

Platinum Plus – Survivor’s Income Cover

Your cover in detail.

1. INTRODUCTION

This Survivor’s Income Cover provides **you** with monthly payments for the **term you** have selected if the **insured person** dies or is diagnosed with a **terminal illness**.

The **schedule** will show which **insured person** this Survivor’s Income Cover applies to and any additional options that may apply.

2. BUILT-IN BENEFITS

The following benefits are provided by this Survivor’s Income Cover.

2.1 Death Benefit

We will pay you the monthly benefit for the term if the insured person dies. Any Survivor’s Income Trauma Cover - Accelerated, or Survivor’s Income Total and Permanent Disability Cover – Accelerated paid will reduce the Survivor’s Income **monthly benefit**.

We will pay you the monthly benefit in arrears. The **monthly benefit** payments for an **insured person** will stop at the end of the **term**.

2.2 Terminal Illness Benefit

If the **insured person** is diagnosed with a **terminal illness**, **you** may apply for an advance payment of the Death Benefit.

We will pay you the monthly benefit in arrears. The **monthly benefit** payments for an **insured person** will stop at the end of the **term**.

2.3 Special Events

You can increase an **insured person’s monthly benefit** once in any 12 month period before **his** or **her** 55th birthday without proving additional health information if one of the circumstances shown below occurs.

- (a) **You** can increase that **insured person’s monthly benefit** by up to the lesser of \$1,000 or 10% of **his** or **her monthly benefit** at the **date of commencement** of the cover if any of the following events apply to **him** or **her**:
 - marriage, civil union, divorce or being subject to a separation agreement or order, or
 - birth or adoption of a **child**, or
 - dependent **child** starting secondary school, or
 - reaching ages 25, 30, 35, 40 or 45, or
 - death of a spouse, defacto partner, **child** or civil union partner, or
 - the **insured person** permanently stops work to provide full time physical care for the first time for a dependant **relative** who did not require full time physical care before the **date of commencement**.
- (b) If the **insured person** takes out or increases a mortgage on **his** or **her** own home, **you** can increase **his** or **her monthly benefit** by up to the lesser of:
 - 10% of the **monthly benefit** at the **date of commencement**; or
 - the increase in the value of the existing mortgage or the amount of a new mortgage, divided by 12 and divided by the **term**; or
 - \$1,000.
- (c) If the **insured person** has a **salary** increase of at least \$10,000 or a **salary** increase of at least 10% of **his** or **her salary**, **you** can increase **his** or **her monthly benefit** by up to 10%.

Conditions

- (a) **You** must exercise a Special Events Increase in writing with supporting evidence within the later of either:

- Six months following the event, or
 - 30 days of the following **policy anniversary**.
- (b) An increase under Special Events is not available if:
- The **monthly benefit** at the **date of commencement** includes a premium loading greater than 100%.
 - The **insured person** has either had a claim paid or is entitled to be paid a claim under any policy with **us** or any other insurance company.
 - The premiums are not up to date or are being waived for any reason.
- (c) Any special terms and loadings that applied to the **monthly benefit** at the **date of commencement** will also apply to the increase on that cover.
- (d) The total increases for all events is the lesser of:
- \$3,000, or
 - The **monthly benefit** at the **date of commencement**.
- (e) **Your** premiums will increase in line with the increased **monthly benefit**. **We** will calculate the premium for the increase using the age of the **insured person** at the date **you** exercise the Special Events increase. The increased **monthly benefit** applies from the date **we** confirm the new **monthly benefit** to **you**, subject to payment of the additional premium.

2.4 Premium Holiday Option

You can apply to **us** in writing once to ask **us** to suspend this Survivor's Income Cover and the premiums for an **insured person** for up to 12 consecutive months. The Premium Holiday Option is only available for the following reasons: redundancy, bankruptcy, tertiary studies or overseas travel.

You must advise **us** how long **you** want the cover and the premiums suspended. In applying for the Premium Holiday Option **you** acknowledge that reinstating this Survivor's Income Booster Cover within the 12 month period is **your** sole responsibility. **You** can exercise this Premium Holiday Option during the days of grace by writing to **us** advising the reason why premium payments have stopped.

Conditions

- (a) **We** will acknowledge the request, suspend this Cover confirming that the Premium Holiday Option has been activated if a valid reason is given. **We** may require evidence of the reason for the suspension.
- (b) The maximum **monthly benefit** under this Premium Holiday Option is \$1,500.
- (c) **You** can reinstate this Survivor's Income Cover without providing the **insured person's** health information.
- (d) From the date **you** reinstate this Survivor's Income Cover, premiums are payable on the same terms that applied before the premium holiday. **We** will base the premium on the **insured person's** then current age and the premium rates that apply at that time.

3. ADDITIONAL OPTIONS

3.1 Survivor's Income – Trauma Cover – Accelerated

If this option is included in this cover, the **schedule** will show which **insured person** this applies to.

3.1.1 The conditions covered

Trauma condition means any one of the conditions listed below and meeting the respective definition in section 8.2.

The conditions **we** will pay the **monthly benefit** for are as follows:

Accidentally acquired HIV
 Angioplasty – triple vessel
 Aplastic Anaemia
 Cancer
 Cardiomyopathy

Alzheimer's disease
 Aorta Surgery
 Benign brain tumour or benign spinal tumour
 Carcinoma in situ – Major Treatment
 Chronic kidney failure (renal failure)

Chronic liver failure
 Cognitive impairment
 Coronary artery bypass surgery
 Dementia
 Heart attack
 Intensive care
 Loss of limb and eye
 Loss of sight in both eyes
 Major head trauma
 Meningitis and/or meningococcal disease
 Multiple sclerosis
 Occupationally acquired HIV
 Out of hospital cardiac arrest
 Parkinson's disease
 Pneumonectomy
 Severe burns
 Severe inflammatory bowel disease
 Systemic sclerosis

Chronic lung disease
 Coma
 Creutzfeldt-Jakob disease (CJD)
 Encephalitis
 Heart valve surgery
 Loss of independent existence
 Loss of limbs
 Loss of speech
 Major organ transplant
 Motor neurone disease
 Muscular dystrophy
 Open heart surgery
 Paralysis
 Peripheral Neuropathy
 Primary pulmonary hypertension
 Severe diabetes
 Stroke
 Total deafness in both ears

The conditions **we** will pay a **partial benefit** for are as follows:

Adult onset type 1 insulin dependent diabetes mellitus	Alzheimer's disease diagnosis
Aneurysm	Angioplasty - two vessels or less
Carcinoma in situ without Major Treatment	Chronic lymphocytic leukaemia
Colostomy and/or ileostomy	Dementia diagnosis
Early stage prostate cancer	Hydrocephalus
Loss of one limb	Loss of sight in one eye
Major burns	Malignant melanoma diagnosis
Multiple sclerosis diagnosis	Parkinson's disease diagnosis
Severe osteoporosis	Severe rheumatoid arthritis
Systemic lupus erythematosus	Total deafness in one ear

3.1.2 How much do we pay?

When the **insured person** suffers a **trauma condition** for the first time, before his or her 65th birthday, after the **date of commencement** and after the **stand-down period** (where applicable), **we** will pay **you** in arrears for the **term** either:

- The **monthly benefit**; or
- If the **trauma condition** is a **partial benefit**, 25% of the **present-day value** of the **monthly benefit** up to a maximum of \$25,000. The Survivor's Income Trauma Cover – Accelerated **monthly benefit**, Survivor's Income Cover **monthly benefit** and any Survivor's Income Total and Permanent Disability Cover – Accelerated **monthly benefit** will reduce by this payment and premiums will change accordingly.

The **monthly benefit** payments for an **insured person** will stop at the end of the **term**.

Where the event giving rise to the payment of **monthly benefit** was already covered at the **date of commencement** by a policy issued by **us** or another insurer (existing policy), then **we** will reduce the **monthly benefit** and our payment so that when added to any amount paid or payable under the existing policy, the total for that **insured person** does not exceed the **present-day value** of the **monthly benefit** equivalent of \$2,000,000.

3.1.3 Stand-down period

If a **trauma condition** stated below occurred or was diagnosed, or the signs or symptoms leading to diagnosis became apparent to the **insured person**, or would

have become apparent to a reasonable person in the **insured person's** position, within three months of:

- the **date of commencement** or the date of reinstatement, then no benefit will ever be payable for that **trauma condition** under this cover, or
- the date of any increase in the **monthly benefit** (excluding increases due to the CPI Option) then no benefit will ever be payable for that **trauma condition** for that increase in **monthly benefit**.

The stand down applies to the following conditions:

- (a) **Cancer condition, heart attack, out of hospital cardiac arrest or stroke.**
- (b) **Angioplasty – two vessels or less or Angioplasty – triple vessel** if there was narrowing or blockage of one or more arteries.
- (c) **Coronary artery bypass surgery** if there existed disease of the arteries.
- (d) **Aorta surgery** if there was narrowing, dissection or aneurysm of the abdominal or thoracic aorta.
- (e) **Heart valve surgery** if there was heart valve defects or abnormalities.

The **stand-down** will not apply if an **insured person** had similar cover with **us** or another insurance company and this cover replaced that cover, up to the **monthly benefit** equivalent under the replaced cover provided the previous policy had been in force for at least three months.

3.2 Survivor's Income – Total and Permanent Disability Cover - Accelerated

The **schedule** will show if this is included in this cover and which **insured person** this applies to.

3.2.1 Total and permanent disability before age 65

Total and permanent disability means that **we** are satisfied that one of the following events occurs before the **insured person's** 65th birthday:

(a) **Own Occupation**

If Own Occupation is shown in the **schedule** for an **insured person**, then **he** or **she** has been absent from employment through sickness or injury for an uninterrupted period of three months, and in **our** reasonable opinion after considering all the medical evidence and other relevant evidence, has become so disabled that **he** or **she** will unlikely ever be able to work in any capacity in **his** or **her own occupation**;

Or

(b) **Any Occupation**

If Any Occupation is shown in the **schedule** for an **insured person**, then **he** or **she** has been absent from employment through sickness or injury for an uninterrupted period of three months and in **our** reasonable opinion after considering all the medical evidence and other relevant evidence, has become so disabled that **he** or **she** will unlikely ever be able to perform **his** or **her own occupation** or **any occupation**;

Or

(c) **Home Duties**

If the **insured person** was not **gainfully employed** immediately before the event causing disability due to undertaking full-time **home duties**, regardless of whether Own Occupation or Any Occupation is shown in the **schedule**, **total and permanent disability** shall mean that **he** or **she** for an uninterrupted period of at least three months:

- has been under medical supervision with the complete inability to perform all normal **home duties**; and
- has been unable to leave the home without assistance; and
- in **our** reasonable opinion based on medical and other relevant evidence, is unlikely to ever again be able to perform all normal **home duties**;

Or

(d) has suffered the total and permanent loss of the:

- sight of both eyes, or
- use of two limbs, or

- sight of one eye, and the loss of the use of either a whole hand, or a whole foot.

Loss of the sight in an eye must be confirmed by an ophthalmologist and measured by one of the following:

- visual acuity of less than 6/60 in the affected eye after correction, or
- a field of vision constricted to 20 degrees of arc or less, or
- a combination of visual defects resulting in the same degree of visual impairment as that occurring in either of the above, or

- (e) is totally and permanently unable to perform at least two **activities of daily living** as a result of sickness or injury without the assistance of an adult;

Or

- (f) has suffered an injury or illness of the brain resulting in permanent and irreversible loss of cognitive function that requires the **insured person** to be under continuous full time care for the **insured person's** safety to prevent such situations including but not limited to wandering away from their usual place of residence, physical aggression, neglect of self-care, misjudging or causing situations that are dangerous for themselves or others.

The loss needs to be measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:

- short or long term memory;
- orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year);
- deductive or abstract reasoning.

3.2.2 Total and permanent disability from age 65 to age 70

If **we** are satisfied that after **his** or **her** 65th birthday the **insured person** was continuing to perform **his** or **her** usual occupational duties without limitation or restriction due to sickness or injury for at least 25 hours per week, then **we** will assess any claim for **total and permanent disability** made before **his** or **her** 70th birthday under the definition that applied before the **insured person's** 65th birthday.

If the **insured person** was performing **his** or **her** occupational duties with limitations or restrictions due to sickness or injury, **we** will assess the claim under the definition applying under section 3.2.4.

3.2.3 Home Duties from age 65

If the **insured person** was not **gainfully employed** immediately before the event causing disability due to undertaking full-time **home duties** and the event causing the **total and permanent disability** happens after the **insured person's** 65th birthday, **we** will assess the claim under the definition applying under section 3.2.4.

3.2.4 Total and permanent disability from age 70

Where the event causing the **total and permanent disability** happens after the **insured person's** 70th birthday, or where sections 3.2.2 or 3.2.3 apply, the following definition applies:

Total and permanent disability means that **we** are satisfied that the **insured person**:

- (a) has suffered the total and permanent loss of the:
- sight of both eyes, or
 - use of two limbs, or
 - sight of one eye, and the loss of the use of either a whole hand, or a whole foot.

Loss of the sight in an eye must be confirmed by a specialist medical practitioner and measured by one of the following:

- visual acuity of less than 6/60 in the affected eye after correction, or
- a field of vision constricted to 20 degrees of arc or less, or
- a combination of visual defects resulting in the same degree of visual impairment as that occurring in either of the above;

Or

- (b) is totally and permanently unable to perform at least two **activities of daily living** as a result of sickness or injury without the assistance of an adult;

Or

- (c) has suffered an injury or illness of the brain resulting in permanent and irreversible loss of cognitive function that requires the **insured person** to be under continuous full time care for the **insured person's** safety to prevent such situations including but not limited to wandering away from their usual place of residence, physical aggression, neglect of self-care, misjudging or causing situations that are dangerous for themselves or others.

The loss needs to be measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:

- short or long term memory;
- orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year);
- deductive or abstract reasoning.

3.2.5 Total and Permanent Disability Partial benefit

We will pay a **partial benefit** if the **insured person** suffers the total and permanent loss of use of one hand, one foot or the sight in one eye.

The loss of the sight must be confirmed by an appropriate **specialist medical practitioner** and measured by one of the following:

- visual acuity of less than 6/60 in the affected eye after correction, or
- a field of vision constricted to 20 degrees of arc or less, or
- a combination of visual defects resulting in the same degree of visual impairment as that occurring in either of the above.

3.2.6 How much do we pay?

When the **insured person** suffers a **total and permanent disability**, **we** will pay **you** in arrears for the **term** either:

- The **monthly benefit**; or
- If the **total and permanent disability** is a **partial benefit**, 25% of the **present-day value** of the **monthly benefit** up to a maximum of \$75,000. The Survivor's Income Total and Permanent Disability Cover – Accelerated **monthly benefit**, Survivor's Income Cover **monthly benefit** and any Survivor's Income Trauma Cover – Accelerated **monthly benefit** will reduce by this payment and premiums will change accordingly.

The **monthly benefit** payments for an **insured person** will stop at the end of the **term**.

Where the event giving rise to the payment of **monthly benefit** was already covered at the **date of commencement** by a policy issued by **us** or another insurer (existing policy), then **we** will reduce the **monthly benefit** and our payment so that when added to any amount paid or payable under the existing policy, the total for that **insured person** does not exceed the **present-day value** of the **monthly benefit** equivalent of \$5,000,000.

3.2.7 Total and Permanent Disability Early Payment

If the cause of the **insured person's total and permanent disability** is due to one of the below conditions, **we** will waive the requirement for the **insured person** to be absent from employment or undertake full-time **home duties** for an uninterrupted period of three months. The conditions are:

- Alzheimer's disease
- Cardiomyopathy
- Chronic lung disease
- Dementia
- Major head trauma
- Motor neurone disease
- Multiple sclerosis
- Muscular dystrophy
- Parkinson's disease

- Severe rheumatoid arthritis
- Systemic sclerosis

3.3 CPI Option

If this option is included in this cover, the **schedule** will show which **insured person's** cover it applies to. How **we** apply the CPI Option is set out in section 4 of the Policy Terms and Conditions.

The last increase under this CPI Option for an **insured person** will be applied on the **policy anniversary** before **his** or **her** 65th birthday.

3.4 Claims Escalation Option

If this option is included in this cover, the **schedule** will show which **insured person's** cover it applies to and the claims escalation rate which applies to that **insured person's** cover.

Once **we** have paid **you** the **monthly benefit** for more than three months, **we** will increase the **monthly benefit** on each quarter of the date payment started. The amount of the increase will be the quarterly equivalent of the annual claims escalation rate shown in the **schedule**.

4. CLAIMS

4.1 Notice

You or the **insured person** must notify **us** in writing immediately or as soon as practically possible if **you** or the **insured person** become aware of any claim or potential claim under this Survivor's' Income Cover.

We will advise **you** of the requirements **we** need to assess **your** claim.

We will not pay any claim until we receive all of the requirements **we** need to assess the claim and confirm that the **insured person** meets the definition.

4.2 Obligations

You and the **insured person** (if possible) must throughout the life of the claim:

- Complete **our** claim form in full and send it to **us** as soon as reasonably possible.
- Supply **us** with all relevant medical evidence **we** reasonably require in connection with the claim.
- Authorise the disclosure to **us** of **his** or **her** or **your** personal information in connection with the claim held by any other party.
- Authorise the disclosure of **his** or **her** or **your** personal information held by **us** to another party to evaluate the claim.
- Provide **us** with any other relevant information **we** reasonably require. This may include but is not limited to financial, medical and occupational evidence.

The **insured person** where appropriate must:

- Provide a signed report from an appropriate **specialist medical practitioner** confirming the diagnosis and prognosis of the **terminal illness**
- Provide a signed report from an appropriate **specialist medical practitioner** confirming the occurrence of the **trauma condition**.
- Undergo one or more medical examinations if **we** reasonably request them at **our** expense. This may include blood tests and medical testing.
- We** may also request other additional claim proofs necessary to complete our assessment of the claim including an independent opinion from an appropriate **medical practitioner** or **specialist medical practitioner** approved by us.

You must pay any expenses incurred in proving **your** claim.

5. EXCLUSION

5.1 Suicide

We will cancel the cover, or the increased portion of cover, and retain any premiums paid if an **insured person**, whether sane or insane, dies by **his** or **her** own hand within 13 months of:

- the **date of commencement** or the date of reinstatement, or

- the date of any increases in the **monthly benefit**, excluding increases due to the CPI Option.

This exclusion will not apply if the **insured person** had similar life cover with another insurance company and this cover replaced that cover up to the **monthly benefit** under the replaced cover provided:

- the previous cover had been in force for at least 13 months before the **date of commencement**, and
- **you** provide **us** proof of the existence and cancellation of that previous policy at the time of claim,

5.2 Self-inflicted act or injury

You cannot claim under Trauma Cover or Total and Permanent Disability Option for sickness or injury in connection with a self-inflicted act or injury.

6. WHEN THIS COVER ENDS

This Survivor's Income Cover ends for an **insured person** on the earliest of the date:

- you** cancel **his** or **her** Survivor's Income Cover, or
- when we have paid the full **monthly benefit** for the full **term**, or
- this Policy ends for any reason, or
- he** or **she** dies.

If **schedule** includes Trauma Cover, this cover will end for an **insured person** on the earliest of the date:

- one of the events listed above, or
- his** or **her** 65th birthday.

7. NOMINATED BENEFICIARY OR TRANSFER OF PAYMENT RIGHTS

You can nominate a beneficiary/ies (section 8.3 of the Policy Terms and Conditions) or a transferee/es (section 8.2 of the Policy Terms and Conditions) before the death of the **insured person**. The **nominated beneficiary/ies** or transferee/s cannot be changed or revoked once **we** start paying a benefit.

If **you** are the only **policy owner** and also the **insured person** and there is no **nominated beneficiary/ies** or transferee(s), **we** will not pay the **monthly benefit** if **you** die. **We** will instead calculate a lump sum based on the **present-day value** of the **monthly benefit** payments for the **term**. That lump sum will be paid to **your** estate or personal representative.

If while **we** are paying the **monthly benefit** to a person, that person dies, the **monthly benefit** payment to that person will end. **We** will instead calculate a lump sum payment based on the **present-day value** of the **monthly benefit** payments for the balance of the **term**. The lump sum will be paid to that person's estate or legal representative.

8. DEFINITIONS

The definitions shown below apply to all derivatives of the words defined.

8.1 General Definitions

Any occupation

An occupation for which the **insured person** is suited to by education, training or experience, which would remunerate at a rate greater than 25% of **his** or **her** earnings over the last 12 month period of employment.

Cancer condition

Cancer, carcinoma in situ – major treatment, carcinoma in situ – without major treatment, chronic lymphocytic leukaemia, malignant melanoma diagnosis and early stage prostate cancer.

Gainfully employed

Working in an occupation or job as an employee for reward, salary, commission or any other income. For an **insured person** who is self-employed, working in any business or professional practice which could produce income for that business or professional practice.

Home duties

The duties normally associated with a person who is engaged in full time unpaid home duties within the family home, and is not employed in any occupation or working outside the **insured person's** home for salary, reward or profit and includes:

- (a) cleaning the family home, such as using a vacuum cleaner, sweeping with a broom, using a mop and cleaning dishes (automatic or manual).
- (b) cooking the family meals, such as preparing fresh and frozen food and using an oven, stove or microwave oven.
- (c) doing the family's laundry, such as loading and unloading a washing machine, hanging out clothes or using a dryer, folding clothes and ironing.
- (d) shopping, such as attending shops or using the phone or internet to purchase food for the family.
- (e) taking care of the **insured person's** dependent children (where applicable) such as supervising, lifting, transporting, feeding and bathing.

We will not consider an **insured person** who is actively seeking employment or is performing less than full time unpaid **home duties** to be performing **home duties**.

New York Heart Association Classification of Cardiac Impairment

Class 1 – no limitation of physical activity, no symptoms with ordinary physical activity.

Class 2 – slight limitation of physical activity, symptoms occur with ordinary physical activity.

Class 3 – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.

Class 4 – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

Own occupation

The field of work in which the **insured person** has trained in, specialises in and was engaged in immediately before becoming **totally and permanently disabled**.

Partial benefit

A part payment of the **monthly benefit**. The definitions for each **trauma condition** partial benefit payment is detailed in the section 8.2.2 and in section 3.2.5 for **total and permanent disability**.

Present-day value

The current value of the sum of the **monthly benefit** payments remaining during the **term** when each payment is discounted by a rate that is a function of the annual interest rate as reasonably determined by **us**. Because the buying power of a dollar decreases over time the amount of the **present-day value** will always be less than the sum of the remaining **monthly benefit** payments.

Stand-down period

The period set out in section 3.1.3 where no Trauma Cover – Accelerated will ever be payable under this cover.

Term

The maximum period shown on the **schedule** for an **insured person** that **we** pay **you** the **monthly benefit**.

Terminal illness

An illness where, after considering the current or future treatment the **insured person** would be reasonably expected to receive, **he** or **she** is likely to die within 12 months. The **specialist medical practitioner** treating **his** or **her** condition must certify the diagnosis and prognosis of the **terminal illness**. Another **specialist medical practitioner** nominated by **us** must confirm the diagnosis and prognosis.

Total and permanent disability

A sickness or injury resulting in the **insured person** meeting the definition as outlined in section 3.2.

Trauma condition

A condition as defined in section 8.2.

Whole person function

The evaluation of whole person function derived from the most recent edition of the American Medical Association's book Guides to the Evaluation of Permanent Impairment (Guides) as assessed by an appropriately qualified **medical practitioner**.

8.2 Trauma conditions

8.2.1 Trauma conditions covered for a full benefit payment

Accidentally acquired HIV

Infection by the Human Immunodeficiency Virus (HIV), acquired via blood transfusion or accidental means, with sero-conversion to HIV infection occurring within six months of the accident.

Any accident which may lead to a potential claim must be reported to **us** within thirty days of the incident. The report must be supported by a negative HIV antibody test within seven days of the incident.

Transmission via any form of sexual activity or deliberate injection of a drug not prescribed by a **medical practitioner** is excluded.

Alzheimer's disease

The confirmed diagnosis by a **specialist medical practitioner** of Alzheimer's disease with the permanent and irreversible loss of cognitive function. Loss of cognitive function is deterioration or loss of intellectual capacity which requires the need for daily supervision of another adult to ensure the **insured person's** safety. Daily supervision means situations such as preparing food, taking medicines, leaving home or activities of similar severity.

The loss needs to be measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:

- Short or long term memory;
- Orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year);
- Deductive or abstract reasoning.

Angioplasty – triple vessel

Undergoing a coronary artery angioplasty to correct narrowing or blockage of three or more coronary arteries within one or more procedures within a two month period.

Angiographic evidence indicating obstruction of the treated coronary arteries and confirmation from a **specialist medical practitioner** is required to confirm that the procedure is **medically necessary**.

Aorta surgery

Surgery, including minimally invasive surgery or percutaneous procedures, to correct any narrowing, dissection or aneurysm of the abdominal or thoracic aorta by repair or its replacement.

Aplastic anaemia

Bone marrow failure that results in anaemia, neutropenia and thrombocytopenia and requires treatment with at least one of the following:

- marrow stimulating agents
- immunosuppressive agents
- bone marrow transplant
- peripheral blood stem cell transplant
- blood product transfusions.

Benign brain tumour or benign spinal tumour

A non-cancerous tumour in the brain or spinal cord that gives rise to characteristic symptoms of intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment and results in:

- permanent neurological damage and functional impairment diagnosed by an appropriate **specialist medical practitioner**, or
- surgical treatment for its removal where this is considered the appropriate and medically necessary treatment.

A tumour in the pituitary gland will be covered if it results in:

- permanent neurological damage and functional impairment diagnosed by an appropriate **specialist medical practitioner**, or
- requires a craniotomy to remove it.

Neurological damage and functional impairment include but are not limited to: memory loss, impaired speech, vision loss and paralysis on one side of the body.

The presence of the underlying tumour must be confirmed by imaging studies such as a CT or MRI scan.

Cysts, granulomas, malformations in or of the arteries or veins of the brain and haematomas are excluded.

Cancer

The confirmed presence of one or more invasive malignant tumours diagnosed by a **specialist medical practitioner** with supporting histological evidence of uncontrolled growth of malignant cells and invasion of normal tissue beyond the basement membrane. The term malignant tumour also includes leukaemia, sarcoma, malignant bone marrow disorders, and malignant lymphomas.

In addition to the above, only cancers meeting the following specified level of advancement for that cancer are covered:

- Hodgkin's and Non-Hodgkins lymphoma (all stages)
- Chronic Lymphocytic Leukaemia of Rai Stage 1 or higher
- Malignant melanomas meeting any of the following criteria:
 - at least Clark Level 3 depth of invasion; or
 - 1mm Breslow thickness or greater; or
 - showing evidence of ulceration
- Prostatic cancers meeting any of the following:
 - at least TNM classification T2; or
 - a Gleason score greater than or equal to 6; or
 - the entire prostate has been removed through a prostatectomy; or
 - **medically necessary** treatment by radiotherapy or chemotherapy has been performed.
- Papillary and follicular carcinoma of thyroid of at least TNM classification T2
- Squamous cell carcinomas of the skin where the carcinomas have spread to other organs, bones or lymph nodes
- Other cancers not listed above of at least TNM classification T1.

This definition does not include the following:

- Tumours showing the malignant changes of carcinoma-in-situ (including cervical dysplasia CIN1, CIN2 and CIN3). Tumours histologically classified as pre-malignant or having low-malignant potential.
- All hyperkeratoses or basal cell carcinomas of the skin.

Carcinoma in situ – Major Treatment

The actual undergoing of treatment for pre-invasive carcinoma in situ. The tumour must be positively diagnosed by a **specialist medical practitioner** as Tis according to the TNM classification or FIGO stage 0, with supporting histological evidence and resulting in one of the following being performed:

- **Radical surgery**; or
- **Medically necessary** treatment by radiotherapy or systemic chemotherapy.

Radical Surgery means the actual undergoing of **medically necessary** surgery to remove an entire affected organ or breast. Where surgery involves the colon, Radical Surgery means partial or full colectomy.

Cardiomyopathy

Impaired ventricular function of variable aetiology, resulting in physical impairments to the degree of at least class 3 of the **New York Heart Association Classification of Cardiac Impairment**.

Chronic kidney failure (renal failure)

End stage renal failure diagnosed by an appropriate **specialist medical practitioner** and presenting as chronic irreversible failure of both kidneys to function and resulting in regular renal dialysis being started.

Chronic liver failure

End stage liver failure diagnosed by an appropriate **specialist medical practitioner** based on any of the following symptoms: permanent jaundice, ascites and encephalopathy.

Chronic lung disease

End stage lung disease requiring permanent oxygen therapy and with:

- FEV1 test results of consistently less than one litre, or
- at least 25% permanent impairment of **whole person function**, or
- the permanent inability of the **insured person** to perform at least one of the **activities of daily living** without the assistance of an adult.

Cognitive impairment

Injury or illness of the brain resulting in permanent and irreversible loss of cognitive function. Loss of cognitive function is deterioration or loss of intellectual capacity which requires the need for daily supervision of another adult to ensure the **insured person's** safety. Daily supervision means situations such as preparing food, taking medicines, leaving the home or activities of similar severity.

The loss needs to be measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:

- Short or long term memory;
- Orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year);
- Deductive or abstract reasoning.

Coma

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continually with the use of a life support system for at least 72 hours.

Coma related to alcohol or drug abuse is excluded.

Coronary artery bypass surgery

Medically necessary coronary artery bypass graft surgery to correct coronary artery disease that is causing inadequate myocardial blood supply.

Angioplasty, intra-arterial procedures and other non-surgical techniques are excluded.

Creutzfeldt-Jakob disease (CJD)

The unequivocal diagnosis of CJD by a **specialist medical practitioner** with signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasm, tremor and athetosis resulting in the **insured person** requiring permanent and continual supervision for their safety.

Dementia

The confirmed diagnosis by a **specialist medical practitioner** of dementia with the permanent and irreversible loss of cognitive function. Loss of cognitive function is deterioration or loss of intellectual capacity which requires the need for daily supervision of another adult to ensure the **insured person's** safety. Daily supervision means situations such as preparing food, taking medicines, leaving the home or activities of similar severity.

The loss needs to be measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:

- Short or long term memory;
- Orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year);
- Deductive or abstract reasoning.

Encephalitis

Severe inflammation of the brain diagnosed by a **specialist medical practitioner** as resulting in:

- significant and permanent neurological sequelae, or
- at least 25% permanent impairment of **whole person function**, or
- the permanent inability of the **insured person** to perform at least one of the **activities of daily living** without the assistance of an adult.

Heart attack

The death of a portion of heart muscle as a result of inadequate blood supply. The basis of diagnosis must be confirmed by an appropriate **specialist medical practitioner** and evidenced by a typical rise and/or fall of cardiac biomarkers (Troponin I, Troponin T or CK-MB) and must also be supported by one of the following changes associated with a heart attack:

- New cardiac symptoms and signs; or
- Electrocardiogram (ECG) tests showing new significant changes; or
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

If the above tests are inconclusive, **we** will consider other appropriate and medically recognised tests provided in support of the diagnosis.

The following are excluded:

- Other acute coronary and other non-coronary syndromes, including but not limited to angina pectoris, and
- A rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease.

Heart valve surgery

Surgery, including minimally invasive surgery or percutaneous procedures, to replace or repair a cardiac valve or valves as a consequence of heart valve defects or abnormalities.

Intensive care

An **accident** or sickness, which at the recommendation of an appropriate **specialist medical practitioner**, has resulted in the **insured person**:

- requiring continuous mechanical ventilation by means of tracheal intubation for at least five consecutive days (24 hours per day), or
- being admitted to the intensive care ward of an appropriately certified hospital for at least five consecutive days (24 hours per day).

Intensive care as a direct or indirect result of drug or alcohol abuse is excluded.

Loss of independent existence

As a result of disease, sickness or injury, the **insured person** is totally and permanently unable to perform at least two of the **activities of daily living** without the assistance of an adult.

Loss of limb and eye

The **insured person** suffers the total and permanent loss of the use of:

- one foot or one hand; and
- the sight in one eye.

The loss of the sight must be confirmed by an appropriate **specialist medical practitioner** and measured by one of the following:

- visual acuity of less than 6/60 in the affected eye after correction, or
- a field of vision constricted to 20 degrees of arc or less, or
- a combination of visual defects resulting in the same degree of visual impairment as that occurring in either of the above.

Loss of limbs

The **insured person** suffers the total and permanent loss of the use of either both feet, both hands or one foot and one hand.

Loss of sight in both eyes

The **insured person** suffers the permanent and irreversible loss of sight in both eyes.

The permanent and irreversible loss of sight must as confirmed by an appropriate **specialist medical practitioner** and measured by one of the following:

- visual acuity of less than 6/60 in both eyes after correction, or
- a field of vision constricted to 20 degrees of arc or less, or
- a combination of visual defects resulting in the same degree of visual impairment as that occurring in either of the above.

Loss of speech

The total and permanent loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply or to the speech centres of the brain, whether caused by injury, tumour or sickness.

Loss of speech due to psychological reasons is excluded.

Major head trauma

Permanent neurological deficit caused by an external accidental injury to the head which is confirmed by a **specialist medical practitioner** as resulting in either:

- at least 25% permanent impairment of **whole person function**, or
- the permanent inability of the **insured person** to perform at least one of the **activities of daily living** without the assistance of an adult.

Major organ transplant

The actual transplant, or placement on an official waiting list of a Transplantation Society of Australia and New Zealand recognised transplant unit, of one or more of the following organs or tissues:

- kidney
- heart
- lung
- liver (including live donor liver transplants)
- pancreas
- small bowel
- bone marrow
- blood-forming stem cell transplant.

The transplant must be confirmed by an appropriate specialist medical practitioner as being **medically necessary** and treatable only by a transplant. The transplant of all other organs, parts of organs (except for liver transplant) or any other tissue transplant is excluded.

Meningitis and/or meningococcal disease

The unequivocal diagnosis by an appropriate **specialist medical practitioner** of meningitis and/or meningococcal disease including meningococcal septicaemia that results in either:

- at least 25% permanent impairment of **whole person function**, or
- the permanent inability of the **insured person** to perform at least one of the **activities of daily living** without the assistance of an adult.

Motor neurone disease

The unequivocal diagnosis of motor neurone disease by two appropriate **specialist medical practitioners**.

Multiple sclerosis

The unequivocal diagnosis by an appropriate **specialist medical practitioner** of multiple sclerosis confirming more than one episode of well-defined neurological abnormalities and

- at least 25% permanent impairment of **whole person function**, or
- the permanent inability to perform at least one of the **activities of daily living** without the assistance of an adult, or
- Expanded Disability Status Scale (EDSS) level of 7.5 or higher.

The diagnosis must be based on confirmatory neurological investigations e.g. lumbar puncture, evoked visual responses, evoked auditory responses and NMR (Nuclear Magnetic Resonance) evidence of lesions of the central nervous system.

Muscular dystrophy

The unequivocal diagnosis of **muscular dystrophy** by an appropriate **specialist medical practitioner**.

Occupationally acquired HIV

Infection by the Human Immunodeficiency Virus (HIV), acquired via blood transfusion or accidental means during the course of carrying out the **insured person's** normal occupation, with sero-conversion to HIV infection occurring within six months of the accident.

Any accident which may lead to a claim must be reported to **us** within thirty days of the incident. The report must be supported by a negative HIV antibody test within seven days of the incident.

Transmission via any form of sexual activity or deliberate injection of a drug not prescribed by a **medical practitioner** is excluded.

Open heart surgery

Undergoing open heart surgery to treat a cardiac defect, cardiac aneurysm or benign cardiac tumour.

Repair via catheter surgery, minimally invasive 'keyhole' or similar techniques are excluded.

Out of hospital cardiac arrest

A sudden unexpected stoppage of effective heart action which:

- is not associated with any medical procedure, and
- is documented by an electrocardiogram, and
- occurs outside a hospital, and
- is due to either cardiac asystole (complete failure of the heart causing cardiac arrest) or ventricular fibrillation (heart abnormality with ineffective twitching of the heart chambers).

Paralysis

The total and permanent loss of use of one or more limbs resulting from injury or disease.

Limb means an entire arm or leg and included in this definition is monoplegia, diplegia, hemiplegia, paraplegia, quadriplegia and tetraplegia. The diagnosis must be confirmed by a **specialist medical practitioner**.

Parkinson's disease

The unequivocal diagnosis of Idiopathic **Parkinson's disease** by a **specialist medical practitioner** resulting in:

- at least 25% permanent impairment of **whole person function**, or
- the permanent inability of the **insured person** to perform at least one of the **activities of daily living** without the assistance of an adult.

Peripheral neuropathy

Irreversible loss of function of peripheral nerves, diagnosed by a specialist medical practitioner and resulting in either:

- At least 25% permanent impairment of **whole person function**, or
- the permanent inability of the insured person to perform at least one of the **activities of daily living** without the assistance of an adult.

Peripheral neuropathy related to alcohol or drug use is excluded.

Pneumonectomy

The removal of an entire lung. This must be considered the **medically necessary** treatment by an appropriate **specialist medical practitioner**.

Primary pulmonary hypertension

Irreversible raised pressure in the pulmonary arteries with right ventricular enlargement established by investigations including cardiac catheterisation.

Severe burns

Tissue injury caused by thermal, electrical or chemical agents that results in third degree burns to at least:

- 20% of the Body Surface Area as measured by the Rule of 9's or the Lund and Browder Body Surface Chart, or
- 50% of both hands requiring surgical debridement and/or grafting, or
- 25% of the face requiring surgical debridement and/or grafting.

Severe diabetes

The confirmation by an appropriate **specialist medical practitioner** that the **insured person** has experienced at least two of the following complications as a direct result of diabetes:

- retinopathy that results in corrected visual acuity of 6/36 or worse in both eyes, or
- neuropathy causing
 - irreversible autonomic neuropathy that results in postural hypotension and/or motility problems in the gut with intractable diarrhoea, or
 - polyneuropathy leading to severe mobility problems due to sensory and/or motor deficits, or
- chronic infection or gangrene that results in amputation of a whole hand or foot, or
- nephropathy causing chronic, irreversible kidney impairment for at least three months where the glomerular filtration rate has reduced to less than 28ml/min (Chronic kidney disease stage 4, International Chronic Kidney Disease classification).

Severe inflammatory bowel disease

The confirmed diagnosis by an appropriate **specialist medical practitioner** of Crohn's disease or ulcerative colitis that has failed surgical treatment, is resistant to conventional medical intervention, and requires either:

- permanent immunosuppressive therapy, or
- surgical removal of the entire large bowel (colon and rectum)

Stroke

A cerebrovascular incident including infarction of brain tissue, intracranial or subarachnoid haemorrhage, or embolisation from an intracranial source as evidenced by CT, MRI or similar scan.

Transient ischaemic attacks and cerebral symptoms due to migraine are excluded.

Systemic sclerosis

The unequivocal diagnosis of systemic sclerosis, as confirmed by an appropriate **specialist medical practitioner**, causing:

- skin thickening accompanied by various degrees of tissue fibrosis, and
- chronic inflammatory infiltration in visceral organs, and
- the permanent inability of the **insured person** to perform at least one of the **activities of daily living** without the assistance of an adult.

Total deafness in both ears

The total and irreversible loss of hearing both natural and assisted, in both ears as a result of sickness or injury as confirmed by a **specialist medical practitioner**.

8.2.2 Trauma conditions covered for a partial benefit

Adult onset type 1 insulin dependent diabetes mellitus

The diagnosis by a **specialist medical practitioner** after the **insured person's** 30th birthday with Type 1 diabetes mellitus which requires insulin.

Alzheimer's disease diagnosis

The unequivocal diagnosis of Alzheimer's disease by a **specialist medical practitioner**.

Aneurysm

The **insured person** has either:

- a cerebral aneurysm of any size that is treated by a **specialist medical practitioner** surgically via clipping or endovascular surgery; or
- an aortic aneurysm that has been definitely identified through MRI or CT scanning and:
 - is larger than 5.5cm in diameter; or

- is larger than 3.5cm in diameter and growing at a rate faster than 0.5cm in diameter per year; or
- has ruptured.

Angioplasty - two vessels of less

The undergoing of a coronary artery angioplasty to correct narrowing or blockage of one or two coronary arteries.

Angiographic evidence indicating obstruction of the treated coronary arteries and confirmation from a **specialist medical practitioner** is required to confirm that the procedure is **medically necessary**.

Carcinoma in situ – without Major Treatment

The first time diagnosis by a **specialist medical practitioner** with carcinoma in situ of the breast, cervix uteri, vagina, vulva, fallopian tubes, ovary, corpus uteri, anus, perineum, penis or testicle. Tumours must be classified as Tis according to the TNM classification or FIGO stage 0 with supporting histological evidence.

Chronic Lymphocytic Leukaemia

The first time positive diagnosis by a **specialist medical practitioner** with Chronic Lymphocytic Leukaemia of Rai Stage 0.

Colostomy and/or ileostomy

The undergoing of the creation of a permanent non-reversible opening, linking the colon or ileum to the external surface of the body.

Dementia diagnosis

The unequivocal diagnosis of dementia by a **specialist medical practitioner**.

Early Stage Prostate Cancer

The first time positive diagnosis by a **specialist medical practitioner** with supporting histological evidence of early stage prostate cancer of TNM classification T1 (all categories) or Gleason score less than or equal to 5.

Hydrocephalus

The requirement of a shunt to remove an excessive accumulation of cerebrospinal fluid or to relieve increased pressure within the cranium.

Loss of one limb

The total and permanent loss of use of one hand or one foot.

Loss of sight in one eye

The permanent and irreversible loss of sight in one eye as confirmed by an appropriate **specialist medical practitioner** and measured by one of the following:

- visual acuity of less than 6/60 in both eyes after correction, or
- a field of vision constricted to 20 degrees of arc or less, or
- a combination of visual defects resulting in the same degree of visual impairment as that occurring in either of the above.

Major burns

Tissue damage caused by thermal, electrical or chemical agents that results in third degree burns to at least:

- 9% of the Body Surface Area as measured by the Rule of 9's or the Lund and Browder Body Surface Chart, or
- 50% of either hand, or combined over both hands, requiring surgical debridement and/or grafting.

Malignant melanoma diagnosis

The first time positive diagnosis by a **specialist medical practitioner** with supporting histological evidence of malignant melanoma that is Clark Level 1 or 2 depth of invasion, and less than 1mm in thickness as measured using the Breslow method.

Multiple sclerosis diagnosis

The unequivocal diagnosis with **multiple sclerosis** confirming more than one episode of well-defined neurological abnormalities by an appropriate **specialist medical practitioner**.

Parkinson's disease diagnosis

The unequivocal diagnosis with Idiopathic **Parkinson's disease** by a **specialist medical practitioner**.

Severe osteoporosis

The diagnosis with severe osteoporosis by an appropriate **specialist medical practitioner** before the **insured person's** 50th birthday: The diagnosis must confirm the following:

- suffers at least two vertebral body fractures or a fracture of the neck of the femur, due to osteoporosis, and
- has bone mineral density reading with a T-score of less than -2.5. This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

Severe rheumatoid arthritis

The diagnosis of severe rheumatoid arthritis by an appropriate **specialist medical practitioner** before the **insured person's** 50th birthday. The diagnosis must confirm all of the following:

- morning stiffness of the joints, and
- swelling and pain in the joints of at least three joint groups, involving the corresponding joints on both sides of the body. One of the groups must be joints on the fingers or toes, or the knuckles of the hand or wrist, and
- small nodular swelling beneath the skin, and
- a positive rheumatoid factor test, and
- x-ray evidence showing multiple and extensive changes to joints typical of rheumatoid arthritis, and
- diffuse osteoporosis with severe hand and spinal deformity.

Systemic lupus erythematosus

The unequivocal diagnosis of systemic lupus erythematosus by a **specialist medical practitioner**. The diagnosis must be made in a clinical setting based on the American College of Rheumatology (ACR) revised criteria and have evidence of lupus nephritis as confirmed by:

- grade 3 to 5 nephritis (WHO classification of lupus nephritis), and
- persisting proteinuria (more than 2+).

Total deafness in one ear

The total and irreversible loss of hearing, both natural and assisted, in one ear as a result of sickness or injury as confirmed by an appropriate **specialist medical practitioner**.