activities of daily living' or 'physical impairments').
- Infection or complications from Human Immunodeficiency Virus (HIV) including the presence of antibodies to such a virus or any variance such as Acquired Immune Deficiency Syndrome (AIDS) and Aids Related Complex (ARC).

17. Complaints **Procedure**

Our aim is to give service excellence to all our policyholders and we hope you will not feel the need to ever complain but if you do, we will acknowledge your complaint promptly and aim to resolve it as quickly as possible.

If a complaint requires a more detailed response we will contact you within 5 working days of receipt and give you an expected date of reply.

18. Applicable **Law**

Atlas Life Insurance (PCC) Company Limited is regulated by the Financial Services Authority in the Seychelles as a non-domestic life insurer under the Seychelles Insurance Act (2008).

The policy is governed by the laws of the Seychelles. This does not prejudice your right of recourse to the law of any jurisdiction and does not preclude the right to bring legal action in any relevant court.

Critical Illness **Definitions**

CANCER - excluding less advanced cases

POLICY DEFINITION	WHAT DOES THIS MEAN?
<p>Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.</p> <p>The term malignant tumour includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> • All cancers which are histologically classified as any of the following: <ul style="list-style-type: none"> - Pre-malignant - Non-invasive - Cancer in situ - Having borderline malignancy - Having low malignant potential • All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification T2bN0M0. • Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A. • Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin). 	<p>Cancer (also known as a malignant tumour) is a disease where normal cells change and grow in an abnormal way.</p> <p>If left untreated, they can destroy surrounding healthy cells and eventually destroy healthy cells in other parts of the body.</p> <p>Some cancers are not covered by this definition.</p> <p>These tend to be ones that have not yet spread or are localised and can usually be successfully treated.</p> <p>Examples of these include some skin cancers and early stage prostate cancer.</p>

HEART ATTACK - of specified severity

POLICY DEFINITION	WHAT DOES THIS MEAN?
<p>Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:</p> <ul style="list-style-type: none"> • Typical clinical symptoms (for example, characteristic chest pain) • New characteristic electrocardiographic changes • The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher <ul style="list-style-type: none"> - Troponin T > 200 ng/L (0.2 ng/ml or 0.2 ug/L) - Troponin I > 500 ng/L (0.5 ng/ml or 0.5 ug/L) <p>The evidence must show a definite acute myocardial infarction.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> • Other acute coronary syndromes • Angina without myocardial infarction 	<p>A heart attack, also known as a myocardial infarction, happens when part of the heart muscle dies because it has been starved of oxygen.</p> <p>This causes severe pain and an increase in cardiac enzymes, which are released into the blood stream from the damaged heart muscle.</p> <p>This definition does not cover other acute coronary syndromes or angina without myocardial infarction.</p>

Critical Illness **Definitions** (continued)

STROKE - resulting in permanent symptoms

POLICY DEFINITION	WHAT DOES THIS MEAN?
<p>Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms.</p> <p>A neurologist or neurosurgeon must confirm evidence of a permanent neurological deficit at least three months after the event prior to which no claims can be admitted.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> • Transient ischaemic attack • Migraine • Vascular disease affecting the eye or optic nerve • Cerebral injury resulting from trauma or systemic hypoxia 	<p>Strokes are caused by a sudden loss of blood supply or haemorrhage to a particular part of the brain.</p> <p>The symptoms and how well a person recovers will depend on which part of the brain is affected and the extent of the damage. Strokes are a significant cause of disability around the world.</p> <p>A transient ischaemic attack, sometimes referred to as a 'mini-stroke', is similar to a stroke. These are not covered by this definition, because symptoms will usually disappear within 24 hours.</p>

CORONARY ARTERY BY-PASS GRAFTS - with surgery to divide the breastbone

POLICY DEFINITION	WHAT DOES THIS MEAN?
<p>The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.</p>	<p>Coronary arteries can become narrowed or blocked by the build up of fatty deposits caused by poor lifestyle such as high fat diet, smoking and high blood pressure.</p> <p>This may cause symptoms including chest pain and can sometimes cause a heart attack. Coronary artery by-pass surgery is used to treat blocked arteries in the heart by diverting the blood supply around the blocked artery using a vein, usually taken from the leg, arm or chest.</p> <p>This definition covers surgery if it requires the heart to be reached by a surgical incision through the chest wall or sternum (breastbone), to replace the blocked arteries with a vein. This definition does not cover keyhole surgery or other surgical procedures to treat blocked arteries such as balloon angioplasty or insertion of stents.</p>

Critical Illness **Definitions** (continued)

COMA - with associated permanent symptoms

POLICY DEFINITION	WHAT DOES THIS MEAN?
<p>A state of unconsciousness with no reaction to external stimuli or internal needs which:</p> <ul style="list-style-type: none"> Requires the use of life support systems for a continuous period of at least 96 hours; and With associated permanent neurological deficit with persisting clinical symptoms <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> Medically induced coma Coma secondary to alcohol or drug abuse 	<p>A coma is a state of unconsciousness from which the patient cannot be aroused and has no control over bodily functions.</p> <p>It may be caused by illness, stroke, infection, very low blood sugar or serious accident.</p> <p>Recovery rates vary, depending upon the depth and duration of the coma.</p> <p>This definition does not cover medically induced coma or coma secondary to alcohol or drug abuse.</p>

MAJOR ORGAN TRANSPLANT - from another donor

POLICY DEFINITION	WHAT DOES THIS MEAN?
<p>The actual undergoing as a recipient of, or inclusion on an official waiting list for, a transplant from another donor of a heart, kidney, liver, lung, pancreas or bone marrow. The transplant must be medically necessary and based on objective confirmation of irreversible organ failure.</p> <p>The following are not covered:</p> <ul style="list-style-type: none"> The undergoing of an organ transplant as a result of direct or indirect alcohol or drug abuse Transplant of any other organs, parts of organs, tissues or cells 	<p>Occasionally, an organ may become so diseased that it needs to be replaced.</p> <p>You will be covered as soon as you are put on an official waiting list because it may take a long time to find a donor.</p> <p>This definition does not cover the undergoing of an organ transplant as a result of direct or indirect alcohol or drug abuse, or transplant of any other organs, parts of organs, tissues or cells</p> <p>This benefit does not include donating an organ.</p>

KIDNEY FAILURE - requiring permanent dialysis

POLICY DEFINITION	WHAT DOES THIS MEAN?
<p>Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is permanently required.</p>	<p>The kidneys perform an important role filtering the body's waste to pass as urine. If the kidneys fail, there is a harmful build up of the body's waste products.</p> <p>In severe cases it may be necessary for the filtering to be done by a dialysis machine.</p>

Critical Illness **Definitions** (continued)

PARALYSIS OF LIMBS - total and irreversible

POLICY DEFINITION	WHAT DOES THIS MEAN?
<p>The total, permanent and irreversible loss of muscle function to the whole of any two limbs as confirmed by a neurologist or neurosurgeon and supported through diagnostic tests.</p>	<p>In order for the body to move the brain must send signals to the muscles via the spinal column or nervous system.</p> <p>A person may become paralysed or become paraplegic when these signals fail to reach their destination. Often this is caused by disease although more commonly by injury to the spinal cord.</p> <p>Paraplegia, Quadriplegia and Hemiplegia are all covered under this benefit.</p>

THIRD DEGREE BURNS - covering 20% of the body's surface area

POLICY DEFINITION	WHAT DOES THIS MEAN?
<p>Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area.</p>	<p>Third degree burns are the most serious type of burns, involving the full thickness of the skin and underlying connective tissue.</p> <p>These can be life threatening and need numerous skin grafts.</p> <p>The burns must cover at least 20% of the body's surface area.</p>

BLINDNESS - permanent and irreversible

POLICY DEFINITION	WHAT DOES THIS MEAN?
<p>The total, permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.</p> <p>A registered ophthalmologist must certify the severity of the loss of vision.</p> <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> • Temporary blindness 	<p>This means permanent loss of vision. It is measured with a Snellen eye chart: the chart commonly used by opticians, which consists of a gradually decreasing series of letters and numbers.</p> <p>3/60 vision means you can only read a letter or number at three metres that a person with normal vision can read at 60 metres.</p> <p>To claim, your vision must be 3/60 or worse in your better eye despite using glasses, visual aids or surgical correction.</p>

Please note that in the event of a claim, the Critical Illness 'Policy Definition' will be used to assess the validity of the claim and not the 'What Does This Mean' explanation.

Disability **Definitions**

ACTIVITIES OF DAILY LIVING	
POLICY DEFINITION	WHAT DOES THIS MEAN?
<p>The eligibility for a claim under this benefit will only be assessed if the life assured is permanently unable to perform at least four of the following activities of daily living:</p> <ul style="list-style-type: none"> • FEEDING AND EATING the inability to chew and swallow solid food and requires liquid meals or tube feeding and/or the inability to eat with utensils and having to be fed by another person • WASHING AND BATHING the inability to wash the upper body and face without assistance or supervision • DRESSING AND GROOMING the inability to independently put on any items of clothing • TOILETING AND CONTINENCE complete incontinence that requires the wearing of nappie or an indwelling catheter • TRANSFER the inability to transfer independently from a bed to a chair • WALK total inability to walk five steps independently • STAIRS total inability to negotiate three consecutive stairs • TELEPHONE unable to operate or use the telephone under any circumstances • SHOPPING AND PERSONAL FINANCE unable to perform a basic purchase of two daily items such as bread and milk • TRANSPORT unable to travel at all by any means of transport 	<p>The Disability Benefit will be paid as a lump sum if due to an injury, illness, disease or condition, the life assured is unable to perform four daily personal tasks known as 'Activities of Daily Living'</p> <p>A relevant medical specialist must diagnose the life assured for a claim to be submitted.</p>

Disability **Definitions** (continued)


PHYSICAL IMPAIRMENT	
POLICY DEFINITION	CLAIM EVENT - AMOUNT OF SUM
Total Loss of Vision – an ophthalmologist must diagnose total and permanent loss of all vision with no light perception in the eye.	Total Vision loss in one Eye 50% Total Vision loss in both Eyes 100%
Total Loss of Speech – a neurologist must diagnose total, permanent irrecoverable loss of the ability to speak.	Total loss of Speech 100%
Total Loss of Hearing – an ear, nose and throat specialist must diagnose total, permanent irrecoverable loss of hearing in both ears at 80 decibels.	Total loss of Hearing 100%
Major Burns – third degree burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 30% of the body's surface area according to the Lund and Browder body surface chart.	Major Burns 100%
Total Loss of Foot – the total and permanent loss of the use of a foot. For this purpose a foot includes the ankle joint. It includes amputation where amputation refers to a complete physical severance of a leg below the knee or through or above the ankle. Radiological evidence of irreversible joint destruction must be provided.	Total loss of one Foot 50%
Total Loss of Leg – the total and complete and permanent loss of the use of a leg. For this purpose a leg includes the hip joint. It includes amputation where amputation refers to a complete physical severance of a leg through or above the knee. Radiological evidence of irreversible joint destruction must be provided.	Total loss of one Leg 50%
Total Loss of Hand – the total and permanent loss of the use of a hand. For this purpose a hand includes the wrist joint. It includes amputation where amputation refers to a complete physical severance of an arm below the elbow or above or through the metacarpal bones of the hand. Radiological evidence of irreversible joint destruction must be provided.	Total loss of one Hand 50%
Total Loss of Arm – the total and permanent loss of the use of an arm. For this purpose an arm includes the shoulder joint. It includes amputation where amputation refers to a complete physical severance of an arm above the elbow. Radiological evidence of irreversible joint destruction must be provided.	Total loss of one Arm 50%
Combination Loss – a combination of any loss of, or loss of use of, any two of the following as long as they are not part of the same limb: <ul style="list-style-type: none"> • Hand • Arm • Foot • Leg Radiological evidence of irreversible joint destruction must be provided.	Combination Loss 100%

Please note that in the event of a claim, the Disability 'Policy Definition' will be used to assess the validity of the claim and not the 'What Does This Mean' explanation.



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Atlas Life is proud to support the **Seychelles Islands Foundation**

The Seychelles is an archipelago of 115 islands in the Indian Ocean. It is known for its pristine beaches, coral reefs, nature reserves and rare wildlife such as the giant Aldabra Tortoise and the Hawksbill Turtle. The islands are also home to two world heritage sites, namely Vallee de Mai and Aldabra.

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