

# " STEMCELLCARE PLUS – SAMPLE"

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## POLICY OF INSURANCE

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## Introduction

This document, the Schedule and any endorsement attached form Your contract of insurance.

This document sets out the conditions of the contract of insurance between You and Us. It should be kept in a safe place.

Please read the whole document carefully. It is arranged in different sections. It is important that:

- You check that the sections You have requested are included;
- You comply with Your duties under each section and under the insurance as a whole.

Our aim is to ensure that all aspects of Your insurance are dealt with promptly, efficiently and fairly. At all times we are committed to providing You with the highest standard of service.

If You have any questions or concerns about Your contract of insurance or the handling of a claim You should, in the first instance, contact StemCellCare whose contact details are shown in the Schedule.

If You are unable to resolve any questions or concerns with StemCellCare please refer to the complaints procedure on page 12.

**STEMCELLCARE INSURANCE POLICY****SCHEDULE**

**Contract Number:** B0524CSPXXXX46820  
**Policy Number:** SCC(NUMBER)  
**Application Form Dated:** (DATE)  
**Policyholder:** (Title) (NAME)  
  
**Policyholder's Address:** (FULL ADDRESS)  
  
**Covered Person:** The Donor and any Biological Siblings of the Donor.  
  
**Stem Cell Storage Contract Completion Date:** (DATE)  
  
**Cord Blood Bank (Facility):** (Either Cells4Life, Future Health Biobank, Biovault, SmartCells, or other)  
  
**Storage Number/ID:** (Unique storage number)  
  
**Commencement Date:** (DATE)  
  
**Period of Insurance:** (FROM - TO) both dates inclusive  
  
**Benefit:** £150,000 any one Covered Person  
  
**Lifetime Maximum Benefit:** £150,000 in the aggregate in respect of all Covered Persons

**PREMIUM:**

£ \_\_\_\_\_ Annual Premium if paid in one instalment

£ \_\_\_\_\_ Insurance Premium Tax

£ \_\_\_\_\_ **Total Premium payable if paid in one instalment** including Insurance Premium Tax

HOWEVER You have chosen to pay by Direct Debit in equal instalments over:

**Twelve (12) Months/Single** Payment Period

£ **Total premium payable over 12 months/ Total premium payable over 1 payment**  
including additional fee for monthly payment and Insurance Premium Tax:

£ Monthly Premium to be paid in equal instalments including Insurance Premium Tax:

These will be collected by Direct Debit and Your bank statement will show all or some of the following details:

Bank Statement ID: **Future Family FFI**

Originator's Identification Number: **(GOCARDLESS NUMBER)**

Payer's Account Name: **(NAME)**

Payer's Reference Number: **SCC(NUMBER)**

The first instalment will be collected after four (4) working days from the Commencement Date. Subsequent instalments will be requested monthly at regular intervals.

**Signed on behalf of the coverholder, Millstream Underwriting Ltd:**

**Dated:**

## Eligibility

The Policyholder is eligible for cover under this insurance if at the Commencement Date:

1. You are ordinarily resident in the United Kingdom and will reside with the Covered Person(s) in the United Kingdom for the duration of the Period of Insurance.
2. You have confirmed to Us that no Covered Person is suffering from, undergoing any tests for, or been referred to a doctor or other medical specialist regarding any medical condition that could be treated by stem cell therapy.
3. The Donor's Cord Blood has been stored in a Cord Blood Bank
4. The Cord Blood Bank has confirmed to You in writing, at the time of storage, that they have accepted the Donor's Cord Blood and that the sample is viable and could potentially be used for a medically approved HSCT (Hematopoietic Stem Cell Transplantation).

## Definitions

The words specially defined below have the same meaning wherever they appear throughout this Policy

|                              |   |
|------------------------------|---|
| <b>Appropriate Procedure</b> | means a Haematopoietic Stem Cell Treatment (HSCT) that has been officially recognised by the relevant governing body of the United Kingdom as a treatment for a Covered Condition. Stem cell treatments that use non-Haematopoietic Stem Cells (bone marrow, dental pulp, mesenchymal etc.) are not an Appropriate Procedure.   |
| <b>Biological Sibling</b>    | means a person's brother or sister with whom they share a genetic makeup inherited from one or both of their shared biological parents.   |
| <b>Commencement Date</b>     | means in respect of the Donor, the date on which Your insurance first started, as stated in the Schedule, and since when Your cover has been continuous and unbroken or in respect of Covered Persons who are not the Donor, the date on which Your insurance first started, as stated in the Schedule, and since when Your cover has been continuous and unbroken or the date of their attachment to this insurance, whichever is the later. |
| <b>Computer System</b>       | means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by You or any other party.              |
| <b>Cord Blood</b>            | means residual placental blood collected from the umbilical cord.   |
| <b>Cord Blood Bank</b>       | means an HTA (Human Tissue Authority) accredited stem cell bank that has been approved by Us and is located in the UK and in which the Cord Blood is stored as stated in the Schedule.  |
| <b>Covered Condition</b>     | means any medical condition listed in Appendix One of this Policy as a Covered Condition.   |

|  |  |
|--|--|
| <b>Covered Person(s)</b>                         | means the Donor who has been declared to and accepted for cover by Us and any Biological Sibling of the Donor who are aged under 40 years at the start date of the Period of Insurance.  |
| <b>Cyber Act</b>                                 | means an unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any Computer System.  |
| <b>Cyber Incident</b>                            | means:<br>1.1 any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any Computer System; or<br>1.2 any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any Computer System.   |
| <b>Donor</b>                                     | means Your biological child whose Cord Blood has been stored at a Cord Blood Bank under the Sample ID/Number stated in the Schedule.   |
| <b>Haematopoietic Stem Cell Treatment (HSCT)</b> | means a therapeutic transplant procedure where haematopoietic stem cells are transplanted into a person's body with the intention of repopulating and replacing the haematopoietic system in total or in part for the purpose of treating a Covered Condition.   |
| <b>HSCT Assessment</b>                           | means an assessment by an HSCT Specialist undertaken solely to determine whether or not an HSCT is an Appropriate Procedure for treatment of a Covered Person's Covered Condition.   |
| <b>HSCT Specialist</b>                           | means a Medical Specialist in the sphere of treatment or procedures involving Stem Cells.  |
| <b>Independent Panel of Medical Experts</b>      | means the group of medical experts appointed by Us to assess whether the suggested treatment for the Covered Person's Covered Condition is an Appropriate Procedure.   |
| <b>Medical Information</b>                       | means any medical information that exists and in the opinion of the Independent Panel of Medical Experts may be relevant or necessary to the performance of their assessment including information in relation to any or all of the Covered Person(s) provided to the Cord Blood Bank and medical information held by a general practitioner or other medical expert consulted in relation to the Covered Condition. |
| <b>Medical Specialist</b>                        | means a medical license-holder qualified and authorised to practice medicine in the country in which a Covered Person is being assessed or receiving advice or treatment and who has specialist knowledge relevant to the Covered Person's Covered Condition.  |
| <b>Parent</b>                                    | means<br><br>1 the biological father or mother; or   |

|  |  |
|--|--|
|  | 2 the legal guardian if a legal guardianship has been established.   |
| <b>Period of Insurance</b>                         | means the Period of Insurance stated in the Schedule.  |
| <b>Policy</b>                                      | means this document together with the Schedule, and any endorsements.  |
| <b>Policyholder/ You/ Your/ Yours</b>              | means the person named in the Schedule as the Policyholder who is the Parent of the Covered Person.  |
| <b>Schedule</b>                                    | means the Schedule of this Policy.   |
| <b>Specialist Medical Assessment</b>               | means the assessment performed by the Independent Panel of Medical Experts specified by Insurers.  |
| <b>Stem Cells</b>                                  | means cells derived from Cord Blood that can both replicate and also differentiate into several types of cells.  |
| <b>Stem Cell Storage Contract Completion Date:</b> | means the date on which the Cord Blood Bank has confirmed to You in writing, at the time of storage, that they have accepted the Donor's Cord Blood and that the sample is viable and could potentially be used for a medically approved HSCT, as stated in the Schedule.  |
| <b>We/Our/Ours/Us / Insurers</b>                   | Millstream Underwriting Limited on behalf of Canopus Lloyd's Syndicate 4444.   |
| <b>War</b>   | <p>means War or any consequence whatsoever resulting directly or indirectly from or in connection with any of the following regardless of any other contributory cause or event:</p> <p>a. War, invasion, act of foreign enemy, hostilities or a warlike operation or operations (whether war be declared or not) civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power or terrorism.</p> |



## What is covered

1. If a Covered Person is diagnosed after the Commencement Date with a Covered Condition by a Medical Specialist and during the Period of Insurance an HSCT Assessment determines that an HSCT using the Cord Blood stored in the Cord Blood Bank could be an Appropriate Procedure for the treatment of the Covered Person's Covered Condition, we will arrange and pay for the cost of a Specialist Medical Assessment.
2. If the Specialist Medical Assessment determines that an HSCT is an Appropriate Procedure for the treatment of the Covered Person's Covered Condition, We will pay the Benefit stated in the Schedule to the Policyholder, or the Covered Person for whom HSCT is an Appropriate Procedure, if that Covered Person is aged 18 years or older.

## General Conditions

1. You and the Covered Person(s) must be registered throughout the Period of Insurance with a General Medical Practitioner (GP) in the United Kingdom.
2. No sum payable under this Insurance shall carry interest.
3. In the event of Your death or incapacity, as determined in accordance with the Mental Capacity Act 2005, the Benefit will be paid to Your personal legal representative or executors. This Policy cannot otherwise be assigned without Our written agreement.
4. There is no further cover under this Policy in respect of You or any Covered Person once the Benefit stated in the Schedule has been paid to You or any Covered Person.

## Material Information Disclosed by You

In deciding to accept this Policy and in setting the terms and premium, we have relied on the information You have given us. You must take care when answering any questions we ask by ensuring that all information provided is accurate and complete.

If we establish that You deliberately or recklessly provided us with false or misleading information we will treat this Policy as if it never existed and decline all claims.

If we establish that You carelessly provided us with false or misleading information it could adversely affect Your Policy and any claim. For example, we may:

- Treat this Policy as if it had never existed and refuse to pay all claims and return the premium paid. We will only do this if we provided You with insurance cover which we would not otherwise have offered;
- Amend the terms of Your insurance. We may apply these amended terms as if they were already in place if a claim has been adversely impacted by Your carelessness;
- Reduce the amount We pay on a claim in the proportion the premium You have paid bears to the premium We would have charged You; or
- Cancel Your Policy in accordance with the Right to cancel condition below. We will write to You if we:
- Intend to treat Your Policy as if it never existed; or
- Need to amend the terms of Your Policy.

If You become aware that information You have given Us is inaccurate, You must inform Us as soon as practicable.

## Law and Jurisdiction

The parties are free to choose the law applicable to this contract of insurance. Unless specifically agreed to the contrary this contract of insurance shall be governed by the laws of England and Wales and subject to the exclusive jurisdiction of the courts of England.

## Language of contract of insurance

Unless otherwise agreed the language of this contract of insurance shall be English.

## Exclusions:

1. The Policy does not cover claims in any way caused or contributed to by
  - a) any medical condition, illness or disease which was diagnosed before the Commencement Date or of which You had knowledge or could reasonably be expected to have had knowledge on or before the Commencement Date.
  - b) any condition, illness or disability which is not stated in this Policy as a Covered Condition.
  - c) any condition, illness or disability for which the Covered Person has received an HSCT prior to the start date of the Period of Insurance.
  - d) Injury inflicted by a parent or carer of the Insured Person, the criminal activity or the intentional actions of a parent or carer of the Insured Person.
  - e) Your unreasonable failure to seek or follow medical advice.
  - f) nuclear reaction, nuclear radiation or radioactive contamination.
  - g) the actual or threatened malicious use of pathogenic or poisonous biological or chemical materials.
  - h) War, whether War be declared or not, hostilities or any act of War or civil War.
  - i) any Cyber Act or Cyber Incident.
2. There is no cover under this Policy for
  - a) any Covered Person who is aged over 40 years at the start date of the Period of Insurance.
  - b) the cost of any HSCT Assessment..
3. No Benefit is payable under this Policy if in the opinion of the Specialist Medical Assessment, HSCT would not be in the interests of the Covered Person.
4. No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any Benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such Benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

## How to make a claim

What to do if You wish to make a claim:

1. In the event that a Covered Person is diagnosed with a Covered Condition and You receive an HSCT Assessment which states that HSCT using the Cord Blood stored in the Cord Blood Bank could be an Appropriate Procedure for the treatment of such Medical Condition, You must contact us as soon as possible and in any event within 30 days.
2. We will require written evidence of the HSCT Specialist's opinion. We will then co-ordinate with the Independent Panel of Medical Experts to arrange for a Specialist Medical Assessment to be carried out within 30 days.
3. You must provide Us, Our medical adviser or the Independent Panel of Medical Experts with the necessary authorisation to access or obtain all Your and the Covered Person's medical records, notes and correspondence referring to the subject of a claim and such medical adviser shall, for the purpose of reviewing the claim, be allowed so often as we deem necessary to examine the Covered Person.
4. You must provide Us with such documents and information as We may need. This will include but will not be limited to a fully completed claim form and the birth certificate of the Donor child. If claiming for treatment for a biological sibling of the Donor child, we will need You to send both the birth certificates of the Donor child and the biological sibling for whom treatment is required. If You do not have birth certificates to hand You can order a copy using the following government link <https://www.gov.uk/order-copy-birth-death-marriage-certificate>
5. You must provide Us with written details of what has happened and provide any other information We may reasonably require.

Failure to comply with any of the above may reduce the amount of Your claim or We may refuse to pay such claim.

## Premium Payment

If You are paying Your premium by monthly instalments these will be collected by Direct Debit and Your bank statement will show all or some of the following details:

Bank Statement ID: Future Family FF1

Originator's Identification Number: (GOCARDLESS NUMBER)

Payer's Account Name: (NAME)

Payer's Reference Number: SCC(NUMBER)

The first instalment will be collected after four (4) working days from the Commencement Date. Subsequent instalments will be requested monthly at regular intervals. You undertake that instalment premiums will be paid when due. The premiums payable are guaranteed not to change during the Period of Insurance.

If the instalment premiums due under this Policy have not been paid by the 30th day from the due instalment date Insurers shall have the right to cancel this Policy by notifying You in writing. In the event of cancellation, premium is due to Insurers on a pro rata basis for the period that Insurers are on risk but the full Policy premium shall be payable to Insurers in the event of a loss or occurrence prior to the date of termination which gives rise to a valid claim under this Policy.

In the event that a request for premium is returned unpaid by Your bank, we will re-submit the request no earlier than two (2) days after the original collection date. If any premium is not paid within the 30<sup>th</sup> day from the due instalment date, the Policy will automatically terminate and all benefits under it will cease. It is agreed that Insurers shall give not less than 15 days prior notice of cancellation to You. If the premium due is paid in full to Insurers before the notice period expires, notice of cancellation shall automatically be revoked. If not, the Policy shall automatically terminate at the end of the notice period.

If any provision of this clause is found by any court or administrative body of competent jurisdiction to be invalid or unenforceable, such invalidity or unenforceability will not affect the other provisions of this clause which will remain in full force and effect.

Non payment of the instalment premium will cancel this Policy. However, if a claim arises after the Policy has been cancelled for non payment of Premium, and this claim arises from a condition prevalent before cancellation then cover will be maintained. If the condition arises after the Policy is cancelled then there will be no cover.

After payment of the final instalment no further premium shall be due and the Policy will be fully paid up. Cover will continue to the end of the Period of Insurance as stated in the Policy Schedule. During that time You are still able to cancel this Policy (see Section 4 – Cancelling this Policy) but there will be no refund of any premium already paid.

#### Section 4 - Cancelling this Policy

You have a right to cancel this Policy under a cooling off period within thirty (30) days of the Commencement Date. If You do cancel within this period we will refund any premium You have paid.

To exercise this right, please contact StemCellCare by post or e-mail (the contact details are shown in Section 5 of this Policy) and/or complete and return the Cancellation Form included with these documents.

You may cancel this Policy at any time after the thirtieth (30th) day after the Commencement Date by writing to StemCellCare (the contact details are shown in Section 5 of this Policy) Provided You have not made a claim, a pro-rata return of premium will be payable to You.

Any cancellation request must be confirmed by email to StemCellCare, this cancellation request will only be deemed as accepted once written confirmation has been issued by StemCellCare.

#### Complaints Procedure

If You have any questions or concerns about Your contract of insurance or the handling of a claim You should, in the first instance, contact StemCellCare, whose contact details are shown in Section 5 of this Policy.

If You are unable to resolve any questions or concerns with StemCellCare You can refer the matter to Policyholder & Market Assistance at Lloyd's. The contact details are:

The Managing Director  
Millstream Underwriting Limited,  
52-56 Leadenhall Street,  
London, EC3A 2EB  
e-mail: [SCC@mstream.co.uk](mailto:SCC@mstream.co.uk)

If the **Insured** remains dissatisfied after **Our** final response the **Insured** can approach the Financial Ombudsman Service using the following contact details:

The Financial Ombudsman Service,  
Exchange Tower, Harbour Exchange Square, London E14 9SR  
Telephone: 0845 0801 800

Fax: 0207 964 1001

e-mail: [enquiries@financial-ombudsman.org.uk](mailto:enquiries@financial-ombudsman.org.uk)

The existence of these complaints procedures does not affect **Your** statutory rights relating to the **Policy**

## **Your**

### **DATA PROTECTION**

#### **Your personal information notice**

##### ***Who we are:***

- A) The Lloyd's underwriter(s) identified in the contract of insurance and/or in the certificate of insurance; and
- B) Millstream Underwriting Limited on behalf of Canopus Lloyd's Syndicate 4444., a Coverholder at Lloyd's and a representative of the Lloyd's underwriters in matters pertaining to establishing and executing an Insurance Contract.

##### ***The basics***

We collect and use relevant information about You to arrange and provide You with Your insurance cover or the insurance cover that benefits You and to meet our legal obligations.

This information includes details such as Your name, address and contact details and any other information that we collect about You in connection with the insurance cover from which You Benefit. This information may include more sensitive details such as information about Your health and any criminal convictions You may have.

In certain circumstances, we may need Your consent to process certain categories of information about You (including sensitive details such as information about Your health and any criminal convictions You may have). Where we need Your consent, we will ask You for it separately. You do not have to give Your consent and You may withdraw Your consent at any time. However, if You do not give Your consent, or You withdraw Your consent, this may affect our ability to provide the insurance cover from which You Benefit and may prevent us from providing cover for You or handling Your claims.

The way insurance works means that Your information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose Your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

##### ***Other people's details You provide to us***

Where You provide us or Your agent or broker with details about other people, You must provide this notice to them.

##### ***Want more details?***

For more information about how we use Your personal information please see our full privacy notice(s), which are available online on our website(s) or in other formats on request.

##### ***Contacting us and Your rights***

You have rights in relation to the information we hold about You, including the right to access Your information. If You wish to exercise Your rights, discuss how we use Your information or request a copy of our full privacy notice(s), please contact us, or the agent or broker that arranged Your insurance who will provide You with our contact details at:

Email: Questions or concerns: [SCC@mstream.co.uk](mailto:SCC@mstream.co.uk)

Telephone: 0330 311 2614

Address: StemCellCare Customer Service Team, Blackwell House, Guildhall Yard, London, EC2V 5AE

The Lloyd's Underwriters:

Canopus  
Lloyd's Syndicate 4444  
Gallery 9, 1 Lime Street  
London,  
EC3M 7HA

Insurers

### Compensation

Lloyd's insurers are covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the Scheme if a Lloyd's insurer is unable to meet its obligations to You under this contract of insurance. If You were entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this contract of insurance. Further Information about the Scheme is available from the Financial Services Compensation Scheme (7th floor Lloyd's Chambers, Portoken Street, London E1 8BN) and on their website: [www.fscs.org.uk](http://www.fscs.org.uk)

### Rights of Third Parties

The parties to this Policy are You and the Insurers. A person who is not a party to this Policy has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this Policy, but this does not affect any right or remedy of a third party that exists or is available apart from that Act.

If You comprises more than one party having an interest, the Benefit shall represent the total amount payable for all interests covered by this Policy.

### Section 5 - How to contact us

If You have any questions or concerns about this Policy or wish to make a claim, You should contact the Policy Administrators, StemCellCare. Their contact details are as follows:

Email: Questions or concerns: [SCC@mstream.co.uk](mailto:SCC@mstream.co.uk)

Claims: [claims@stemcellcare.co.uk](mailto:claims@stemcellcare.co.uk)

Telephone: 0330 311 2614

This Policy is issued by the coverholder, Millstream Underwriting Limited and administered by StemCellCare. Millstream Underwriting Limited is authorised and regulated by the Financial Conduct Authority (FCA Firm reference number: 308584). Registered in England and Wales. Registration No 3896220. Registered office: 52-56 Leadenhall Street, London EC3A 2EB.

Future Family Limited (Firm Reference No. 689151) is an Appointed Representative of Millstream Underwriting Limited. Millstream Underwriting Limited is authorised and regulated by the Financial Conduct Authority. StemCellCare is a trading name of Future Family Limited.

Further details in relation to these companies can be found on the Financial Services Register at [www.fca.org.uk](http://www.fca.org.uk).

StemCellCare and Millstream Underwriting Limited have not provided You with any advice or recommendation in relation to this Policy and this is considered a non-advised sale.

SAMPLE

## Appendix One COVERED CONDITIONS

**Leukaemia is a cancer of the blood immune system, cells are called leukocytes or white cells**

- 1.1 Acute Lymphoblastic Leukaemia (ALL)
- 1.2 Acute Myelogenous Leukaemia (AML)
- 1.3 Acute Biphentotypic Leukaemia
- 1.4 Acute Undifferentiated Leukaemia
- 1.5 Chronic Lymphocytic Leukaemia (CLL)
- 1.6 Chronic Myelogenous Leukaemia (CML)
- 1.7 Juvenile Chronic Myelogenous Leukaemia (JCML)
- 1.8 Juvenile Myelomonocytic Leukaemia (JMML)

**Myelodysplastic Syndromes are also called pre-leukaemia**

- 2.1 Refractory Anaemia
- 2.2 Refractory Anaemia with Ringed Sideroblasts (Sideroblastic anemia)
- 2.3 Refractory Anaemia with Excess Blasts
- 2.4 Refractory Anaemia with Excess Blasts in Transformation
- 2.5 Chronic Myelomonocytic Leukaemia (CMML)

**Lymphoma is a cancer of the leukocytes that circulate in the blood and lymph vessels**

- 3.1 Hodgkin's Lymphoma
- 3.2 Non-Hodgkin's Lymphoma (Burkitt's Lymphoma)

**Other Disorders of Blood Cell Proliferation**

Anaemias are deficiencies or malformations of red cells

- 4.1 Aplastic Anaemia
- 4.2 Fanconi Anaemia (The first Cord Blood transplant in 1988 was for FA, an inherited disorder)
- 4.3 Congenital Dyserythropoietic Anaemia
- 4.4 Paroxysmal Nocturnal Hemoglobinuria (PNH)

Inherited Red Cell Abnormalities. Red cells contain haemoglobin and carry oxygen to the body

- 4.5 Sickle Cell Disease
- 4.6 Beta Thalassemia Major (aka Cooley's Anaemia)
- 4.7 Diamond-Blackfan Anaemia
- 4.8 Pure Red Cell Aplasia

Inherited Platelet Abnormalities. Platelets are blood cells needed for clotting

- 4.9 Amegakaryocytosis / Congenital Thrombocytopenia
- 4.10 Glanzmann Thrombasthenia

Inherited Immune System Disorders: Severe Combined Immunodeficiency

- 4.11 SCID with Adenosine Deaminase Deficiency (ADA-SCID)



- 4.12 SCID which is X-linked
- 4.13 SCID with absence of T & B Cells
- 4.14 SCID with absence of T Cells, Normal B Cells
- 4.15 Omenn Syndrome

#### Inherited Immune System Disorders: Neutropenias

- 4.16 Infantile Genetic Agranulocytosis (Kostmann Syndrome)
- 4.17 Myelokathexis

#### Inherited Immune System Disorders: Other

- 4.18 Ataxia-Telangiectasia
- 4.19 Bare Lymphocyte Syndrome
- 4.20 Common Variable Immunodeficiency
- 4.21 DiGeorge Syndrome
- 4.22 Haemophagocytic Lymphohis ocytosis
- 4.23 Leukocyte Adhesion Deficiency
- 4.24 Lymphoprolifera ve Disorders
- 4.25 Lymphoprolifera ve Disorder, X-linked (Suscep bility to Epstein-Barr virus)
- 4.26 Wiskoti-Aldrich Syndrome

#### Myeloproliferative Disorders

- 4.27 Acute Myelofibrosis
- 4.28 Agnogenic Myeloid Metaplasia (Myelofibrosis)
- 4.29 Polycythemia Vera
- 4.30 Essential Thrombocythemia

#### Phagocyte Disorders - These are immune system cells that engulf and kill foreign organisms

- 4.31 Chediak-Higashi Syndrome
- 4.32 Chronic Granulomatous Disease
- 4.33 Neutrophil Actin Deficiency
- 4.34 Reticular Dysgenesis

#### Bone Marrow Cancers

- 4.35 Multiple Myeloma
- 4.36 Plasma Cell Leukaemia
- 4.37 Waldenstrom's Macroglobulinemia

#### Transplants for Inherited Disorders of the Immune System & Other Organs

- 5.1 Cartilage-Hair Hypoplasia
- 5.2 Erythropoietic Porphyria
- 5.3 Hermansky-Pudlak Syndrome
- 5.4 Pearson's Syndrome
- 5.5 Shwachman-Diamond Syndrome
- 5.6 Systemic Mastocytosis

#### Transplants for Inherited Metabolic Disorders

## Mucopolysaccharidosis (MPS) Storage Diseases

- 6.1 Hurler Syndrome (MPS-IH)
- 6.2 Scheie Syndrome (MPS-IS)
- 6.3 Hunter Syndrome (MPS-II)
- 6.4 Sanfilippo Syndrome (MPS-III)
- 6.5 Morquio Syndrome (MPS-IV)
- 6.6 Maroteaux-Lamy Syndrome (MPS-VI)
- 6.7 Sly Syndrome (MPS-VII) (beta-glucuronidase deficiency)
- 6.8 Mucopolidosis II (I-cell Disease)

## Leukodystrophy Disorders

- 6.10 Adrenoleukodystrophy (ALD)
- 6.11 Krabbe Disease (Globoid Cell Leukodystrophy)
- 6.12 Metachromatic Leukodystrophy
- 6.13 Pelizaeus-Merzbacher Disease

## Lysosomal Storage Diseases

- 6.14 Niemann-Pick Disease
- 6.15 Sandhoff Disease
- 6.16 Wolman Disease

## Other Inherited Metabolic Disorders

- 6.17 Lesch-Nyhan Syndrome
- 6.18 Osteopetrosis

## Solid tumors not originating in the blood or immune system

- 7.1 Neuroblastoma
- 7.2 Medulloblastoma
- 7.3 Retinoblastoma

## Appendix Two: RedArc Nurse Telephone Support Service

### About Your Nurse Telephone Support Service

Included in Your insurance Policy is access to a Nurse Telephone Support Service. Your Nurse Telephone Support Service is provided by StemCellCare association with RedArc.

**RedArc Nurses** are experienced, registered nurses who offer unlimited time over the phone, to both You and Your family. They provide emotional support while people go through treatment and recovery. They give practical support to help them get the most from benefits offered from their employer. They offer advice on getting the most from the medical profession including the NHS, and other organisations such as Macmillan Nurses and Carers UK.

Further details can be found at <http://www.redarc.co.uk/>

You may use the Nurse Telephone Support Service free of charge, whether You make a claim or not. To find out more please contact StemCellCare on **0330 311 2614** and You'll be referred to RedArc.

SAMPLE

# CANCELLATION FORM

**IMPORTANT NOTICE: YOU MAY CANCEL YOUR COVER BY TELEPHONE, EMAIL OR POST. PLEASE USE THE INFORMATION BELOW TO CONTACT US:**

Email: [SCC@mstream.co.uk](mailto:SCC@mstream.co.uk)

**ONLY USE THIS FORM IF YOU WISH TO CANCEL YOUR POLICY BY POST.**

**POLICY NUMBER:**

**POLICYHOLDER:**

**COVERED PERSON:**

**To:**

StemCellCare Customer Services Manager  
StemCellCare  
Blackwell House,  
Guildhall Yard,  
London,  
EC2V 5AE

**I have decided not to proceed with this Policy** and I accept that any return of monies paid will be under the terms of the Policy.

Reasons for cancellation:

- a. Product unsuitable / misunderstood
- b. Product too expensive
- c. Alternative product purchased
- d. Cover overlapped with pre-existing cover

If other, please detail below:

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**Signed:** \_\_\_\_\_ **Policyholder**

**Dated:** \_\_\_\_\_