

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 or any child we cover 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.

If we pay a Full Trauma Benefit claim, a Partial Benefit claim, or a Diagnosis Benefit claim, we'll reduce the *sum insured* for the life assured's Life Cover by the amount we pay under this cover. We'll also immediately reduce the *sum 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.



Getting an outline of your benefits

The tables below summarise this cover's benefits and tells 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
Complimentary Children's Benefit	You can get financial support if the life assured's child gets a condition we cover.	Page 6
Support Person Accommodation Grant 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 7
Return to Home Benefit	You can get help to pay to get the life assured to New Zealand if they get a condition we cover while living overseas.	Page 7
Financial and Legal Advice Benefit	You can get help to pay for financial planning or legal advice about using money from a claim.	Page 8
Life Events Benefit	You can increase cover if certain events happen in a life assured's life, without assessment of the life assured's health.	Page 8

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
Optional Total and Permanent Disability	You can claim the Full Trauma Benefit if the life assured gets an <i>illness</i> or <i>injury</i> that means they're unlikely to ever be able to work again.	Page 9
Optional Children's Benefit	You can get more financial support if a life assured's child we cover gets a condition we cover.	Page 9
Optional Guaranteed Insurability	You can increase your Trauma Cover <i>sum insured</i> every 2 years, without assessment of the life assured's health.	Page 10
Optional Continuous Trauma	You can claim your Trauma Cover <i>sum insured</i> up to a maximum of 4 times.	Page 10
Optional Trauma Cover Buy-Back	You can buy back your Trauma Cover if we've paid a Full Trauma Benefit claim.	Page 12
Optional Life Cover Buy-Back	You can buy back your Life Cover if we've paid an accelerated Full Trauma Benefit claim.	Page 12



Conditions we cover and when you can claim them

This table shows all the medical conditions we cover, whether we cover them as full, partial or diagnosis conditions, and whether the 90-day stand-down period applies. The criteria for these conditions begin on page 12.

90-day stand-down

If the 90-day stand-down period applies, we won't pay a claim for the condition if the life assured, or a child we cover under the Complimentary Children's Benefit or Optional Children's Benefit suffers from, is diagnosed with, or has signs or symptoms of, the condition within 90 days immediately after:

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

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		✓	
Cardiomyopathy	✓		✓



Condition	Full Trauma Benefit	Partial Benefit	Diagnosis Benefit
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	✓		
Major head trauma	✓		



Condition	Full Trauma Benefit	Partial Benefit	Diagnosis Benefit
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	✓		✓
Terminal illness (Only if you have Trauma Cover – Standalone)	✓		
Total and permanent disability (Only if you have the Optional Total and Permanent Disablement Benefit)	✓		
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 pages 3-5. The criteria for these conditions begin on page 12.

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 pages 3-5. The criteria for these conditions begin on page 19.

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 pages 3-5. The criteria for these conditions begin on page 12.

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.

Complimentary Children's Benefit

The Complimentary Children's Benefit covers a life assured's dependant child if they get any of the conditions we cover.

When we'll pay this benefit

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

- › The *dependant* child of a life assured meets the criteria for a Full Trauma Benefit condition, a Partial Benefit condition, or a Diagnosis Benefit condition.
- › The child is aged from 3 months to 23 years old when they first meet the criteria for the condition.
- › The condition did not show signs or symptoms, or was not diagnosed, before the later of the *commencement date* or date of legal adoption or guardianship of the child.
- › The condition isn't congenital.

A congenital condition is a medical condition that's recognised or diagnosed within 4 months of birth, whether inherited or caused by external factors such as drugs or alcohol.



How much we'll pay under the Complimentary Children's Benefit

The Complimentary Children's Benefit amount for each child is the lesser of:

- › the total amount we're insuring the child's parents for under our Assurance Extra Trauma Cover
- › \$50,000.

If the child meets the criteria for one of the:

- › Full Trauma Benefit conditions we cover – we'll pay the full Complimentary Children's Benefit amount
- › Partial Benefit conditions we cover – we'll pay 25 percent of the Complimentary Children's Benefit amount
- › Diagnosis Benefit conditions we cover – we'll pay 25 percent of the Complimentary Children's Benefit amount.

We'll subtract the amount we pay from the Complimentary Children's Benefit amount for that child.

We'll only cover each child under one Complimentary Children's Benefit, no matter who this policy covers or how many policies you or anyone else has with us.

Once we've paid the maximum Complimentary Children's Benefit amount, we'll stop covering the child under this benefit.

What we pay under the Complimentary Children's Benefit doesn't affect what we pay under the Optional Children's Benefit.

You can apply to convert the Complimentary Children's Benefit to a standalone Trauma Cover

Once a child we cover under this complimentary benefit turns 24 years old, you can convert the Complimentary Children's Benefit to a standalone Trauma Cover on your policy or a new policy without any medical underwriting.

To do this, we must get your application to convert the cover within 90 days before or after the child turns 24 years old.

We'll accept your application for the conversion to standalone Trauma Cover on the same terms that applied to the complimentary Children's Benefit for that child. Their standalone Trauma Cover *sum insured* cannot be more than their complimentary Children's Benefit *sum insured*. We'll let you know how much you need to pay for the new Trauma Cover.

Support Person Accommodation Grant and Transfer Benefit

With the Support Person Accommodation Grant 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.
- › You have paid the costs for any accommodation and transport for the support person within 6 months of the life assured meeting the Full Trauma Benefit criteria for a condition we cover.

We'll pay \$200 a night, for up to 10 nights, and reasonable public transport costs

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 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.

Return to Home Benefit

With the Return to Home Benefit, we can help pay for the cost of getting the life assured back to New Zealand if they meet the criteria for one of the conditions we cover under the Full Trauma Benefit while living overseas.

When we'll pay this benefit

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

- › The life assured has been living outside New Zealand for more than 3 months in a row.
- › The life assured meets the Full Trauma Benefit criteria for a condition we cover for the first time while living outside New Zealand.
- › We have accepted the Full Trauma Benefit claim for the life assured.

We'll pay the costs, up to \$10,000

We'll pay the lesser of:

- › a single standard economy airfare to New Zealand for the life assured and a support person by the most direct route, and any necessary transport costs to a medical facility in New Zealand immediately after arriving in New Zealand
- › \$10,000.

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



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, solicitor, or barrister who's registered with the New Zealand Law Society
 - advice about financial planning from a financial advice provider licensed by the Financial Markets Authority.

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

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

Life Events Benefit

With the Life Events Benefit, you can increase the Trauma Cover *sum insured* when certain events happen in a life assured's life.

If the life assured experiences a certain life event, you can apply to increase the Trauma Cover *sum insured* without assessment of their health.

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

We cover certain life events

You can increase the Trauma Cover *sum insured* for a life assured if they experience one of the following.

- › Getting married or entering a civil union
- › Getting a divorce or separating from a de facto partner
- › Death of a partner (a partner is a wife, husband, civil union partner or de facto partner)
- › Pregnancy at 28 weeks gestation
- › Giving birth to or legally adopting a child. You cannot apply to increase the *sum insured* under this benefit for pregnancy and birth of the same child
- › Getting an annual salary increase of more than \$5,000
- › Increasing their residential mortgage
- › Buying a home, holiday home, residential investment property, or bare block of residential land

- › Providing *full-time care* for their dependent parent, sibling, child, parent-in-law, grandparent or partner (a partner is a wife, husband, civil union partner or de facto partner)
- › Having a dependent child start private secondary school or full-time tertiary education for the first time.

You can increase the sum insured for each event

For each event, you can increase the Trauma Cover *sum insured* for a life assured by up to the lesser of:

- › the amount of the new or increased mortgage (if applicable)
- › 5 times the increase in annual salary (if applicable)
- › \$250,000.

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

All increases under this benefit for a life assured can't be more than 75 percent of their *underwritten sum insured*.

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

Apply within a certain period of time after the event happening

You must apply for the increase under this benefit within either:

- › 180 days of the event happening
- › 60 days of the *anniversary date* after the event happened.

Send us evidence of the event when you apply.

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*, whether the increase was accepted or not.

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 all the criteria for a Full Trauma Benefit claim, or a Partial Benefit claim, or a Diagnosis Benefit claim, even if you haven't made the claim yet
- › they're aged 60 years old or older.



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.

Optional Total and Permanent Disability Benefit

With the Optional Total and Permanent Disability Benefit, we can cover a life assured under the Full Trauma Benefit if the life assured meets any of the definitions for a total and permanent disability.

If you have 'Own Occupation' in your policy schedule

If your *policy schedule* shows this benefit for a life assured as 'Own Occupation', we'll add the following as a condition we cover them for under the Full Trauma Benefit.

Total and Permanent Disability – Own Occupation

Total and permanent disability means, because of an *illness* or *injury*, the life assured both:

- › is unable to work, and hasn't worked, in their pre-disability occupation for at least 3 months in a row
- › is unlikely to ever be able to work in their pre-disability occupation again.

If you have 'Any Occupation' in your policy schedule

If your *policy schedule* shows this benefit for a life assured as 'Any Occupation', we'll add the following as a condition we cover them for under the Full Trauma Benefit.

Total and Permanent Disability – Any Occupation

Total and permanent disability means, because of an *illness* or *injury*, the life assured both:

- › is unable to work, and hasn't worked, in their *pre-disability occupation* for at least 3 months in a row
- › is unlikely to ever be able to work in their *pre-disability occupation* or *any gainful occupation* that they're suitable for (based on their education, training, or experience) and that has a salary that's more than 25 percent of the income they earned in the year before they became disabled.

When this benefit ends

This Optional Total and Permanent Disability Benefit ends for a life assured:

- › once they turn 65 years old
- › if we've paid a Full Trauma Benefit claim.

Optional Children's Benefit

With the Optional Children's Benefit, you can get more financial support if the life assured's child covered under this benefit gets any of the conditions we cover.

When we'll pay this benefit

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

- › A child named on the *policy schedule* or *endorsement schedule* as covered under this Optional Children's Benefit, meets the criteria for a Full Trauma Benefit condition, a Partial Benefit condition, or a Diagnosis Benefit condition.
- › The child is a dependent child of a life assured we're covering under this Trauma Cover.
- › The child is aged from 3 months to 18 years old when they first meet the full criteria for the condition.
- › The condition did not show signs or symptoms, or was not diagnosed, before the *commencement date* of the Optional Children's Benefit.
- › The condition isn't congenital.

A congenital condition is a medical condition that's recognised or diagnosed within 4 months of birth, whether inherited or caused by external factors such as drugs or alcohol.

How much we'll pay under the Optional Children's Benefit

The Optional Children's Benefit amount for each child across all Assurance Extra policies is the lesser of:

- › the *sum insured* shown in the *policy schedule* or *endorsement schedule*
- › \$200,000.

If the child meets the criteria for one of the:

- › Full Trauma Benefit conditions we cover – we'll pay the full Optional Children's Benefit amount
- › Partial Benefit conditions we cover – we'll pay 25 percent of the Optional Children's Benefit amount
- › Diagnosis Benefit conditions we cover – we'll pay 25 percent of the Optional Children's Benefit amount.

We'll subtract the amount we pay from the Optional Children's Benefit *sum insured* for that child.

The *inflation rate* doesn't increase this benefit.

What we pay under the Optional Children's Benefit doesn't affect what we pay under the Complimentary Children's Benefit.

Apply to add a child to your Optional Children's Benefit

You can apply to add a biological or adopted child of a life assured to your Optional Children's Benefit. The child must be aged from 3 months to 18 years old. You'll need to tell us their name and date of birth.



You can apply to convert the Optional Children's Benefit to a standalone Trauma Cover

Once a child we cover under this benefit turns 19 years old, you can apply to convert their Optional Children's Benefit to a standalone Trauma Cover on your policy without any medical underwriting.

We must get your application to convert the cover within 90 days of the child turning 19 years old.

We'll accept your application for the conversion to standalone Trauma Cover on the same terms that applied to the life assured's Optional Children's Benefit. Their standalone Trauma Cover *sum insured* cannot be more than their Optional Children's Benefit *sum insured*. We'll let you know how much you need to pay for the new Trauma Cover.

When this benefit ends

This Optional Children's Benefit ends for a covered child on the earliest of any of the following:

- › we have paid the full Optional Children's Benefit *sum insured*
- › the covered child has no biological or adoptive parents that hold Trauma Cover under this policy
- › the covered child turns 19 years old.

Optional Guaranteed Insurability

With Optional Guaranteed Insurability, you can increase the Trauma Cover *sum insured* for a life assured every 2 years without assessment of their health.

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

You can increase the sum insured every 2 years

On every second *anniversary date* from the *commencement date*, you can apply to increase the Trauma Cover *sum insured* for a life assured by the lesser of:

- › 25 percent of the *underwritten sum insured*
- › \$50,000.

You cannot use this benefit on the next *anniversary date*, if you've already increased the Trauma Cover *sum insured* for the life assured under the Life Events Benefit within the last 2 years.

Apply within 60 days of the anniversary date

You must apply for the increase under this benefit within 60 days of the relevant *anniversary date*. You won't be able to increase again under this benefit for another 2 years.

We'll accept your application to increase the *sum insured* under this benefit on the terms that most recently applied to this cover.

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

All increases under this benefit for a life assured can't be more than the lesser of:

- › 2 times the *underwritten sum insured*
- › \$500,000.

If the Trauma Cover for the life assured is accelerated, you cannot increase their 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 all the criteria for a Full Trauma Benefit claim, or a Partial Benefit claim, or a Diagnosis Benefit claim, even if you haven't made the claim yet
- › they're aged 60 years old or older.

Optional Continuous Trauma

With Optional Continuous Trauma, if we pay a claim for a life assured, their Trauma Cover will automatically continue from the date the claim is paid.

You can claim the Trauma Cover sum insured up to a maximum of 4 times

Under Optional Continuous Trauma, you can claim the full Trauma Cover *sum insured* for a life assured up to a maximum of 4 times. We will treat any combination of 4 Partial Benefit or Diagnosis Benefit claim payments as 1 full payment of the Trauma Cover *sum insured*.

Claims we pay under Optional Continuous Trauma will not reduce the Trauma Cover *sum insured* until we've paid the full Trauma Cover *sum insured* 4 times. After we've paid the Trauma Cover *sum insured* 4 times for a life assured, the Trauma Cover *sum insured* will be reduced to zero and this Optional Continuous Trauma will end.

The maximum amount we will pay under this Optional Continuous Trauma for each life assured is 4 times the Trauma Cover *sum insured*. We will reduce any final claim payment we make to you to ensure that the total amount we pay under this Optional Continuous Trauma is no greater than that maximum amount.

If you have accelerated Trauma Cover, changes to the life assured's cover can affect your maximum claim

See the section headed "Accelerated cover affects Life Cover and other accelerated covers" on page 1 for information about how claims we pay under this Trauma Cover affect the life assured's Life Cover and other accelerated covers under this policy.

If you have Optional Continuous Trauma with accelerated Trauma Cover for a life assured, the maximum amount that we will pay under this Optional Continuous Trauma is the amount of the life assured's Life Cover *sum insured*.

To ensure the Trauma Cover *sum insured* can be paid up to 4 times, a life assured's Trauma Cover *sum insured* at the cover start date cannot be more than 25% of their Life Cover *sum insured*.



If you reduce the life assured's Life Cover *sum insured* to less than 4 times their Trauma Cover *sum insured*, or if you increase their Trauma Cover *sum insured* to more than 25% of their Life Cover *sum insured*, you may not be able to claim the full amount of the Trauma Cover *sum insured* 4 times.

For example, if the life assured has \$600,000 of Life Cover and \$150,000 of accelerated Trauma Cover with Optional Continuous Trauma, and you reduce their Life Cover *sum insured* from \$600,000 to \$450,000, or if you increase your Trauma Cover *sum insured* from \$150,000 to \$200,000, the maximum amount you can claim is 3 times the Trauma Cover *sum insured*.

We'll reduce Full Trauma Benefit claims that progress from Partial or Diagnosis Benefit claims

If we pay a Partial Benefit or Diagnosis Benefit for a condition we cover, and the life assured subsequently meets the criteria for a Full Trauma Benefit claim in relation to the same covered condition (or another condition we cover as a result of the same *illness* or *injury*), we'll subtract the amount we paid for the Partial Benefit or Diagnosis Benefit from the Full Trauma Benefit claim payment.

The combined Full Trauma Benefit and Partial Benefit or Diagnosis Benefit claim payments will be treated as one full payment of the Trauma Cover *sum insured*.

The continued cover will have some restrictions

If we've paid a Full Trauma Benefit, Partial Benefit or Diagnosis Benefit for a life assured, their continued cover will also have the following restrictions:

- › You can't use the Life Events Benefit.
- › If we've paid a Full Trauma Benefit claim, you can't claim again for any condition, *illness* or *injury* that, relates to the condition we paid the claim for (see Related Conditions restriction below).
- › If we paid the Full Trauma Benefit claim for Total and Permanent Disability, Loss of Independent Existence or Terminal Illness, you can't claim again for the condition that we paid the claim for.
- › If we've paid a Partial Benefit claim, you can't claim the Partial Benefit again for any condition, *illness* or *injury* that relates to the condition we paid the claim for (see Related Conditions restriction below).
- › If we've paid a Diagnosis Benefit claim, you can't claim the Diagnosis Benefit again for any condition, *illness* or *injury* that relates to the condition we paid the claim for (see Related Conditions restriction below).
- › If we've paid a Full Trauma Benefit claim, you can't claim again for certain covered conditions if the life assured either:
 - meets the criteria for the condition, 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 the condition

within the applicable stand-down period (see Stand-down Conditions restriction below).

Related Conditions restriction

A condition, *illness* or *injury* relates to a condition we already paid a claim for when any of the following apply:

- › It's a direct or indirect complication of, result of, or treatment for the condition, *illness* or *injury* we already paid a claim for.
- › It results directly or indirectly from treatment or drugs the life assured took for the condition, *illness* or *injury* we already paid a claim for.
- › It results directly or indirectly from an event with a common cause or effect as the condition, *illness* or *injury* we already paid a claim for.

Stand-down Conditions restriction

If we paid the Full Trauma Benefit claim for one of the Cardiovascular Conditions listed below, the continued cover will exclude all the Cardiovascular Conditions listed below for a stand-down period of 36 months after the Full Trauma Benefit claim was paid.

If we paid the Full Trauma Benefit claim for Cancer, the continued cover will exclude all the Cancer Conditions listed below for a stand-down period of 24 months after the Full Trauma Benefit claim was paid.

If we paid the Full Trauma Benefit claim for any other condition we cover, the continued cover will exclude the condition we paid the claim for, for a stand-down period of 12 months after the Full Trauma Benefit claim was paid.

Cardiovascular Conditions:

- › Angioplasty
- › Aortic Surgery
- › Cardiac Defibrillator Insertion
- › Cardiomyopathy
- › Cerebral Aneurysm
- › Coronary Artery Surgery
- › Heart Attack
- › Heart Valve Replacement
- › Open Heart Surgery
- › Out of Hospital Cardiac Arrest
- › Pacemaker Insertion
- › Primary Pulmonary Hypertension
- › Stroke
- › Triple vessel angioplasty



Cancer Conditions:

- › Cancer
- › Carcinoma in situ
- › Chronic lymphocytic leukaemia
- › Early stage malignant melanoma
- › Low grade prostate cancer

When this Optional Continuous Trauma ends

This Optional Continuous Trauma will end for a life assured on the earliest of the following:

- › when the Trauma Cover *sum insured* has been paid 4 times in total under this Optional Continuous Trauma
- › at the end of the *cover term* for the Trauma Cover
- › if the Trauma Cover is accelerated, on the date the life assured's Life Cover *sum insured* is reduced to zero
- › upon death of the life assured
- › when the policy ends.

Optional Trauma Cover Buy-Back

With Optional Trauma Cover Buy-Back, you can buy back some or all of the Trauma Cover we've paid under the Full Trauma Benefit for a life assured.

When you can apply to use this benefit

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

- › We've paid a Full Trauma Benefit claim for the life assured.
- › 12 months has passed since we paid the claim.
- › You apply within 60 days of the end of that 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 Trauma Cover.

The cover you buy back will have some restrictions

We'll accept your application on the terms that applied to this cover 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.

The cover you buy back will also have the following restrictions:

- › You can't use the Life Events Benefit.
- › You can't have any optional benefits under this cover, except for the Optional Children's Benefit.

The cover you buy back doesn't insure you for conditions you've already claimed for

Once you've bought the cover back, we won't pay any claim under this Trauma Cover for a life assured for any of the following:

- › The same condition, *illness* or *injury* we already paid a claim for.

- › Any condition the life assured showed signs or symptoms of, or was diagnosed with, before you bought the cover back.
- › Any condition, *illness* or *injury* that, according to a *specialist*, relates to a condition we've already paid a claim for.

A condition, *illness* or *injury* relates to a condition we already paid a claim for when any of the following apply:

- › It's a direct or indirect complication of, result of, or treatment for the condition, *illness* or *injury* we already paid a claim for.
- › It results directly or indirectly from treatment or drugs the life assured took for the condition, *illness* or *injury* we already paid a claim for.
- › It results directly or indirectly from an event with a common cause or effect as the condition, *illness* or *injury* we already paid a claim for.

You may get a discount if you've claimed on certain conditions

You may get up to a 10 percent discount on the Trauma Cover protection premium on the cover you buy back if the claim was paid for any of the following conditions:

- › Aortic surgery
- › Cancer
- › Cardiomyopathy
- › Coronary artery surgery
- › Heart attack
- › Heart valve replacement
- › Primary pulmonary hypertension
- › Triple vessel angioplasty

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 below 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
- › harm to a child we cover under a benefit that you or the child's parents or guardians cause.

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 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 Chubb Life believes, 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 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 limb 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

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+).



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 criteria

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

Terminal illness

Full Trauma Benefit criteria

We only cover a life assured for this condition if the Trauma Cover for them is Standalone.

A diagnosis from an appropriate *medical practitioner* of a terminal *illness* or *injury* that is likely to result in the death of the life assured within the next 12 months.

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.

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
- › 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 diagnosis 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 of 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.