

# PLATINUM TRAUMA COVER

*Lump-sum cover for serious illness*



## WHAT IT IS

- ▶ Trauma cover will pay a lump sum if you suffer from one of 38 traumas (critical illnesses and conditions).
- ▶ The policy comes with some important benefits at no additional cost. You can also add one or more optional benefits for which you will pay an additional premium.
- ▶ This benefit is available either in conjunction with Life assurance cover (accelerated benefit), where a claim will reduce the life cover, or on its own (stand alone benefit).

## WHY YOU NEED IT

The diagnosis of a serious illness is devastating in any circumstances but the burden will be far greater if your financial security is also put at risk.

Although there is a 1-in-3 chance of suffering from a serious illness before age 65, current survival rates mean that many patients go on to make a reasonable recovery and enjoy a good quality of life.

A person suffering from one of the four main critical illnesses (heart attack, heart disease, cancer or stroke) has a nearly 50% chance of surviving for up to 10 years beyond the critical incident. However, in many cases this involves a reduced working capacity and necessitates significant lifestyle changes and costs. A lump sum benefit can make a real difference in meeting these costs.

## KEY FACTS

### Ages

- ▶ Entry age is from age 16 to 64 (stand alone) or 69 (accelerated).
- ▶ You are covered for life (accelerated) or to age 70 (stand alone).

### Premiums

- ▶ Payable fortnightly, monthly, half-yearly or yearly.
- ▶ Premiums are fixed for one year at a time and will normally increase annually in line with age.

### Level of cover

- ▶ The maximum cover is \$2 million. If you choose the accelerated benefit, the maximum cover is the level of your life insurance to a maximum of \$2 million.
- ▶ You can 'inflation proof' your cover by increasing it each year in

line with the CPI.

- ▶ For a stand-alone policy, you must survive without life support assistance for at least 14 days after suffering a trauma condition.
- ▶ Angioplasty, cancer, cerebrovascular accident (stroke), major abdominal aortic surgery, myocardial infarction (heart attack) and open chest surgery are not covered if they occur within the first three months of the policy.

## STANDARD BENEFITS – Automatically Included

### Main benefit

- ▶ If you buy this cover on its own (ie not added to a life insurance policy) then the policy ends with the payment of the benefit (except in the case of angioplasty to 1 or 2 vessels or a payment under a diagnosis benefit).
- ▶ If you add this cover to a life insurance policy, you can select either an accelerated benefit or a stand alone benefit.
- ▶ If a claim is paid on an accelerated benefit, the claim amount will be deducted from the life cover of your policy. However, we offer two 'buy-back' options to allow you to gradually or wholly replace the life cover lost, back to its original level (see below).
- ▶ If a claim is paid on a stand alone benefit, the payment will not reduce the life cover under the policy.

### Life Cover Buy-back option – accelerated benefit

Following the payment of an accelerated trauma benefit you have the opportunity to "buy back" the Life Cover amount paid, one-third every year for three years, without having to provide any evidence of insurability. After three years you will have your original level of life cover. You will pay the premiums appropriate to the level of cover. A faster option is available, where you can repurchase the full amount in just one year, but it requires a small additional premium and your policy must have had the option included prior to your claim.

### Child's benefit

At no additional cost, all of your children (either by birth or legal adoption) aged between 2 and 18 years are covered for up to \$20,000 or 20% of the parent's Trauma sum assured, whichever is less, should they be diagnosed as having one of the Trauma conditions and the child survives for a period of 14 days. The maximum cumulative benefit is 20% of the parent's sum assured.

### Financial Planning benefit

If a benefit greater than \$100,000 is paid, a further benefit of up to \$2,000 may also be payable. We will reimburse the reasonable costs of a fully documented financial plan prepared by a qualified financial adviser as approved by Fidelity Life.

### Future Insurability option

You can increase your Trauma cover by up to:

- ▶ 25% of original cover up to \$100,000 on marriage, birth or adoption of a child.
- ▶ 50% of original cover on the increase in the value of a first mortgage or a new first mortgage or \$200,000.

### Inflation-proofing

To ensure your benefit keeps pace with inflation, you can choose to have your policy cover increase each year in line with the Consumer Price Index, regardless of health. Each year we will advise the level of indexation, which you can choose to accept or decline. There is no limit on the number of times you decline this option. If you accept the indexation offer, premiums will be increased to reflect any adjustment.

## OPTIONAL BENEFITS

### Future Insurability option

This option allows you to increase cover by up to 10% of the initial sum insured each year from the first anniversary on, for up to 10 years, so long as the insured has not ceased work due to total & permanent disablement. No further medical evidence will be required though financial evidence may be required. Conditions apply. This option requires the payment of an additional premium.

### Waiver of premium

For a small additional premium, any future premiums are waived during a period of disability. Following the occurrence and continuation of your disability, Fidelity Life will pay your premiums until your disability stops, thus ensuring continuance of your trauma cover.

### Total and Permanent disability extension

Provides financial protection against long-term disability, with a lump sum payment. "Own occupation" and "any occupation" definitions are available. An additional premium applies.

### Trauma reinstatement option

This option allows you to reinstate trauma cover (stand-alone or accelerated) 12 months after a trauma claim. The reinstated trauma cover is restricted to new conditions (ie you cannot claim twice for the same condition) and any pre-existing conditions will be excluded. Other conditions also apply. This option requires payment of an additional premium.

## TRAUMA CONDITIONS

**Important note about this Fact Sheet** - This Fact Sheet is a convenient summary of the key points of this insurance policy. It is not, and is not intended to be, a policy document. Details of definitions, benefits, terms and conditions are contained in the official policy document which is available from your financial adviser. You should read the policy document carefully to make sure you understand exactly what cover is provided under each benefit.

\* 3 month wait period from commencement applies.

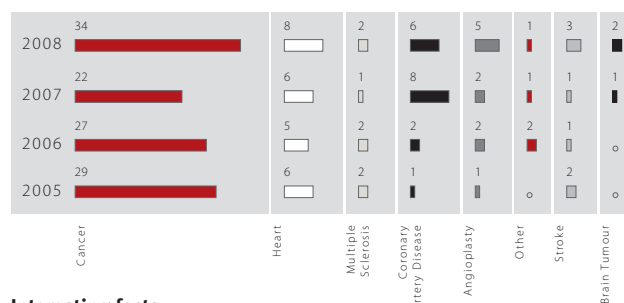
- |                                    |                                       |
|------------------------------------|---------------------------------------|
| Accidentally acquired HIV          | Major organ transplant                |
| Alzheimer's disease                | Meningitis                            |
| Angioplasty*                       | Motor neurone disease                 |
| Aplastic anaemia                   | Multiple sclerosis*                   |
| Benign brain tumour                | Muscular dystrophy                    |
| Cancer – refer to policy wording*  | Myocardial infarction (heart attack)* |
| Cardiomyopathy                     | Occupationally-acquired HIV           |
| Cerebrovascular accident (stroke)* | Open chest surgery                    |
| Chronic liver failure              | – cardiac valves                      |
| Chronic lung failure               | Out of hospital cardiac arrest        |
| Chronic renal (kidney) failure     | Paralysis:                            |
| Coma                               | - diplegia                            |
| Coronary artery bypass surgery*    | - hemiplegia                          |
| Dementia                           | - paraplegia                          |
| Encephalitis                       | - quadriplegia                        |
| Heart valve surgery                | - tetraplegia                         |
| Intensive Care benefit             | Parkinson's disease                   |
| Loss of independent existence      | Primary pulmonary hypertension        |
| Loss of limbs                      | Severe burns                          |
| Loss of speech                     | Total blindness                       |
| Major abdominal aortic surgery     | Total deafness                        |
| Major head trauma                  |                                       |

## FURTHER INFORMATION

### Key costs of serious illness include:

- ▶ Medical treatment and hospitalization
- ▶ Overseas travel or treatment
- ▶ Time off work with no income
- ▶ Early retirement from the workforce
- ▶ Mounting debts and mortgage repayments
- ▶ Supporting a business even though you can't work
- ▶ A partner having to stay home to nurse you

### Fidelity Life's Trauma/Critical Care claims



### Interesting facts:

- ▶ 61 Critical Care claims totalling \$3,603,813
- ▶ Reinsurance recoveries of \$1,698,688
- ▶ Youngest claimant: 28
- ▶ Oldest claimant: 66
- ▶ Average age of claimant: 50

FIDELITY LIFE ASSURANCE  
COMPANY LIMITED HAS AN

**A** - (EXCELLENT)  
RATING

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## PLATINUM TRAUMA COVER

### A INTRODUCTION

1. We insure **you**, the **insured persons** and **children** as set out below.
2. The words shown in **bold** in this Cover have the meaning described in section C Definitions and in section B of the Policy Terms.

### B WHAT WE COVER

Once **we** have received proof that a **trauma condition** definition has been satisfied for an **insured person** or **child**, **we** will pay **you** the following benefits under this Cover:

The Trauma Sum Assured for an **insured person** will reduce by any amount payable under this Cover except when a Child's Trauma Benefit is paid. The premium will be reduced accordingly.

#### 1. Accelerated Trauma Benefit

**We** will pay **you** the Accelerated Trauma Sum Assured (subject to limitations shown for specific **trauma conditions**) shown in the **schedule** when the **insured person** suffers a trauma for the first time.

Payment of an Accelerated Trauma Benefit is an advance payment of the **life assurance**. The **life assurance** will be reduced by any Accelerated Trauma payment. The balance of any **life assurance** will continue until the **expiry date**.

#### 2. Stand Alone Trauma Benefit

**We** will pay **you** the Stand Alone Trauma Sum Assured (subject to limitations shown for specific **trauma conditions**) shown in the **schedule** when the **insured person** suffers a **trauma condition** for the first time.

The Stand Alone Trauma Benefit will only be paid where the **insured person** survives for at least fourteen days after the diagnosis of the **trauma condition**.

Payment of a Stand Alone Trauma Benefit will not reduce the **life assurance**. The Stand Alone Trauma Benefit expires when the **insured person** attains the age of 70.

### C DEFINITIONS

The definitions shown below apply to all derivatives of the words defined. Where applicable, **insured person** will include a **child** as defined below.

**Activities of daily living** means

1. Bathing or showering
2. Dressing and undressing
3. Eating and drinking
4. Using a toilet
5. Moving from place to place by walking, wheelchair or with the assistance of a walking aid

**Child** means a biological or legally adopted **child** of an **insured person (parent)**

**Heart condition** means **angioplasty, aorta surgery, cardiomyopathy, coronary artery bypass surgery, heart valve surgery, myocardial infarction, open heart surgery, out of hospital cardiac arrest or primary pulmonary hypertension**.

**Parent** means an **insured person** who has a **child** insured under this Cover.

**Trauma condition** means any one of the conditions or events defined below.

**Accidentally acquired HIV** means infection by the Human Immunodeficiency Virus (HIV), acquired only via blood transfusion or accidental means, with sero-conversion to HIV infection occurring within six months of the accident. Any accident giving rise to a potential claim must be reported to **us** within thirty days of the incident and 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 specifically excluded.

**Alzheimer's disease** means its diagnosis by a consultant neurologist confirming dementia due to failure of the brain function with 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. This must result in a requirement for continual supervision to protect the **insured**

**person** or in the inability of the **insured person** to carry out two or more **activities of daily living** without the assistance of another person.

**We** will pay 10% of the Sum Assured, to a maximum of \$25,000 upon the unequivocal diagnosis of **Alzheimer's disease** by a consultant neurologist.

**Angioplasty** means the actual undergoing of coronary artery angioplasty (with or without the insertion of a stent, laser therapy or atherectomy) to correct narrowing or blockage of one or two arteries. It must be considered the appropriate and necessary treatment on the basis of angiographic evidence.

**We** will pay 10% of the Sum Assured the first time the **insured person** has an **angioplasty**, subject to a minimum of \$10,000 and a maximum of \$25,000.

**We** will pay the Sum Assured on the actual undergoing of coronary artery **angioplasty** to correct narrowing or blockage of three or more arteries provided there is a level of occlusion to each affected artery of at least 50%.

**Aorta surgery** means surgery to correct any narrowing, dissection or aneurysm of the abdominal or thoracic aorta by repair or its replacement.

**Aplastic anaemia** means bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

1. Bone marrow transfusion
2. Marrow stimulating agents
3. Immunosuppressive agents
4. Bone marrow transplantation

**Benign brain tumour** means a life threatening non-cancerous tumour in the brain that gives rise to characteristic symptoms of intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment resulting in at least 25% permanent impairment of whole person function. The presence of the underlying tumour must be confirmed by imaging studies such as a CT or MRI scan.

Excluded are cysts, granulomas and malformations in or of the arteries or veins of the brain, haematomas and tumours on the pituitary gland or spine.

**Cancer** means the presence of one or more malignant tumours, including leukaemia, malignant bone marrow disorders and malignant lymphomas.

The following cancers are excluded:

1. Tumours showing the malignant changes of carcinoma-in-situ (including cervical dysplasia CIN1, CIN2 and CIN3) unless leading to radical surgery or tumours that are histologically described as premalignant. \*
2. Malignant melanomas of Clark Level 1 or 2 depth of invasion that are less than 1.5mm in thickness as determined by histological examination.
3. All hyperkeratoses or basal cell carcinomas of the skin.
4. All squamous cell carcinomas of the skin unless they have spread to other organs.

\* **We** will pay 25% of the Sum Assured to a maximum of \$50,000, the first time the **insured person** is diagnosed with carcinoma in situ of the breast+, cervix uteri, vagina, vulva or fallopian tubes. Carcinoma in situ must be positively diagnosed by histological examination of the breast, cervix uteri, vagina, vulva or fallopian tubes. Carcinoma in situ is characterised by a focal autonomous new growth of carcinomatous cells which has not yet resulted in invasion of normal tissue beyond the basement membrane. Tumours must be classified as TisNOMO according to the TNM classification or FIGO stage 0. Invasion means an infiltration and/or active destruction of normal tissue beyond the basement membrane.

+ **We** will pay the Sum Assured, where carcinoma in situ results in removal of the entire breast specifically to arrest the spread of malignancy and this procedure is the appropriate and necessary treatment as certified by an oncologist

**Cardiomyopathy** means 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.

**Cardiomyopathy** caused by alcohol or drug abuse is excluded.

**Cerebrovascular accident (stroke)** means any cerebrovascular incident producing neurological sequelae, including infarction of brain tissue, intracranial or subarachnoid

haemorrhage, embolisation from an intracranial source, but excluding transient ischaemic attacks, migraine and reversible ischaemic neurological deficits.

**Chronic liver failure** means end stage liver failure. The diagnosis must be based on any of the following criteria:

1. A rapidly decreasing liver size
2. Necrosis involving entire lobules
3. Rapid degeneration of liver function tests
4. Deepening jaundice

Disease directly related to alcohol or drug abuse is excluded.

**Chronic lung failure** means end stage lung disease requiring permanent oxygen therapy as well as FEV<sub>1</sub> test results of consistently less than one litre.

**Chronic renal failure (kidney failure)** means end stage renal failure presented as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is instituted.

**Coma** means total failure of cerebral function characterised by total unarousable unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least four days.

The Stand Alone Trauma Benefit for **coma** will only be paid where the **insured person** survives for at least a further fourteen days without the use of a life support system.

**Coma** related to alcohol or drug abuse is excluded.

**Coronary artery bypass surgery** means medically necessary coronary artery bypass graft surgery to correct coronary artery disease causing inadequate myocardial blood supply but does not include angioplasty, intra-arterial procedures and other non-surgical techniques.

**Dementia** means its clinical confirmation due to failing brain functions, resulting in the permanent inability to perform at least one of the **activities of daily living**, as confirmed by a **medical practitioner** specialising in neurology, psycho-geriatrics, psychiatry or geriatrics.

**Dementia** directly related to alcohol abuse is excluded.

**We** will pay 10% of the Sum Assured, to a maximum of \$25,000 upon the unequivocal diagnosis of **dementia** by a consultant neurologist

**Encephalitis** means severe inflammation of brain substance resulting in significant and permanent neurological sequelae as certified by a consultant neurologist or significant and permanent loss of whole body function of at least 25% or the permanent inability to perform at least one of the **activities of daily living** as certified by a consultant neurologist.

**Heart valve surgery** means surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.

**Intensive Care Benefit** means that an accident or illness has resulted in the insured person requiring continuous mechanical ventilation by means of tracheal intubation for at least 5 consecutive days (24 hours per day) or to be admitted to the intensive care ward of a registered medical hospital for at least 5 consecutive days (24 hours per day) at the recommendation of an appropriate specialist.

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

**Loss of independent existence** means a condition where the **insured person** is totally and irreversibly unable to perform at least two of the **activities of daily living**, as a result of disease, illness or injury.

**Loss of limbs** means the total and permanent loss of use of both feet or both hands or one hand and one foot.

**We** will pay 10% of the Sum Assured, to a maximum of \$25,000, upon the total and permanent loss of use of one hand or one foot.

**Loss of speech** means 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.

This loss must be certified as being total and permanent by two appropriate medical specialists not less than ninety days after the ability to speak was first lost.

**Major head trauma** means neurological deficit resulting from trauma, causing at least 25% impairment of function lasting more than three weeks from the date of the trauma, and likely to

persist, as certified by a consultant neurologist or the permanent inability to perform at least one of the **activities of daily living** as certified by a consultant neurologist.

**Major organ transplant** means the transplant to the **insured person** of one or more of the following organs:

Kidney, heart, lung, liver, pancreas or bone marrow

**We** will pay 10% of the Sum Assured, to a maximum of \$25,000 if the life insured is placed on a waiting list within New Zealand for an organ transplant from a human donor of a major organ that is listed in the definition of Major Organ Transplant. The transplant must be considered medically necessary and the condition must be untreatable by any other means other than organ transplant, as confirmed by an appropriate specialist.

**Meningitis and/or Meningococcal Disease** means the unequivocal diagnosis of meningitis and/or meningococcal disease including meningococcal septicaemia resulting in either a 25% impairment of whole person function or the permanent inability to perform at least one of the activities of daily living.

**Motor neurone disease** means amyotrophic lateral sclerosis with significant persistent neurological deficit resulting in at least 25% permanent impairment of function or the permanent inability to perform at least one of the **activities of daily living** as certified by a consultant neurologist.

**We** will pay 10% of the Sum Assured, to a maximum of \$25,000 upon the unequivocal diagnosis of **motor neurone disease** by a consultant neurologist

**Multiple sclerosis** means demyelination of nervous tissue. The diagnosis has to be made by a consultant neurologist confirming more than one episode of well-defined neurological abnormalities and with at least 25% impairment of function (but not necessarily confined to a wheelchair) or with the permanent inability to perform at least one of the **activities of daily living**. The diagnosis will 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.

**We** will pay 10% of the Sum Assured, to a maximum of \$25,000 upon the unequivocal diagnosis of **multiple sclerosis** by a consultant neurologist

**Muscular dystrophy** means its unequivocal diagnosis by a consultant neurologist resulting in a permanent impairment of whole body function of at least 25% or in the permanent inability to perform at least one of the **activities of daily living**.

**We** will pay 10% of the Sum Assured, to a maximum of \$25,000 upon the unequivocal diagnosis of **muscular dystrophy** by a consultant neurologist.

**Myocardial infarction (heart attack)** means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The basis of diagnosis shall include:

1. Electrocardiographic changes associated with myocardial infarction
2. Elevation of cardiac enzymes consistent with a myocardial infarction

If ECG or enzyme evidence of infarction is unavailable or inconclusive, then **we** will consider any other test results provided in support of the diagnosis.

**Occupationally acquired HIV** means infection by the Human Immunodeficiency Virus (HIV), acquired only 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 giving rise to a potential claim must be reported to **us** within thirty days of the incident and 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 specifically excluded.

**Open heart surgery** means the undergoing of open heart surgery for treatment of a cardiac defect, cardiac aneurysm or benign cardiac tumour. Repair via catheter surgery, minimally invasive 'keyhole' or similar techniques are specifically excluded.

**Out of hospital cardiac arrest** means 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** means any one of the following:

**Diplegia** means the permanent and total loss of function of both sides of the body due to injury or disease.

**Hemiplegia** means the permanent and total loss of function of one side of the body due to injury or disease.

**Paraplegia** means the permanent and total loss of use of both legs resulting from injury or disease.

**Quadriplegia** means the permanent and total loss of use of both arms and legs resulting from injury or disease.

**Tetraplegia** means the permanent and total loss of use of both arms and legs resulting from injury or disease to the spinal cord.

**Parkinson's disease** means fully developed, moderately disabling disease of the extrapyramidal system clinically confirmed by a consultant neurologist with significant and permanent impairment of whole body function of at least 25% or with the permanent inability to perform at least one of the **activities of daily living**.

**We** will pay 10% of the Sum Assured, to a maximum of \$25,000 upon the unequivocal diagnosis of **Parkinson's disease** by a consultant neurologist

Idiopathic Parkinson's supranuclear palsy and cortico-basal degeneration are included.

Idiopathic Parkinsonism and Parkinsonism secondary to infection or trauma are excluded.

**Primary pulmonary hypertension** means primary pulmonary hypertension with right ventricular enlargement established by investigations including cardiac catheterisation.

**Severe burns** means tissue injury caused by thermal, electrical or chemical agents causing third degree burns to 20% or more of the Body Surface Area as measured by the Rule of 9 of the Lund and Browder Body Surface Chart or third degree burns to both hands or the face requiring surgical debridement and/ or grafting.

**Total blindness** means the complete and irrecoverable loss of sight in both eyes as currently defined by the Royal Blind Society and confirmed by an ophthalmologist.

**Total deafness** means total, irreversible and irreparable loss of hearing both natural and assisted, in both ears as a result of illness or injury.

The following **trauma condition** is covered only if Total and Permanent Disablement is included under the Trauma Benefit in the **schedule**.

If Any Occupation is shown in the **schedule** for an **insured person** the following definition applies:

**Total and permanent disability** means that **we** are satisfied that the **insured person** before age 65:

1. has suffered the total and irrecoverable loss of the:
  - sight of both eyes, or
  - use of two limbs, or
  - sight of one eye and the loss of the use of one whole hand, or whole foot; or
2. has been absent from employment through illness or injury for an uninterrupted period of 6 months and in our opinion after consideration of all the medical evidence and such other evidence as **we** may require, has become so disabled that **he** or **she** will unlikely ever to be able to perform **his** or **her** own occupation or other occupation for which **he** or **she** is suited by education, training or experience, and **he** or **she** is not employed.

If Own Occupation is shown in the **schedule** for an **insured person** the **total and permanent disability** definition above applies except that part 2 is amended to read:

2. has been absent from employment through illness or injury for an uninterrupted period of 6 months and in our opinion after consideration of all the medical evidence and such other evidence as **we** may require, has become incapacitated to such an extent as to render the **insured person** unlikely ever to be able to engage in **his** or **her** own occupation,

Where, as a result of illness or injury to an **insured person** after age 65, the definition of **long term care disability** is satisfied and **he** or **she** is not employed, **we** will pay **you** the Sum Assured shown in the **schedule**.

**Long term care disability** means that **we** are satisfied that the **insured person** has become so disabled by illness or injury that **he** or **she** will never be able to perform at least two of the **activities of daily living**.

For the purposes of the **total and permanent disability** definition, occupation for an **insured person** who is wholly engaged in full time unpaid home duties at the date of the event causing **disability** shall include unpaid home duties. In addition, the **insured person** must be disabled to such an extent that **he** or **she** is confined to **his** or **her** place of principal residence.

#### D WAITING PERIOD

1. If within three months of the **date of commencement** of this Cover or the date of reinstatement an **insured person** suffers symptoms relating to:

- a) **Cancer** or **cerebrovascular accident** or **myocardial infarction** or **out of hospital cardiac arrest**, then no benefit will ever be payable for the condition to which the symptoms relate.
- b) The narrowing or blockage of one or more of arteries, then no benefit will ever be payable for **angioplasty**.
- c) The narrowing, dissection or aneurysm of the abdominal or thoracic aorta, then no benefit will ever be payable for **aorta surgery**.
- d) Heart valve defects or abnormalities, then no benefit will ever be payable for **heart valve surgery**.

2. If within three months of the date of any increase in the sum assured, excluding increases due to a CPI Option, an **insured person** suffers symptoms relating to:

- a) **Cancer** or **cerebrovascular accident** or **myocardial infarction** or **out of hospital cardiac arrest**, then any such increase will not ever be payable for the condition to which the symptoms relate.
- b) The narrowing or blockage of one or more of arteries, then any such increase will not ever be payable for **angioplasty**.
- c) The narrowing, dissection or aneurysm of the abdominal or thoracic aorta, then any such increase will not ever be payable for **aorta surgery**.
- d) Heart valve defects or abnormalities, then any such increase will not ever be payable for **heart valve surgery**.

If an **insured person** had similar cover with another insurance company and this Policy replaced that cover, then there is no waiting period up to the sum assured under the replaced cover.

#### E CPI OPTION

If CPI Option is shown in the **schedule** for an **insured person**, on each **policy anniversary** **you** have the option of increasing the Sum Assured by a rate **we** determine based on the percentage increase of the **consumer price index**, regardless of **his** or **her** state of health.

If **you** decline this option on any **policy anniversary** it will not affect the offer of future increases.

#### F ACCELERATED TRAUMA BUY BACK OPTIONS

##### Buy Back Option (No extra cost)

Following the payment of an Accelerated Trauma Benefit **you** may on any option date repurchase **life assurance** cover without any evidence of insurability. The first option date occurs one year after the date of payment of the benefit. Further options dates will occur on the following two anniversaries of the first option date. The maximum amount that can be repurchased at each option date is one third of the benefit paid.

##### Additional Buy Back Option

Following the payment of an Accelerated Trauma Benefit **you** may repurchase **life assurance** cover without any evidence of insurability one year after the payment of the benefit provided that Buy Back Option is shown in the **schedule** for the **insured person**. The maximum amount that can be repurchased is the benefit paid. This option requires the payment of an additional premium.

The Buy Back Options can be exercised once only within 30 days after the end of the twelve month period and before the insured person's 65<sup>th</sup> birthday

The Buy Back Options will not be available where a payment has been made for any partial benefit.

**We** will calculate the premium based on the rates applicable for both the age of the **insured person** and the sum assured repurchased at the time the option is exercised.

Any **life assurance** cover increase under these Buy Back Options will be subject to the same terms and conditions as those applicable to the **life assurance** when issued.

## G TRAUMA REINSTATEMENT BENEFIT (OPTIONAL)

Following the payment of a Trauma Benefit other than for **loss of independent existence** or **total and permanent disablement**, **you** may repurchase the Trauma Benefit paid without any evidence of insurability twelve months after the payment of the benefit provided that the Trauma Reinstatement Benefit Option is shown in the **schedule** for the **insured person**. This option requires the payment of an additional premium and is subject to the following conditions:

1. The Trauma Reinstatement Benefit Option can be exercised once only within 30 days after the end of the twelve month period and before the **insured person's** 65th birthday.
2. The maximum amount that can be repurchased is the lesser of 100% of the benefit paid and \$2,000,000.
3. **We** will calculate the premium based on the rates applicable for both the age of the **insured person** and the sum assured repurchased at the time the option is exercised. Any special terms and loadings that applied to the original Trauma Cover will also apply to the repurchased Trauma Sum Assured.
4. If the **insured person** is subsequently diagnosed with a **trauma condition**, **we** will pay the repurchased amount only if the **trauma condition** occurred or was diagnosed or the symptoms leading to a diagnosis became **apparent** after the Trauma Sum Assured was repurchased.
5. **We** will not pay the repurchased amount if the **trauma condition** is:
  - the same as the original **trauma condition**, or
  - directly or indirectly caused by or related to the original **trauma condition**, or symptoms or conditions which caused the occurrence of the original **trauma condition**, or
  - a **loss of independent existence**, or
  - a **heart condition** and the original **trauma condition** was also a **heart condition**, or
  - a **cerebrovascular accident** or **paralysis** (directly or indirectly resulting from a **cerebrovascular accident**) and the original **trauma condition** was a **cerebrovascular accident**.
6. The Trauma Reinstatement Benefit Option will not be available where a payment has been made for any partial payment benefit.
7. The repurchased cover will not include any optional benefits, such as the Trauma Reinstatement Benefit.

## H FUTURE INSURABILITY OPTION

### Future Insurability Option (No extra cost)

If this option is included for an insured person who has yet to attain age 55, his or her trauma cover can be increased in the circumstances shown below regardless of his or her state of health.

You can exercise this option only once in every 12 months.

### Personal Events

- a) You can increase the trauma cover by up to 25% of the insured person's original trauma cover with a maximum of \$100,000 if any one of the following events applies to him or her:

- i) marriage
- ii) birth or adoption of a child
- iii) dependent child starting secondary school
- b) If the insured person takes out or increases a mortgage on his or her own main residence, you can increase his or her trauma cover by up to the lesser of:
  - i) 50% of his or her original trauma cover; or
  - ii) the increase in the value of the existing mortgage or a new mortgage; or
  - iii) \$200,000

**Conditions**

- a) You must exercise this option within 30 days of the specified event.
- b) The original cover must have been issued under standard terms (no loadings due to health, occupation or pastimes) and existing cover must not be as a result of applying reinstatement option.
- c) The maximum increase for all events is the lesser of the insured person's original trauma cover and \$1,000,000.
- d) Any increase effected under this option will be subject to the same terms and conditions as those applicable to the trauma cover when issued.
- e) You cannot exercise this option at a time a claim has been made or is entitled to be made. Your premiums will increase in line with the increased cover. The increased cover applies from the date we confirm the new sum insured to you, subject to payment of the additional premium.

**Additional Future Insurability Option**

If this option is included in the **schedule** for an **insured person**, each year for ten years **you** can increase **his** or **her** trauma cover in the circumstances shown below regardless of **his** or **her** state of health.

- a) **You** can increase the **insured person's** trauma cover by up to 10% of the Option Sum Assured shown in the **schedule** subject to the need for cover being established by financial underwriting of the **insured person** based on such financial evidence as **we** request.
- b) The first option date is the first **policy anniversary**. The last option date is the earlier of the tenth **policy anniversary** or the **policy anniversary** prior to the **insured person's** 60th birthday.
- c) **You** must exercise this option in writing within a year of the option date.
- d) Up to two options can be carried forward to a future year.

Any special terms and loadings that applied to the original trauma cover will also apply to the increase in trauma cover.

This option requires the payment of an additional premium.

**I CLAIMS**

**1. Notice**

**You** must notify **us** in writing immediately or as soon as practically possible after **you** become aware of any claim or potential claim under this Cover.

If **you** can demonstrate that it was not possible to meet our time requirement for notification of a claim, then it must be provided as soon as possible. **We** will not consider any claim submitted more than one year after the event giving rise to the claim except in the case of certified absence of legal capacity.

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

**2. Obligations**

**You** and the **insured person** must:

- a) Complete our claim form in full and send it to **us** as soon as reasonably possible.
- b) Supply to **us** all documents, medical reports and records **we** reasonably require in connection with the claim.

- c) Authorise the disclosure to **us** of **his** or **her** or your personal information in connection with the claim held by any other party.
- d) Authorise the disclosure of **his** or **her** or your personal information held by **us** to another party to evaluate the claim.
- e) Provide to **us** any other information or assistance **we** reasonably require.

The **insured person** must:

- f) Provide a signed report from an appropriate **medical practitioner** confirming the occurrence of the **trauma condition**.
- g) Undergo one or more medical examinations if **we** reasonably request them.

#### J TRAUMA DEFINITION REVIEWABILITY

All **trauma condition** definitions shown are valid for the lifetime of this Cover. However, if a new definition for any particular **trauma condition** is incorporated into new policies that **we** issue and it is more favourable for **you**, then the benefit of the new definition will be granted from the date the new definition became effective (Effective Date). Any more favourable **trauma condition** definitions will only apply to future claims and not to past or current claims or any claims resulting from conditions or events that began or took place before the Effective Date.

#### K CHILD'S TRAUMA BENEFIT

If a **child** first suffers a **trauma condition** between the ages of two and eighteen after the commencement of this Cover, **we** will pay the lesser of \$20,000 or 20% of the **parent's** Trauma Sum Assured. The maximum amount that **we** will pay for all claims under this clause is 20% of the **parent's** Trauma Sum Assured.

- a) The **trauma conditions** that apply to the **child** are the same conditions that apply to the **parent**
- b) The **child** must survive for at least 14 days after first suffering the **trauma condition**
- c) **We** will pay one benefit per **child** irrespective of the number of **parent – child** relationships that exist on any policies issued by **us**.
- d) Payment of a Child's Trauma Benefit does not reduce the **parent's** Trauma Sum Assured.
- e) No benefit will ever be payable for congenital conditions.
- f) If a **child** suffers symptoms relating to any **trauma condition** prior to the **date of commencement** of this Cover or the date of reinstatement, then no benefit will ever be payable for that **trauma condition**.
- g) If a **child** suffers symptoms relating to any **trauma condition** prior to the date of any increase in this Cover, then no benefit will ever be payable for that **trauma condition** for that increase.

Cover ceases on the earliest to occur of a **parent** ceasing to be insured or when 20% of the **parent's** Trauma Sum Assured has been paid under this clause or when the youngest **child** attains age 18.

#### L FINANCIAL PLANNING BENEFIT

When we pay a lump sum benefit of at least \$100,000 (or such other amount as advised by us from time to time) to a beneficiary under the policy, we will reimburse, up to a maximum of \$2000, the cost of a fully documented financial plan prepared by a qualified financial adviser for the beneficiary.

Where there is more than one beneficiary the right to the financial planning benefit will be divided equally between those beneficiaries who each receive a benefit of at least \$100,000.

The reimbursement must be claimed within six months of receiving the lump sum benefit and will be payable only once in respect of all policies with us covering the same life assured.

We will require evidence to show that the financial plan has been provided, the qualifications of the financial adviser and the costs charged by the financial adviser.

#### M EXCLUSION

No benefit shall be payable under this Cover as a result of intentional self inflicted act or injury.

## **N LIMITATIONS**

The benefit payable is the lesser of:

1. The Sum Assured shown in the **schedule**; or
2. Where the event giving rise to the payment of the Sum Assured was already covered at the **date of commencement** of this cover by a policy issued by another insurer (existing policy), then the Sum Assured in the **schedule** will be reduced so that when added to any amount paid or payable under the existing policy, the total does not exceed \$2,000,000.

An **insured person's** Accelerated Trauma Sum Assured cannot exceed **his or her life assurance**.