

Trauma Cover



The following terms and conditions of Trauma Cover tell you:

- › the survival period for a claim under this cover
- › what it means to have accelerated or standalone cover
- › what benefits are available under this cover and how they work
- › the definitions of the medical conditions covered under the Full Trauma Benefit, Partial Benefit and Diagnosis Benefit.

You must read these terms and conditions together with the general terms of your policy.

The life assured must survive for at least 14 days

We won't pay any benefit if the life assured doesn't survive for at least 14 days after first meeting the criteria for a covered condition.

You can have accelerated or standalone cover

Your *policy schedule* shows whether the Trauma Cover for a life assured is accelerated or standalone.

Accelerated cover affects Life Cover and other accelerated covers

With accelerated cover, claims we pay under this Trauma Cover will affect the *sum insured* for the life assured's Life Cover. Claims we pay may also affect the *sum insured* for any other accelerated covers for that life assured under this policy.

We'll reduce the *sum insured* for the life assured's Life Cover by the amount we pay under this cover if we pay a:

- › Full Trauma Benefit claim
- › Partial Benefit claim
- › Diagnosis Benefit claim.

We'll also immediately reduce the *sums insured* for any other accelerated covers for that life assured so they're no more than their Life Cover *sum insured*. The total amount we'll pay across all accelerated covers can never be more than the life assured's Life Cover *sum insured*.

Standalone cover is independent

Standalone cover is independent of any other covers the life assured has. This means that if we pay a claim under this Trauma Cover, it will not affect the *sum insured* for any other covers the life assured has.

Standalone cover can be converted to accelerated cover at any time without underwriting provided that the total accelerated Trauma Cover *sum insured* does not exceed the total Life Cover *sum insured* for the life assured.



Getting an outline of your benefits

The tables below summarise this cover's benefits and tell you where you can read the full terms of each benefit.

Built-in benefits

Your Trauma Cover includes these benefits.

Benefit	Summary	Full terms
Full Trauma Benefit	You can get the full Trauma Cover <i>sum insured</i> if the life assured meets the Full Trauma Benefit criteria for a condition we cover.	Page 6
Partial Benefit	You can get 25 percent of the Trauma Cover <i>sum insured</i> up to \$75,000 if the life assured meets the Partial Benefit criteria for a condition we cover.	Page 6
Diagnosis Benefit	You can get 25 percent of the Trauma Cover <i>sum insured</i> up to \$75,000 if the life assured meets the Diagnosis Benefit criteria for a condition we cover.	Page 6
Support Person Accommodation and Transfer Benefit	You can get help to pay the costs for a support person to go with the life assured if they need to travel for treatment.	Page 6
Financial and Legal Advice Benefit	You can get help to pay for financial planning or legal advice about using money from a Full Trauma Benefit claim.	Page 7
Cover Conversion Option	You can apply to convert the Trauma Cover for a life assured to another policy without assessment of their health.	Page 7

Optional benefits

These optional benefits are included in your cover if you've applied for them and your *policy schedule* or *endorsement schedule* confirms you have them.

Benefit	Summary	Full terms
Business Increase Option	You can increase the Trauma Cover <i>sum insured</i> without assessment of the life assured's health if a circumstance justifies increasing your business insurance needs for them.	Page 7
Optional Life Cover Buy-Back	You can buy back your Life Cover if we've paid an accelerated Full Trauma Benefit claim.	Page 8



Conditions we cover and when you can claim them

This table shows:

- › all the medical conditions we cover
- › whether we cover them as Full Trauma Benefit, Partial Benefit or Diagnosis Benefit conditions
- › whether the 90-day stand-down period applies.

The criteria for these conditions begin on page 9.

90-day stand-down

If the 90-day stand-down period applies, we won't pay a claim at any time for a condition we cover if, within 90 days immediately after:

- › we get your application for this cover, or
- › we get your application to increase the *sum insured* on this cover, other than by inflation

the life assured either:

- › meets the criteria for a condition we cover; or
- › is diagnosed with, or has signs or symptoms of, an *illness* or *injury* that could directly or indirectly result in the life assured meeting the criteria for a condition we cover.

In the case of a *sum insured* increase, this 90-day stand-down only applies to the increased amount.

Waiver of 90-day stand-down for replacement cover

If you took out this cover to replace cover for the same life assured with another insurer who also covered a condition we cover under this Trauma Cover, we won't apply the 90 day stand-down period to that condition if all of the following apply.

- › The cover being replaced was notified or advised to us in your application for this cover.
- › The cover being replaced was continuously in force for at least 90 days before the date we got your application for this cover.
- › The life assured meets the definition for the covered medical condition under the replaced policy.
- › You provide us with proof of the existence and cancellation of the replaced cover at the time of claim (if not already provided).
- › The cover being replaced had not lapsed more than 3 months before the date we got your application for this cover.

The maximum amount we'll pay if we waive the 90-day stand-down is the amount you could have claimed under the replaced cover for that condition.

Conditions we cover

 = Covered condition

 = 90-day stand-down period applies

Condition	Full Trauma Benefit	Partial Benefit	Diagnosis Benefit
Adult insulin-dependent diabetes mellitus		✓	
Alzheimer's disease	✓		
Angioplasty		✓	
Aortic surgery	✓		
Aplastic anaemia	✓		
Benign brain tumour or spinal cord tumour	✓		
Blindness	✓		✓
Burns of limited extent		✓	
Cancer	✓		
Carcinoma in situ		✓	
Cardiac defibrillator insertion		✓	



Condition	Full Trauma Benefit	Partial Benefit	Diagnosis Benefit
Cardiomyopathy	✓		✓
Cerebral aneurysm		✓	
Chronic kidney (renal) failure	✓		✓
Chronic liver failure	✓		✓
Chronic lymphocytic leukaemia		✓	
Colostomy and/or ileostomy		✓	
Coma	✓		
Coronary artery surgery	✓		
Creutzfeldt-Jakob disease	✓		
Dementia	✓		
Early stage malignant melanoma		✓	
Encephalitis	✓		
End stage chronic lung disease	✓		✓
Heart attack	✓		
Heart valve replacement	✓	✓	
HIV – medically acquired	✓		
HIV – occupationally acquired	✓		
Hydrocephalus		✓	
Intensive care treatment	✓		
Loss of hearing	✓		✓
Loss of independent existence	✓		
Loss of limb and sight	✓		
Loss of limbs	✓	✓	
Loss of speech	✓		✓
Low grade prostate cancer		✓	
Major burns	✓		



Condition	Full Trauma Benefit	Partial Benefit	Diagnosis Benefit
Major head trauma	✓		
Meningitis or meningococcal disease	✓		
Motor neurone disease	✓		
Multiple sclerosis	✓		✓
Muscular dystrophy	✓		
Open heart surgery	✓		
Organ transplant	✓		
Out of hospital cardiac arrest	✓		
Pacemaker insertion		✓	
Paralysis	✓		
Parkinson's disease	✓		
Pneumonectomy	✓		
Primary pulmonary hypertension	✓		
Severe cognitive impairment	✓		
Severe diabetes	✓		
Severe inflammatory bowel disease	✓		
Severe osteoporosis		✓	
Severe peripheral neuropathy	✓		
Severe rheumatoid arthritis		✓	
Stroke	✓		
Systemic lupus erythematosus (SLE) with lupus nephritis	✓		
Systemic sclerosis	✓		✓
Triple vessel angioplasty	✓		



Understanding your benefits

This section details the benefits we include in Trauma Cover.

Full Trauma Benefit

With the Full Trauma Benefit, we will pay you the Trauma Cover *sum insured* if a life assured meets the criteria for one of the Full Trauma Benefit conditions we cover.

We'll pay if a life assured meets the criteria for a Full Trauma Benefit condition

A life assured must meet the Full Trauma Benefit criteria for a condition we cover while this policy is in force, for us to accept a Full Trauma Benefit claim.

The Full Trauma Benefit conditions we cover are listed and marked with a '✓' in the table on page 3. The criteria for these conditions begin on page 9.

We'll pay the full Trauma Cover sum insured

We'll pay the Trauma Cover *sum insured* for that life assured.

We'll subtract the amount we pay for a Full Trauma Benefit from the Trauma Cover *sum insured* for that life assured.

Partial Benefit

With the Partial Benefit, we will pay you some of the Trauma Cover *sum insured* if a life assured meets the criteria for one of the Partial Benefit conditions we cover.

We'll pay if a life assured meets the criteria for a Partial Benefit condition

A life assured must meet the Partial Benefit criteria for a condition we cover while this policy is in force, for us to accept a Partial Benefit claim.

The Partial Benefit conditions we cover are listed and marked with a '✓' in the table on page 3. The criteria for these conditions begin on page 16.

We'll pay 25 percent of the sum insured, up to \$75,000

We'll pay the lesser of:

- › 25 percent of the *sum insured*
- › \$75,000.

We'll subtract the amount we pay for a Partial Benefit from the Trauma Cover *sum insured* for that life assured.

We'll only pay a Partial Benefit once for some conditions:

- › Cardiac Defibrillator Insertion
- › Pacemaker Insertion

Diagnosis Benefit

With the Diagnosis Benefit, we will pay you some of the Trauma Cover *sum insured* if a life assured meets the criteria for one of the Diagnosis Benefit conditions we cover.

We'll pay if a life assured meets the criteria for a Diagnosis Benefit condition

A life assured must meet the Diagnosis Benefit criteria for a condition we cover while this policy is in force, for us to accept a Diagnosis Benefit claim.

We'll only pay this benefit if we haven't already paid claims for the same condition under this cover.

The Diagnosis Benefit conditions we cover are listed and marked with a '✓' in the table on page 3. The criteria for these conditions begin on page 9.

We'll pay 25 percent of the sum insured, up to \$75,000

We'll pay the lesser of:

- › 25 percent of the *sum insured*
- › \$75,000.

We'll subtract the amount we pay for a Diagnosis Benefit from the Trauma Cover *sum insured* for that life assured.

Support Person Accommodation and Transfer Benefit

With the Support Person Accommodation and Transfer Benefit, we can help pay the costs if a support person needs to travel with the life assured for treatment.

When we'll pay this benefit

We'll pay this benefit if all the following apply:

- › The life assured meets the Full Trauma Benefit criteria for a condition we cover.
- › A *medical practitioner* confirms the life assured needs treatment for the condition, and recommends that a support person goes with the life assured to get the treatment.
- › The life assured cannot get the treatment within a 50-kilometre radius of their main home.
- › The costs for any accommodation and transport for the support person have been paid within 6 months of the life assured meeting the Full Trauma Benefit criteria for a condition we cover.

What we'll pay

We'll pay you \$200 for each night a support person stays with the life assured while they're getting treatment, for up to 10 nights.

We'll also reimburse you for the cost of reasonable public transport the support person uses to travel directly to and from the treatment, for up to 10 nights.

We'll only pay this benefit once for each life assured.

Get our approval before you pay

We must agree to pay in writing before you pay for the support person's accommodation and transport.



Financial and Legal Advice Benefit

With the Financial and Legal Advice Benefit, we can reimburse you for professional advice you get about using money from a Full Trauma Benefit claim.

When we'll pay this benefit

We'll pay this benefit if all the following apply.

- › We've paid a Full Trauma Benefit claim.
- › Within 12 months of us paying the claim, you've received professional advice about using the money from the claim payment.
- › You apply for this benefit within 12 months of receiving the advice.
- › The professional advice is either:
 - legal advice from a lawyer who's registered with the New Zealand Law Society
 - advice about financial planning from a financial advice provider licensed by the Financial Markets Authority.

You must send us receipts

Send us receipts within 12 months of getting the advice showing that you've paid for it.

We'll reimburse you for the costs, up to \$2,500

We'll reimburse you for the costs, up to \$2,500, for the professional advice you get.

Cover Conversion Option

With the Cover Conversion Option, you can apply to convert an amount up to the Trauma Cover *sum insured* under this policy to trauma cover on a new policy without assessment of the life assured's health.

The new policy can be either:

- › An Assurance Extra Business policy on the same terms applying to this policy,
- › Another policy with similar benefits, that is available at the time, at our discretion.

You can do this if all of the following apply:

- › Your business has been trading continuously for 2 years.
- › The life assured is under 60 years old.
- › The life assured is working in an insurable, *gainful occupation*.
- › The life assured isn't currently eligible for, applying for, or on a claim.
- › This Trauma Cover is in force.
- › All premiums are paid and up to date.

Your application to convert will be subject to normal underwriting criteria for the new policy, without assessment of the life assured's health.

Any special terms and conditions which apply to a life assured's Trauma Cover under this policy will also apply to the cover that is converted to the new policy.

Getting extra help with optional benefits

This section includes information about the optional benefits in Trauma Cover. These optional benefits are included in your cover if you've applied for them and your *policy schedule* or *endorsement schedule* confirms you have them.

Business Increase Option

With the Business Increase Option, you can apply to increase the Trauma Cover *sum insured* for a life assured without assessment of their health, if a change in circumstance justifies increasing your business insurance needs for that life assured.

Your business insurance needs for the life assured must have increased through one of the following circumstances.

- › The value of the life assured's ownership of the business increased.
- › The value of the life assured as a key person to the business increased.
- › The value of the life assured's loan or their guarantee to the business increased.

We'll accept your application to increase the *sum insured* under this benefit on the terms we most recently offered for the life assured at either:

- › the *commencement date* of this cover
- › any application to increase this cover's *sum insured* (excluding those under the Business Increase Option), whether the increase was accepted by you or not.

Your premiums will increase from the date we increase the *sum insured*.

Send us evidence when you apply

When you apply for an increase under this benefit, you must send us evidence satisfactory to us that financially justifies your business' need to increase the *sum insured*. The evidence may include any of the following.

- › Financial information covering the last 12 months or the last financial year
- › Details of the methodology applied to justify the increase
- › Any other evidence we may reasonably require

You can apply for an increase once every policy year

You can apply for an increase under this benefit once every *policy year*, but not within the first 6 months from the *commencement date*.

You cannot increase under this benefit if you've already increased the Trauma Cover *sum insured* for the life assured using this benefit within the last 12 months.



You're limited in how much you can increase the sum insured

Each increase to the *sum insured* under this benefit cannot be more than the amount we reasonably consider is the justified increase in the business insurance need for the life assured.

All increases under this benefit for a life assured can't be more than the *original sum insured* multiplied by the Business Increase Option multiple shown on your *policy schedule*.

You cannot increase the *sum insured* to more than \$2,000,000.

If the Trauma Cover for the life assured is accelerated, you cannot increase a life assured's Trauma Cover *sum insured* to more than their Life Cover *sum insured*.

When you cannot use this benefit

You cannot use this benefit for a life assured if:

- › we've paid a Full Trauma Benefit claim
- › we've paid a Partial Benefit claim
- › we've paid a Diagnosis Benefit claim
- › they meet the criteria for a Full Trauma Benefit claim, a Partial Benefit claim, or a Diagnosis Benefit claim, even if you haven't made the claim yet
- › they're aged 65 years old or older.

Optional Life Cover Buy-Back

With Optional Life Cover Buy-Back, you can buy back some or all of the Life Cover we reduced because we paid an accelerated Full Trauma Benefit claim for a life assured.

When you can apply to use this benefit

You can apply to buy the Life Cover back for a life assured without further assessment of their health if all the following apply.

- › We've paid an accelerated Full Trauma Benefit claim for the life assured.
- › 6 months has passed since we paid the claim for one of the conditions listed under 'Conditions where you only need to wait 6 months', or 12 months has passed for all other conditions.
- › You apply within 60 days of the end of that 6-month or 12-month period.

You can only buy back up to the amount we paid for the claim.

You can only use this optional benefit once for a life assured. Once you've used it, you can't use it again to buy back any Life Cover.

Conditions where you only need to wait 6 months

You can apply to buy the Life Cover back from 6 months after we paid the claim, if the claim was for:

- › Alzheimer's disease
- › Blindness
- › Dementia
- › Loss of limbs
- › Loss of limb and sight
- › Multiple sclerosis
- › Paralysis
- › Parkinson's disease.

The cover you buy back has the same terms as the cover we reduced

We'll accept your application on the terms that applied to the Life Cover we reduced for the life assured before you claimed. For example, if an exclusion applied to your cover, the exclusion will also apply to the cover you buy back.

Understanding what we don't cover

We won't pay any claim under this Trauma Cover for a condition that's a direct or indirect result of:

- › intentional self-harm, including attempted suicide
- › taking part in a criminal activity.



Defining medical conditions

This section details the criteria for conditions we cover under different benefits.

Criteria for conditions we cover under the Full Trauma Benefit and Diagnosis Benefit

You can read the criteria for the Full Trauma Benefit conditions and Diagnosis Benefit conditions below.

Read the full terms of the Full Trauma Benefit on page 6.

Criteria for some of the conditions include Diagnosis Benefit criteria. If the life assured meets those criteria, we can pay the Diagnosis Benefit. Read the full terms of the Diagnosis Benefit on page 6.

Alzheimer's disease

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of Alzheimer's disease.

Aortic surgery

Full Trauma Benefit criteria

Undergoing aortic surgery to repair or correct one or more of the following.

- › An aortic aneurysm
- › An obstruction of the aorta
- › A coarctation of the aorta
- › A traumatic rupture of the aorta.

Aplastic anaemia

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of irreversible bone marrow failure that causes anaemia, neutropenia and thrombocytopenia, that requires at least one of the following treatments.

- › Marrow stimulating agents
- › Bone marrow transplant
- › Peripheral blood stem cell transplantation
- › Blood product transfusions
- › Immunosuppressive agents.

Benign brain tumour or spinal cord tumour

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of a histologically described, non-cancerous tumour in either the brain, cranial nerves, meninges or the spinal cord, that either:

- › results in neurological damage and functional impairment that an appropriate *specialist* considers permanent
- › is medically necessary to remove through surgery (whether it can be removed or not).

We do not cover:

- › cysts, granulomas and cerebral abscesses
- › malformations in one or more of the arteries or veins of the brain or spinal cord
- › haematomas.

We also do not cover tumours in the pituitary gland unless an appropriate *specialist* considers that the tumour either:

- › is creating permanent neurological damage and functional impairment
- › needs surgery to remove it.

Blindness

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of irreversible loss of sight in both eyes caused by an *illness* or *injury*.

Loss of sight means one of the following.

- › Visual acuity less than 6/60 in both eyes after correction
- › A field of vision constricted to 20 degrees or less of arc in both eyes
- › A combination of visual defects causing the same amount of impairment as either of the above.

Diagnosis Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* that either:

- › The Full Trauma Benefit criteria for blindness is likely to be met within the next 12 months
- › An *illness* or *injury* caused the irreversible loss of sight in one eye.

Loss of sight means one of the following:

- › Visual acuity less than 6/60 in one eye after correction
- › A field of vision constricted to 20 degrees or less of arc in one eye
- › A combination of visual defects causing the same amount of impairment as either of the above.



Cancer

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of a malignant tumour or malignant melanoma.

Malignant tumours – including leukaemia, lymphoma and Hodgkin's disease – must be characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

Malignant melanomas require one or more of the following to apply.

- › A histological examination finds evidence of ulceration
- › There's at least Clark level 3 depth of invasion
- › A histological examination finds thickness measuring at least 1.0mm using the Breslow method.

We exclude:

- › All tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or which are histologically described as premalignant or non-invasive, unless it results in either:
 - treatment by either radiotherapy or systemic chemotherapy
 - radical surgery. Radical surgery is surgery to remove all of a diseased organ.

The treatment must be undertaken to specifically stop the spread of malignancy and must be considered most appropriate and necessary by an appropriate *specialist*.

- › Prostatic cancers histologically described as TNM Classification T1 or Gleason score of equal to or less than 5 (or equivalent histological classification), unless it results in either:
 - treatment by either radiotherapy or chemotherapy
 - the removal of the entire prostate.

The treatment must be undertaken to specifically stop the spread of malignancy and must be considered most appropriate and necessary by an appropriate *specialist*.

- › All other types of skin cancers, unless there's evidence of metastases
- › *Chronic lymphocytic leukaemia* less than Rai Stage 1.

Cardiomyopathy

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of impaired ventricular function of variable aetiology, resulting in permanent and irreversible physical impairments of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Diagnosis Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of cardiomyopathy.

Chronic kidney (renal) failure

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of end stage kidney (renal) failure presenting as chronic irreversible failure of both kidneys to function, requiring either regular renal dialysis or a renal transplantation.

Diagnosis Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of irreversible chronic kidney (renal) failure.

Chronic liver failure

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of end stage liver failure with any of the following symptoms.

- › Permanent jaundice
- › Ascites
- › Encephalopathy.

Diagnosis Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of irreversible chronic liver failure.

Coma

Full Trauma Benefit criteria

A state of unconsciousness resulting in a documented Glasgow Coma Scale of 6 or less, for at least 3 days in a row.

We exclude comas that are caused by alcohol or drug abuse.

Coronary artery surgery

Full Trauma Benefit criteria

Undergoing a coronary artery bypass grafting to correct or treat coronary artery disease.

Creutzfeldt-Jakob disease

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of Creutzfeldt-Jakob disease that causes signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasms, tremors and athetosis and that requires permanent and continual medical supervision.

Dementia

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of dementia.



Encephalitis

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of severe inflammatory disease of the brain, resulting in a neurological deficit that causes either:

- › Permanent impairment of at least 25 percent of *whole person function*
- › The total and irreversible inability to perform at least one of the *activities of daily living* without the help of another adult.

End stage chronic lung disease

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of end stage chronic lung disease with the need for permanent supplementary oxygen to treat the lung disease and with at least one of the following:

- › FEV 1 test results of consistently less than 1 litre
- › Permanent impairment of at least 25 percent of *whole person function*
- › The total and irreversible inability to perform at least one of the *activities of daily living* without the help of another adult.

Diagnosis Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of irreversible chronic lung failure.

Heart attack

Full Trauma Benefit criteria

An unequivocal diagnosis by a cardiologist of a heart attack (myocardial infarction) where part of the heart muscle has died because of a lack of blood supply to the heart. This must be evidenced by a rise or fall of cardiac biomarkers, such as troponins, with at least one value above the upper reference range of laboratory normal (99th percentile), and at least one of the following.

- › New cardiac signs and symptoms consistent with a heart attack
- › Electrocardiogram (ECG) tests that show new changes associated with a heart attack
- › Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality consistent with a heart attack.

If the above tests are inconclusive, outdated because of technical advances, or they didn't take place, we'll consider other appropriate and medically recognised tests that diagnose a heart attack of the same degree of severity as outlined above.

This definition doesn't cover:

- › Other acute coronary syndromes
- › Elevation of troponins in the absence of overt ischaemic disease.

Heart valve replacement

Full Trauma Benefit criteria

Undergoing surgery to replace or repair cardiac valves because of heart valve defects or abnormalities.

We exclude repair solely by intra-arterial/intra-vascular procedures or other non-surgical techniques.

HIV – medically acquired

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of HIV where sero-conversion to HIV infection occurs within 6 months of the incident which we believe, on the balance of probabilities, arose from one of the following medical procedures.

- › A blood transfusion
- › Transfusion with blood products
- › Organ transplant to the life assured
- › Assisted reproductive techniques
- › A medical procedure or operation that a doctor performed.

A suitable *medical practitioner* must have done the medical procedure.

We exclude HIV transmission by any other means.

HIV – occupationally acquired

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of acquired HIV where sero-conversion to HIV infection occurs within 6 months of one of the following occupational incidents.

- › An accident that occurs during the life assured's normal work
- › A malicious act of another person that occurs during the life assured's normal work.

Any occupational incident that causes a potential claim must be reported to the relevant authority or employer within 7 days.

A negative HIV antibody test must have taken place within 7 days of the incident. We must be given access to independently test any blood samples used.

We exclude HIV transmission by any other means.

We exclude HIV that is occupationally acquired if a cure for HIV or AIDS was available at the time the accident or act that caused the infection takes place.



Intensive care treatment

Full Trauma Benefit criteria

An *illness* or *injury* that results in either:

- › Continuous mechanical ventilation by tracheal intubation for at least 3 days in a row
- › Admission to the intensive care ward of a registered medical hospital for at least 5 days in a row on the recommendation of an appropriate *specialist*.

We exclude intensive care treatment that's needed because of alcohol or drug abuse.

Loss of hearing

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of profound and irrecoverable loss of hearing, both natural and with an external hearing aid (other than a cochlear implant), with an average hearing threshold in both ears of 91dB or more as measured at frequencies 500, 1,000 and 2,000 Hz.

Diagnosis Benefit criteria

Loss of hearing requires one of the following to apply:

- › An unequivocal diagnosis by an appropriate *specialist* of profound and irrecoverable loss of hearing in one ear (as measured in accordance with the Full Trauma Benefit criteria above).
- › An appropriate *specialist* considers that the Full Trauma Benefit criteria for loss of hearing is likely to be met within the next 12 months.

Loss of independent existence

Full Trauma Benefit criteria

An *illness* or *injury* that results in either:

- › The total and irreversible inability to perform at least two of the *activities of daily living* without the help of another adult
- › The permanent need for continuous *full-time care*.

Loss of limb and sight

Full Trauma Benefit criteria

Total and permanent loss of both of the following.

- › Use of a whole hand or whole foot
- › Sight in one eye.

Loss of sight means one of the following.

- › Visual acuity less than 6/60 in one eye after correction
- › A field of vision constricted to 20 degrees or less of arc in one eye
- › A combination of visual defects causing the same amount of impairment as either of the above.

Loss of limbs

Full Trauma Benefit criteria

Total and permanent loss of use of two or more limbs caused by an *illness* or *injury*. In this case, limb is a whole hand or whole foot.

Loss of speech

Full Trauma Benefit criteria

The unequivocal diagnosis by an appropriate *specialist* of total and irreversible loss of speech caused by an *illness* or *injury*.

Diagnosis Benefit criteria

An appropriate *specialist* considers that all speech will be lost within the next 12 months.

Major burns

Full Trauma Benefit criteria

Full thickness burns to at least one of the following.

- › 20 percent of the body surface area as measured by 'The Rule of Nines' or the Lund & Browder Body Surface Chart
- › 25 percent of the face needing surgical debridement, grafting or both
- › 50 percent of the total combined area of both hands needing surgical debridement, grafting or both.

Major head trauma

Full Trauma Benefit criteria

Neurological deficit caused by a cerebral *injury* resulting in either:

- › permanent impairment of at least 25 percent of *whole person function*
- › the total and irreversible inability to perform at least one of the *activities of daily living* without the help of another adult.

Meningitis or meningococcal disease

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of meningococcal disease, including meningitis and meningococcal septicaemia, that causes either:

- › Permanent impairment of at least 25 percent of *whole person function*
- › The total and irreversible inability to perform at least one of the *activities of daily living* without the help of another adult.

Motor neurone disease

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of motor neurone disease.



Multiple sclerosis

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of multiple sclerosis with evidence of both of the following:

- › More than one episode of well-defined neurological deficit with persistent neurological impairment
- › Neurological investigations that support the diagnosis (such as lumbar puncture abnormalities, MRI showing evidence of lesions in the central nervous system, evoked visual responses and evoked auditory responses).

Diagnosis Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of multiple sclerosis.

Muscular dystrophy

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of muscular dystrophy.

Open heart surgery

Full Trauma Benefit criteria

Undergoing open heart surgery to treat either:

- › A cardiac defect
- › Cardiac aneurysm
- › Benign cardiac tumour.

We exclude treatment by catheter surgery, percutaneous devices, minimally invasive 'keyhole' or similar techniques.

Organ transplant

Full Trauma Benefit criteria

Undergoing human-to-human organ transplant from a donor, or being approved for human-to-human organ transplant from a donor and placed on a recognised New Zealand or Australian organ transplant waiting list for transplant of one or more of the following organs:

- › Kidney
- › Heart
- › Lung
- › Liver (including partial liver)
- › Pancreas
- › Small bowel.

We also cover the transplant of bone marrow.

We exclude the transplant of all other organs or parts of organs (except partial liver transplants) and any other tissue or cell transplant.

Out-of-hospital cardiac arrest

Full Trauma Benefit criteria

A cardiac arrest that occurred out of hospital where all the following apply.

- › The cardiac arrest wasn't associated with any medical procedure
- › An electrocardiogram documented the cardiac arrest
- › The cardiac arrest was caused by cardiac asystole, ventricular fibrillation, or ventricular tachycardia.

Paralysis

Full Trauma Benefit criteria

The total and permanent loss of use of one or more limbs caused by *illness* or *injury* to the spinal cord or brain. In this case, limb is a whole arm or whole leg.

Included in this definition are monoplegia, paraplegia, quadriplegia/tetraplegia, diplegia and hemiplegia.

Parkinson's disease

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of idiopathic Parkinson's disease.

Pneumonectomy

Full Trauma Benefit criteria

Undergoing surgery to remove an entire lung where an appropriate *specialist* considers that it's medically necessary and the most suitable treatment.

Primary pulmonary hypertension

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of primary idiopathic pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation.

Severe cognitive impairment

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of permanent and irreversible loss of cognitive function caused by an *illness* or *injury* of the brain, resulting in both of the following:

- › The life assured needing paid care and supervision by a carer for at least 4 hours every day, as confirmed by an appropriate needs assessment
- › A mini-mental score of less than 20 out of 30, or an equivalent level of impairment under an equivalent test.

A carer cannot be a spouse, civil union partner, de facto partner or family member.



Severe diabetes

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of diabetes mellitus confirming at least one of the following.

- › Severe diabetic retinopathy resulting in visual acuity less than 6/36 in each eye after correction
- › Severe diabetic neuropathy causing motor impairment, autonomic impairment or both
- › Diabetic gangrene leading to surgical intervention
- › Severe diabetic nephropathy that causes chronic irreversible renal impairment, as measured by a corrected creatinine clearance of 29ml/min or less (CKD stage 4 or 5, International Chronic Kidney Disease classification).

Severe inflammatory bowel disease

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of Crohn's disease, ulcerative colitis or both, that has failed conventional medical intervention and needs either:

- › Indefinite immunosuppressive therapy
- › Surgical removal of the entire large bowel (colon and rectum).

Severe peripheral neuropathy

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of irreversible loss of function of peripheral nerves causing either:

- › Permanent impairment of at least 25 percent of *whole person function*
- › The total and irreversible inability to perform at least one of the *activities of daily living* without the help of another adult.

Stroke

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of an acute cerebrovascular event that causes a neurological deficit, with infarction of brain tissue or intracranial or subarachnoid haemorrhage, supported by clear evidence on neuroimaging.

If neuroimaging is inconclusive, we may consider other investigations in support of the diagnosis that the *specialist* considers medically appropriate.

We exclude:

- › Transient ischaemic attacks
- › Cerebral symptoms due to migraines
- › Cerebral *injury* because of trauma or hypoxia
- › Cerebral symptoms due to vascular disease affecting the eye, optic nerve or vestibular functions.

Systemic lupus erythematosus (SLE) with lupus nephritis

See next page.

Systemic sclerosis

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of systemic sclerosis that causes the total and irreversible inability to perform at least one of the *activities of daily living* without the help of another adult.

Diagnosis Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of systemic sclerosis.

Triple vessel angioplasty

Full Trauma Benefit criteria

Undergoing coronary artery angioplasty to correct a narrowing or blockage of three or more coronary arteries within a procedure period of 60 days.

The triple vessel angioplasty must be necessary because of angiographic evidence that indicates an obstruction of three or more coronary arteries.



Systemic lupus erythematosus (SLE) with lupus nephritis

Full Trauma Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of SLE that confirms any four of the criteria in the following table.

Criteria	Definition
Malar rash	Fixed erythema, flat or raised, over the malar eminences, tending to spare the nasolabial folds
Discoid rash	Erythematous, raised patches with adherent keratotic scaling and follicular plugging, atrophic scarring may occur in older lesions
Photosensitivity	Skin rash because of unusual reaction to sunlight, shown by patient history or <i>specialist</i> report
Oral ulcers	Oral or nasopharyngeal ulceration reported by a <i>specialist</i>
Arthritis	Non-erosive arthritis involving two or more peripheral joints, characterised by tenderness, swelling, or effusion
Serositis	Pleuritis – convincing history of pleuritic pain or pleuritic rub heard by a <i>specialist</i> or evidence of pleural effusion or Pericarditis – documented by ECG or rub or evidence of pericardial effusion
Renal disorder	Persistent proteinuria greater than 0.5 grams/24hr or greater than 2+ if quantitation not performed or Tubular casts – may be red cell, haemoglobin, granular, cellular or mixed
Neurological disorder	Seizures – without offending drugs or known metabolic derangements, such as uraemia, ketoacidosis or electrolyte imbalance
Hematologic disorder	Hemolytic anaemia – with reticulocytosis or Leucopenia – less than 3,500/mm ³ on two or more occasions or Thrombocytopenia – less than 100,000/mm ³ without offending drugs
Immunologic disorder	Positive LE cell preparation or Anti-DNA: antibody to native DNA in abnormal titre or Anti-Sm: presence of antibody to Sm (Smooth Muscle) nuclear antigen or False positive serologic test for syphilis known to be positive for at least 6 months and confirmed by Treponema pallidum immobilisation or fluorescent treponemal antibody absorption test
Antinuclear antibody	An abnormal titre of antinuclear antibody by immunofluorescence or an equivalent assay at any point in time and without drugs known to be associated with 'drug-induced lupus' syndrome.

As well as the diagnosis of SLE, renal changes must confirm the life assured has lupus nephritis. A renal biopsy must measure class 3 to 6 of the International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis. The lupus nephritis must also be associated with persisting proteinuria (more than 2+).



Criteria for conditions we cover under the Partial Benefit

You can read the criteria for conditions we cover under the Partial Benefit below.

Read the full terms of the Partial Benefit on page 6.

Adult insulin-dependent diabetes mellitus

Partial Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of insulin-dependent diabetes mellitus type 1 for the first time after 30 years of age.

Angioplasty

Partial Benefit criteria

Undergoing coronary artery angioplasty to correct a narrowing or blockage of one or more coronary arteries.

You can make a claim for this condition more than once

You can make a claim for this more than once, as long as the life assured meets the criteria for the condition again.

Burns of limited extent

Partial Benefit criteria

An *injury* with thermal, electrical, or chemical agents that causes third degree (full thickness) burns to one of the following.

- › At least 9%, but less than 20%, of the body surface area as measured by 'The Rule of Nines' or the Lund & Browder Body Surface Chart or third degree (full thickness)
- › Both hands, each requiring surgical debridement and/or grafting
- › The face, requiring surgical debridement and/or grafting.

Carcinoma in situ

Partial Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of carcinoma in situ characterised by focal autonomous new growth of carcinomatous cells, which haven't yet caused invasion of normal tissue beyond the basement membrane. Invasion means an infiltration, active destruction or both of normal tissue beyond the basement membrane.

A tissue biopsy must confirm the tumour and the tumour must classify as Tis according to the TNM staging method or FIGO stage 0.

We exclude carcinoma in situ of the cervix uteri of Cervical Intraepithelial Neoplasia (CIN) classifications CIN-1 and CIN-2.

We also exclude all forms of skin cancer from this definition of carcinoma in situ.

Cardiac defibrillator insertion

Partial Benefit Criteria

Undergoing the permanent insertion of an automatic implantable defibrillator after the occurrence of ventricular tachycardia or ventricular fibrillation.

Cerebral aneurysm

Partial Benefit criteria

Undergoing surgical treatment for a cerebral aneurysm via clipping or endovascular surgery (coiling).

Chronic lymphocytic leukaemia

Partial Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of chronic lymphocytic leukaemia with a diagnoses of Rai stage 0 in the blood and bone marrow only.

Colostomy or ileostomy

Partial Benefit criteria

Undergoing the process to create a permanent and non-reversible opening that links the colon, ileum or both to the external surface of the body.

Early stage malignant melanoma

Partial Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of a melanoma where histological examination confirms both of the following apply.

- › Thickness measuring less than 1.0mm using the Breslow method
- › Less than Clark Level 3 depth of invasion.

Heart valve replacement

Partial Benefit criteria

Undergoing thoracoscopic, laparoscopic, valvotomy, catheter or minimally invasive surgery to treat or repair a cardiac valve as a result of heart valve defects or abnormalities.

Each surgery to treat or repair the cardiac valve must happen at least 6 months after the last cardiac surgery.

We exclude investigative or diagnostic procedures.

Hydrocephalus

Partial Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of excessive accumulation of cerebrospinal fluid within the cranium that requires surgical intervention via insertion of a shunt or Endoscopic Third Ventriculostomy (ETV).



Loss of limb

Partial Benefit criteria

Total and permanent loss of use of one limb caused by *illness* or *injury*. In this case, limb is a whole hand or whole foot.

Low grade prostate cancer

Partial Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of prostate cancer that's histologically described as TNM Classification T1 or having a Gleason Score of equal to or less than 5 (or equivalent histological classification). The treatment by radiotherapy or chemotherapy must not have been recommended.

Pacemaker insertion

Partial Benefit Criteria

Undergoing the permanent insertion of an artificial pacemaker to correct an abnormal rhythm of the heart.

The abnormal rhythm of the heart must have been documented on electrocardiograph (ECG) and acceptable to Chubb Life.

Severe osteoporosis

Partial Benefit criteria

An unequivocal diagnosis by an appropriate *specialist* of severe osteoporosis. The diagnosis must confirm both of the following.

- › At least two vertebral body fractures or a fracture of the neck or femur before the life assured is 50 years old
- › Bone mineral density reading with a T-score of less than -2.5, measured in at least two sites by Dual energy x-ray absorptiometry (DEXA).

Severe rheumatoid arthritis

Partial Benefit criteria

An unequivocal diagnosis by a rheumatologist of severe rheumatoid arthritis. The diagnosis must confirm all of the following.

- › Rheumatoid arthritis according to the '2010 Rheumatoid Arthritis Classification Criteria', published by the American College of Rheumatology and European League Against Rheumatism
- › At least 6 months of intensive treatment with oral disease-modifying antirheumatic drugs (DMARDs) with inadequate signs of improvement. This excludes corticosteroids and non-steroidal anti-inflammatories
- › Continuous signs and symptoms of persistent inflammation (arthralgia, swelling, tenderness) in at least 20 joints or four large joints (ankles, knees, hips, wrists, elbows, shoulders)
- › The disease is progressive and non-responsive to all conventional therapy.