

# 10-Year Critical Illness Insurance Wording

## Union Income Benefit Holdings Plc

### Introduction

Under this 10-Year plan we will pay the sum assured if you suffer from a specified critical illness within the terms of the certificate. This document gives details of all the illnesses and conditions, which we include in the critical health protector plan.

Following these definitions are details of exclusions and limitations covering certain situations where we cannot provide critical illness cover.

This insurance is provided by Sterling Life Limited

### Cover

When we accept you, and if you have paid the premium shown in the schedule we will provide cover. If you are diagnosed after the start date as having one of the critical illnesses and survive for at least 28 days after you are diagnosed, we will pay you the sum assured as shown in the schedule. You can claim benefit for only one of the specified critical illnesses throughout the period of insurance as once a claim is paid the cover ceases.

### Definitions

<b>Application -</b>	the application form you have filled in and any other information you have given to us in writing or which has been given to you in writing and which forms part of this contract of insurance.
<b>Certificate of Insurance- Consultant- Geographical limits-</b>	the schedule and wording any endorsement that may be attached. a doctor who has a specialist qualification in relation to a specific medical condition. the United Kingdom and Channel Islands.
<b>You, your- Premium- Start Date- We, us, our-</b>	the insured person named in the certificate of insurance. the amount you pay to us as shown in the certificate of insurance. the date cover starts as shown in the certificate of insurance. Compass Underwriting Limited for Sterling Life Limited.

### Critical illnesses we cover

We will cover the following critical illnesses depending on any terms or limitations shown in this certificate.

- 1. Alzheimer's Disease before the age of 65**  
Means the unequivocal diagnosis of Alzheimer's disease before age 65 by a consultant neurologist confirming dementia due to failure of brain function with permanent, significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment is defined as deterioration or loss of intellectual capacity as measured by clinical evidence and standardised testing, and which results in a requirement for continued supervision to protect your life or others.
- 2. Aorta Graft Surgery**  
Undergoing surgery for disease of the aorta needing excision and surgical replacement of the portion of the diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches.
- 3. Benign Brain Tumour**  
A non-malignant tumour in the brain resulting in permanent deficit to the neurological system. Tumours or lesions in the pituitary gland are not covered.
- 4. Blindness**  
Total permanent and irreversible loss of all sight in both eyes.
- 5. Cancer**  
A malignant tumour characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term cancer includes leukaemia and Hodgkin's disease, but the following are excluded:
  - 5.1** All tumours which are histologically described as pre-malignant, as non-invasive or as cancer in situ.
  - 5.2** All forms of lymphoma in the presence of any Human Immunodeficiency Virus.
  - 5.3** Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus.
  - 5.4** Any skin cancer other than malignant melanoma.
- 6. Coma**  
A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of life support systems for a period of at least 96 hours and resulting in permanent neurological deficit. Coma secondary to alcohol or drug misuse is not covered.
- 7. Coronary artery by pass surgery**  
The undergoing of open heart surgery on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts but excluding balloon angioplasty, laser relief or any other procedures.
- 8. Deafness**  
Total permanent and irreversible loss of all hearing in both ears.
- 9. Heart attack**  
The death of a portion of the heart muscle as a result of inadequate blood supply as evidenced by an episode of typical chest pain, new electrocardiograph changes and by the elevation of cardiac enzyme levels. The evidence must be consistent with the diagnosis of heart attack.
- 10. Heart Valve Replacement or Repair**  
Undergoing open-heart surgery from medical necessity to replace or repair one or more heart valves.
- 11. Kidney failure**  
End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is initiated.
- 12. Loss of Independent Existence**  
Being permanently and totally disabled as a result of injury or illness and being totally and permanently incapable of performing three or more of the activities defined below without physical assistance of another person or with or without the use of mechanical equipment, special devices or other aids and adaptations in use for the disabled person. *The activities of daily living are: **Washing and bathing** – the ability, by any means to wash so that a reasonable level of personal hygiene and cleanliness can be maintained; **Dressing** – the ability to put on or take off all necessary items of clothing or medically required equipment such as a brace or artificial limb; **Using the toilet** – the ability to get on or off the toilet or commode and to maintain an adequate level of personal hygiene; **Mobility and transfer** – the ability to move from one room to another adjoining room or from one side of the room to another or to get in and out of a bed or chair; **Feeding** – ability to feed yourself once food has been prepared and made available; **Continence** – the ability to either control voluntarily bowel and bladder functions, or to maintain an adequate level of personal hygiene.*
- 13. Loss of Limbs**  
The permanent physical severance of two or more limbs from above the elbow or knee.
- 14. Loss of Speech**  
Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease.
- 15. Major Organ transplant**  
The actual undergoing as a recipient of, or inclusion on an official UK waiting list for, a transplant of a heart, liver, lung, pancreas or bone marrow.
- 16. Motor Neurone Disease before age 65**  
Confirmation by a consultant neurologist of a definite diagnosis of Motor Neurone disease before age 65.
- 17. Multiple Sclerosis**  
A definite diagnosis by a consultant neurologist of multiple sclerosis which satisfies all of the following criteria.
  - 17.1** There must be current impairment of motor or sensory function which must have persisted for a continuous period of at least six months.
  - 17.2** The diagnosis must be confirmed by diagnostic techniques current at time of the claim.

18. **Paralysis/Paraplegia**  
Total irreversible loss of muscle function or sensation to the whole of any two limbs as a result of injury or disease. The disability must be permanent and supported by appropriate neurological evidence.
19. **Parkinson's Disease before age 65**  
Confirmation by a consultant neurologist of a definite diagnosis of Parkinson's disease before age 65. Parkinson's disease secondary to alcohol or drug misuse is not covered.
20. **Stroke**  
A cerebrovascular incident resulting in permanent neurological damage. Transient ischaemic attacks are specifically excluded.
21. **Terminal illness**  
Advanced or rapidly progressive incurable illness where, in the opinion of an attending consultant and our Chief Medical Officer, the life expectancy is no greater than 12 months. (There is a specific exclusion on this section – please see exclusion 4).
22. **Third Degree Burns**  
Third degree burns covering at least 20% of the surface area of your body.

#### Claim conditions

1. You must give us written notice of a claim within 30 days of diagnosis (or as soon as reasonably possible).
2. We will not consider a claim under this insurance until we have received a completed claim form together with satisfactory medical evidence, proof of your age and any other documents we may reasonably need.
3. You can only claim benefit for one of the specified critical illnesses throughout the period of insurance.
4. If you make a claim under this insurance you must allow us to see all medical records, notes and correspondence referring to the claim or related conditions if we ask.
5. We have the right to ask you to be medically examined. We will pay any costs involved.
6. Until we confirm that your claim is valid you must continue to pay any relevant premiums as originally shown in the certificate.
7. We can delay our decision on your claim if we are waiting for medical evidence.

#### General conditions

1. If we discover any fraud or that you have hidden any facts relating to this insurance, we will end this cover and return all premiums paid by you and you must immediately repay us any money we have paid you arising from a benefit under this plan.
2. You and us are free to choose the law applicable to this insurance contract. Unless specifically agreed to the contrary this insurance will be subject to English law and the English courts alone shall have jurisdiction.
3. You must have lived within the geographical limits for at least 12 months at the time you apply for cover. You must tell us in writing if you move outside the geographical limits while this certificate is in force for any period lasting longer than 13 weeks.
4. You must be aged 18 or over, but under age 55 when the certificate began. Cover will then continue, as long as you pay premiums and meet all other certificate conditions, for a period of ten years.
5. This certificate has no cash value.
6. The certificate will end after we have agreed to accept a claim arising under this certificate and you will then pay no further premiums.
7. You understand that any information provided to us about you will be processed by us, in compliance with the provisions of the Data Protection Act 1998 for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties.

#### Claims procedure

If you want to make a claim, contact either Union Income Benefit Holdings Plc or us. When you send us the claim form you must give your certificate reference and state under which section you are making a claim.

You should tell us about all circumstances that are likely to give rise to a claim under this insurance within 30 days of you being diagnosed.

#### Premiums and cancellation

1. You must pay premiums by direct debit from your bank or building society account, every month. If we do not receive any premium after 15 days from the date it was due or if you cancel the direct debit without replacing it, this certificate will end. We will only reinstate this certificate if you send us satisfactory evidence of insurability and all premiums you have missed.
2. You may cancel this insurance within 15 days after the start date by returning all certificate documents to Compass Underwriting Limited at 40 Lime Street, London, EC3M 7AW and we will return any premiums you have paid. You must have not made a claim. If you do not do this, we will assume you have accepted this insurance and agree to keep to its terms and conditions.
3. You then have the right to cancel this certificate at any time by giving written notice to Compass Underwriting Limited 40 Lime Street, London, EC3M 7AW. However, we will not return any premium that you have paid up to the date of the cancellation. Cancellation will apply at the end of the period for which you have paid the premium. You will be responsible for cancelling the direct debit.

#### Exclusions

We will not be liable for any critical illness claim directly or indirectly caused by:

1. You deliberately injuring yourself or from alcohol or drug misuse;
2. A medical condition which you had before the cover began but you did not put on the application form for this insurance;
3. You not getting or following medical advice if our appointed medical officer thinks it was reasonable for you to do this;
4. Terminal illness is not covered if the diagnosis is made either within 3 months after the start date or within the last 12 months of the 10-year term.

#### Complaints procedure

We always try to provide a first-class standard of service. However, if you have a complaint, you should contact the intermediary who arranged this insurance for you.

If they cannot sort the matter out, please write to the Managing Director of Compass Underwriting Limited 40 Lime Street, London, EC3M 7AW or phone 020 7398 0100 or e-mail [complaints@compassuw.co.uk](mailto:complaints@compassuw.co.uk)

If you are remain unsatisfied please write to the Managing Director, Sterling Life Limited, Ambassador House, Paradise Rd, Richmond, Surrey TW9 1SQ.

If you are still not satisfied with the way a complaint has been dealt with, you may approach the Insurance Ombudsman Bureau, South Quay Plaza, 183 Marsh Wall, London, E14 9SR to review your case. This will not affect your rights to take legal action.

If you do not follow any of these procedures, it will not affect your right to take legal action.

Signed for and on behalf of underwriters, Compass Underwriting Limited



AEC Briant Managing Director

# 10-Year Critical Illness Insurance Union Income Benefit Holdings Plc

## Your Guide to Critical Illness Definitions

This section is intended to give you an explanation of all the critical illnesses covered by your Critical Illness Plan. As these relate to medical conditions, they have to be defined in medical terms in your certificate. Some definitions therefore may not be too easy to understand.

We hope that the explanations, which follow, will help you to appreciate the relevance of the terms used, and that as a result, you have a better understanding of your cover. However, the explanations are not the technical description of the conditions and it is the certificate that will be used to determine if a claim is valid.

### Alzheimer's Disease before the age of 65

*Means the unequivocal diagnosis of Alzheimer's disease before the age of 65 by a consultant neurologist confirming dementia due to failure of brain function with permanent, significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment is defined as deterioration or loss of intellectual capacity as measured by clinical evidence and standardised testing, and which results in a requirement for continued supervision to protect your life or others.*

The actual cause of Alzheimer's disease is unknown but is a progressive disease causing degeneration of the brain. The first symptoms are failing memory followed by a general decline in other areas of mental ability. Aspects that are permanently affected include memory, personality and cognition. Cognition is a description for the mental process by which a person acquires knowledge.

A claim will be paid once a neurologist has made a definite diagnosis and there is evidence that confirms the deterioration in mental ability.

### Aorta Graft Surgery

*Undergoing surgery for disease of the aorta needing excision and surgical replacement of the portion of the diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches.*

The aorta is the main vessel which takes blood from the heart to supply other parts of the body. This vessel can become weakened and where the wall of the artery is thin it balloons outward in a condition known as an aneurysm. The aorta can also become blocked due to a build-up of fatty material. If either of these conditions is diagnosed and requires treatment by surgery involving the removal and replacement of the affected part with a graft, a claim will be paid under your plan.

### Benign Brain Tumour

*A non-malignant tumour in the brain resulting in permanent deficit to the neurological system. Tumours or lesions in the pituitary gland are not covered.*

This is an abnormal growth of tissue in the brain which is not malignant and does not spread to other parts of the body. It is therefore said to be benign. However it can still be a serious condition which causes neurological problems by putting pressure on the adjoining area of the brain as it grows. It may lead to some permanent damage. The pituitary gland, although situated close to the brain, is a separate organ and therefore tumours originating in it are not covered.

### Blindness

*Total permanent and irreversible loss of all sight in both eyes.*

It should be noted that the definition requires the loss of sight in both eyes on a permanent basis. As with paralysis, blindness may occur on a temporary basis in certain conditions and it is not covered. It may also take some time to establish the permanency of the blindness.

### Cancer

*A malignant tumour characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term cancer includes leukaemia and Hodgkin's disease, but the following are excluded.*

- A All tumours which are histologically described as pre-malignant, as non-invasive or as cancer in situ.
- B All forms of lymphoma in the presence of any Human Immunodeficiency Virus.
- C Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus.
- D Any skin cancer other than malignant melanoma.

Cancer is the term used to describe all types of malignant tumour. A tumour is a growth whose size increases in an uncontrolled way. The tumour invades surrounding healthy tissue, destroying it and often affecting the function of the organ in which it develops. For example, a tumour in the lung may block the airways and cause severe difficulty in breathing.

In time, cells break away from the original site and spread to other distant parts of the body where a new tumour can begin to grow. Also included in the definition of cancer is leukaemia, a malignant disease that destroys white blood cells.

A few types of cancer can be treated quite easily and there is full recovery. Such a cancer is described as pre-malignant, as non-invasive or as cancer in situ which means that the tumour has not spread to surrounding healthy tissue and is in its early stages. A similar situation applies to skin cancers, which are usually easily treated and are not life threatening. These cancers are therefore not covered by the plan. The exception to skin cancers is a malignant melanoma. If, at the time of diagnosis, the melanoma has penetrated through the outer layer of skin and is therefore said to be invasive, a claim will be paid. Cancers such as lymphoma and Kaposi's sarcoma, which are directly related to infection with HIV, are excluded from this cover.

### Coma

*A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of life support systems for a period of at least 96 hours and resulting in permanent neurological deficit. Coma secondary to alcohol or drug misuse is not covered.*

When the brain has been damaged in some way, possibly as a result of head injury or a tumour, coma may occur. In this condition a person is in a state of deep unconsciousness and is unlikely to have any control over the functioning of their body. They cannot be roused and do not respond to physical stimuli. Where the condition persists for a lengthy period, i.e. at least 96 hours, full recovery is unusual and if there is any recovery at all, it is usually accompanied by some permanent damage to the nervous system. Where the coma is induced by the abuse of drugs or alcohol, the benefit will not be paid.

### **Coronary artery by pass surgery**

*The undergoing of open heart surgery on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts but excluding balloon angioplasty, laser relief or any other procedures.*

It is possible that one or more of the major blood vessels taking blood to the heart (the coronary arteries) may become blocked or narrowed, usually due to a build-up of fatty material. This reduced blood supply puts a strain on the heart which can be relieved by an operation which by-passes the area of the artery that is affected. This is a major operation and is therefore covered by the plan.

### **Deafness**

*Total permanent and irreversible loss of all hearing in both ears.*

Benefit will be paid when total and permanent deafness occurs in both ears. Partial or temporary deafness is not covered.

### **Heart attack**

*The death of a portion of the heart muscle as a result of inadequate blood supply as evidenced by an episode of typical chest pain, new electrocardiograph changes and by the elevation of cardiac enzyme levels. The evidence must be consistent with the diagnosis of heart attack.*

A heart attack occurs when the blood supply to part of the heart muscle is blocked or restricted. As a result of this interruption to the supply, the part of the muscle affected dies. The medical term for a heart attack is a "myocardial infarction".

When a heart attack is suspected, the doctor will perform certain tests to confirm the diagnosis. These include checking the heart with an ECG (Electrocardiographic) machine which records electrical impulses within the heart. Following a heart attack, these impulses show characteristic changes typical of the condition. Also a blood test will reveal an increase in the level of specific enzymes (proteins within the blood) which occurs following a heart attack. The condition is accompanied by an attack of severe chest pain which is another symptom. However, there can also be a temporary reduction in the blood supply which causes a similar episode of chest pain but which does not result in the death of a portion of the heart muscle. This condition is known as angina. Because there is no death of the heart muscle, it is not a condition covered under this plan.

### **Heart Valve Replacement or Repair**

*Undergoing open-heart surgery from medical necessity to replace or repair one or more heart valves.*

The heart contains a number of valves which control the flow of blood between its four chambers. Sometimes these become damaged and fail to operate properly. As a result, blood may leak back through the valve (incompetence) or it may fail to open properly (stenosis) and restrict the blood flow. In a number of situations the treatment requires open-heart surgery to repair or replace the valve. If such surgery is required a claim will be paid. Treatments which do not involve open-heart surgery are not covered.

### **Kidney failure**

*End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is initiated.*

The kidneys remove waste products from the blood and if both cease to function, treatment is urgently required. When both kidneys fail irreversibly the term "end stage renal failure" is used. At this time treatment is required to prevent the build-up of waste products in the blood which is life-threatening. The treatment will involve either the use of a dialysis machine which acts as an artificial kidney, or a kidney (renal) transplant is undertaken. In either case the condition is covered under this plan.

### **Loss of Independent Existence**

*Being permanently and totally disabled as a result of injury or illness and being totally and permanently incapable of performing three or more of the activities defined below without physical assistance of another person or with or without the use of mechanical equipment, special devices or other aids and adaptations in use for the disabled person.*

*The activities of daily living are:*

*A Washing and bathing – the ability, by any means to wash so that a reasonable level of personal hygiene and cleanliness can be maintained;*

*B Dressing – the ability to put on or take off all necessary items of clothing or medically required equipment such as a brace or artificial limb;*

*C Using the toilet – the ability to get on or off the toilet or commode and to maintain an adequate level of personal hygiene;*

*D Mobility and transfer – the ability to move from one room to another adjoining room or from one side of the room to another or to get in and out of a bed or chair;*

*E Feeding – ability to feed yourself once food has been prepared and made available*

*F Continence – the ability to either control voluntarily bowel and bladder functions, or to maintain an adequate level of personal hygiene.*

The benefit becomes payable if you are permanently incapable of performing three of the specified activities of daily living without the assistance of another person or special devices etc. It should be noted that your inability to engage in these activities should be considered permanent.

### **Loss of Limbs**

*The permanent physical severance of two or more limbs from above the elbow or knee.*

Benefit will be paid where the loss of the limbs results either from an accident or from any other condition where an amputation proves necessary.

## **Loss of Speech**

*Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease.*

The loss of speech may result from physical damage to the vocal cords or as a result of them becoming diseased. It may take some time to establish that the speech loss is permanent.

## **Major Organ transplant**

*The actual undergoing as a recipient of, or inclusion on an official UK waiting list for, a transplant of a heart, liver, lung, pancreas or bone marrow.*

For any number of reasons, usually as a result of disease, the organs listed in the definition may cease to function adequately to maintain life. If it is determined that the only form of treatment is the transplant of a new organ the benefit will be paid as soon as you are added to an official UK waiting list for such a transplant. You will not have to wait until the transplant is completed.

## **Motor Neurone Disease before age 65**

*Confirmation by a consultant neurologist of a definite diagnosis of Motor Neurone disease before age 65.*

Our ability to move is controlled by nerve cells in the brain and spine known as Motor Neurones. This disease leads to the progressive degeneration of these cells and thus our ability to control movement. The diagnosis must be made by a consultant neurologist who will be familiar with this condition.

## **Multiple Sclerosis**

*A definite diagnosis by a consultant neurologist of multiple sclerosis which satisfies all of the following criteria:*

- A There must be current impairment of motor or sensory function which must have persisted for a continuous period of at least six months*
- B The diagnosis must be confirmed by diagnostic techniques current at time of the claim.*

The nerve fibres which are contained within the brain and spinal cord and carry messages to the rest of the body are covered in a protective coating. Multiple Sclerosis is a progressive disease which attacks and destroys this protective covering and thus prevents the nerve fibres operating properly. In due course this can lead to blurred vision and increasing weakness and paralysis.

Multiple Sclerosis is a difficult condition to diagnose in its early stages as symptoms can vary depending on the nerve fibres which are involved. It may take some time to reach the diagnosis and this is often done only after all other conditions have been eliminated. The diagnosis therefore needs to be made by a specialist physician such as a consultant neurologist who is familiar with the typical neurological symptoms.

In order for benefit to be paid you will have been suffering from a degree of impairment such as difficulty in walking or blurred vision for a period of at least six months. The diagnosis must also be confirmed by investigations using techniques current at the time. These may include techniques such as image scanning (this involves the use of computers and x-rays to produce images of the body). Following the conclusive diagnosis of the condition by a consultant neurologist, the benefit will be paid.

## **Paralysis/Paraplegia**

*Total irreversible loss of muscle function or sensation to the whole of any two limbs as a result of injury or disease. The disability must be permanent and supported by appropriate neurological evidence.*

If, as a result of injury or disease, two limbs cease to function, i.e. become paralysed, you may claim for benefit. However occasionally paralysis may be of a temporary nature and does not lead to any permanent or long-term disability. The purpose of the benefit is intended to alleviate the problems of long-term disability and therefore temporary paralysis is not covered under this plan. A claim will be paid once the permanent nature of the paralysis has been established.

## **Parkinson's Disease before age 65**

*Confirmation by a consultant neurologist of a definite diagnosis of Parkinson's disease before age 65. Parkinson's disease secondary to alcohol or drug misuse is not covered.*

A progressive degenerative disorder of the brain, which affects the central nervous system. This is characterised by uncontrollable shuffling, tremors in the limbs, slow movement, rigid facial expression and unstable gait. The progression of the disease is slow and there is no known cure.

When a definite diagnosis has been made the benefit will be paid.

If the condition results from the misuse of alcohol or drugs benefit will not be paid.

## **Stroke**

*A cerebrovascular incident resulting in permanent neurological damage. Transient ischaemic attacks are specifically excluded.*

A stroke occurs when the blood supply to the brain is interrupted by a blood clot, which causes the blockage of a blood vessel, or if a blood vessel in the brain bleeds (a haemorrhage). If the incident results in permanent damage to the nervous system with symptoms such as blurred vision, speech difficulties or a degree of paralysis, the benefit will be paid.

However, some strokes, known as Transient Ischaemic Attacks, are less severe and are of a temporary nature. They often last less than 24 hours and do not leave any permanent damage. Such attacks are therefore not covered by your plan.

## **Terminal Illness**

*Advanced or rapidly progressive incurable illness where, in the opinion of an attending consultant and our Chief Medical Officer, the life expectancy is no greater than 12 months.*

If there is a consensus between the insurer's Chief Medical Officer and the consultant responsible for treatment, that you are suffering from a terminal illness which is very likely to lead to death within 12 months, the benefit will be paid immediately. This section is intended to pay a benefit which is not specifically provided for under one of the other conditions such as cancer.

It should be noted that the term "Terminal Illness" is intended to cover any critical illness which will lead to death within twelve months and which is not already covered specifically under the plan, e.g. cancer. Also, the exclusion periods which apply to this benefit do not apply to any of the other critical illnesses.

### **Third Degree Burns**

*Third degree burns covering at least 20% of the surface area of your body.*

Burns are defined in terms of "degrees" depending on their severity. First-degree burns affect only the surface layer of the skin while second-degree burns damage several layers. Third-degree burns are the most severe and occur when the burns penetrate the entire depth of the skin and can injure fat and muscle. Where third-degree burns are suffered and they cover at least 20% of the body's surface area a claim will be paid.