

## PLATINUM PLUS - TRAUMA COVER

### A INTRODUCTION

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

### B WHAT WE COVER

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

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

#### 1. Trauma Cover – Accelerated

**We** will pay **you** the Trauma Cover - Accelerated sum assured (subject to limitations shown for specific **trauma conditions**) shown in the **schedule** when the **insured person** suffers a **trauma condition** for the first time after the **date of commencement** and after the stand-down period (where applicable).

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

The Trauma Cover - Accelerated benefit is not available for an **insured person** under the age of 16.

#### 2. Trauma Cover – Standalone

**We** will pay **you** the Trauma Cover - Standalone sum assured (subject to limitations shown for specific **trauma conditions**) shown in the **schedule** when the **insured person** suffers a **trauma condition** for the first time prior to age 70 after the **date of commencement** and after the stand-down period (where applicable).

The Trauma Cover - Standalone benefit will only be paid where the **insured person** survives for at least fourteen days after the diagnosis of the **trauma condition**.

Payment of a Trauma Cover - Standalone benefit will not reduce the **life assurance**. The Trauma Cover - Standalone expires when the **insured person** attains the age of 70.

#### 3. Child's Trauma Benefit (Inclusive)

Once **we** have received proof that a **trauma condition** has been satisfied for a **child** **we** will pay **you** the Child's Trauma Benefit described in clause M.

### C TRAUMA CONDITIONS

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

Trauma Condition	Definition
<b>Accidentally acquired HIV</b>	means infection by the Human Immunodeficiency Virus (HIV), acquired only via blood transfusion or accidental means, with sero-conversion to HIV infection occurring within six months of the accident. Any accident giving rise to a potential claim must be reported to <b>us</b> within thirty days of the incident and be supported by a negative HIV antibody test within seven days of the incident. Transmission via any form of sexual activity or deliberate injection of a drug not prescribed by a <b>medical practitioner</b> is specifically excluded.
<b>Adult onset insulin dependent diabetes mellitus</b>	means the diagnosis after the age of 30 of Type 1 diabetes mellitus for which insulin is required for survival. <b>We</b> will pay the lesser of \$25,000 or 25% of the sum assured.

Trauma Condition	Definition
<p><b>Alzheimer's disease/Dementia</b></p>	<p>Alzheimer's disease means its diagnosis by a consultant neurologist confirming dementia due to failure of the brain function with significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment is defined as deterioration or loss of intellectual capacity as measured by clinical evidence and standardised testing.</p> <p>Dementia means its clinical confirmation due to failing brain functions as confirmed by a <b>medical practitioner</b> specialising in neurology, psycho-geriatrics, psychiatry or geriatrics.</p> <p>Alzheimer's disease or Dementia must result in:</p> <ul style="list-style-type: none"> <li>• a requirement for continual supervision to protect and ensure the safety of the <b>insured person</b>, or</li> <li>• the permanent inability of the <b>insured person</b> to carry out one or more <b>activities of daily living</b> without the standby assistance of another person.</li> </ul> <p><b>We</b> will pay 25% of the sum assured, to a maximum of \$25,000 upon the unequivocal diagnosis of Alzheimer's disease or Dementia by a consultant neurologist.</p>
<p><b>Angioplasty</b></p>	<p><b>We</b> will pay the sum assured when the <b>insured person</b> undergoes a coronary artery angioplasty (with or without the insertion of a stent, laser therapy or atherectomy) to correct narrowing or blockage of three or more coronary arteries within the same single procedure.</p> <p>Angiographic evidence indicating obstruction of the treated coronary arteries and confirmation from a consultant Cardiologist is required to confirm that the procedure is medically necessary.</p> <p><b>We</b> will pay 25% of the sum assured each time the <b>insured person</b> undergoes a coronary artery angioplasty (with or without the insertion of a stent, laser therapy or atherectomy) to correct narrowing or blockage of one or two coronary arteries, subject to a minimum of \$10,000 and a maximum of \$25,000. Angiographic evidence indicating obstruction of the treated coronary arteries and confirmation from a consultant Cardiologist is required to confirm that the procedure is medically necessary. If the sum assured is less than \$10,000 <b>we</b> will pay the full sum assured for angioplasty.</p>
<p><b>Aorta surgery</b></p>	<p>means surgery to correct any narrowing, dissection or aneurysm of the abdominal or thoracic aorta by repair or its replacement.</p>
<p><b>Aplastic Anaemia</b></p>	<p>means bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:</p> <ul style="list-style-type: none"> <li>• Marrow stimulating agents</li> <li>• Immunosuppressive agents</li> <li>• Bone marrow transplant</li> <li>• Peripheral blood stem cell transplantation</li> <li>• Blood product transfusions</li> </ul>
<p><b>Benign brain or spinal tumour</b></p>	<p>means a non-cancerous tumour in the brain or spinal cord that gives rise to characteristic symptoms of intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment resulting in neurological damage and functional impairment considered to likely be permanent by an appropriate medical specialist or surgical treatment for its removal where this is considered the appropriate and necessary treatment. Neurological damage and functional impairment include but are not limited to: memory, loss, impaired speech, vision loss and paralysis on one side of the body. The presence of the underlying tumour must be confirmed by imaging studies such as a CT or MRI scan.</p> <p>Excluded are cysts, granulomas and malformations in or of the arteries or veins of the brain, haematomas and tumours on the pituitary gland.</p>

Trauma Condition	Definition
<p><b>Cancer</b></p>	<p>means the presence of one or more invasive malignant tumours, including leukaemia, malignant bone marrow disorders and malignant lymphomas.</p> <p>The following cancers are excluded:</p> <ul style="list-style-type: none"> <li>• Tumours showing the malignant changes of carcinoma-in-situ (including cervical dysplasia CIN1, CIN2 and CIN3) unless leading to radical surgery for its removal and treatment by radiotherapy or chemotherapy, or tumours that are histologically described as premalignant. *</li> <li>• Prostatic cancers classified under TNM classifications as T1 (all categories) and Gleason score less than or equal to 5. ++</li> <li>• Malignant melanomas that are Clark Level 1 or 2 depth of invasion, and less than 1.5mm in thickness as measured using the Breslow method and have no evidence of ulceration as determined by histological examination. +++</li> <li>• All hyperkeratoses or basal cell carcinomas of the skin.</li> <li>• All squamous cell carcinomas of the skin unless they have spread to other organs.</li> <li>• Chronic lymphocytic leukaemia less than Rai Stage 1.</li> </ul> <p>* <b>We</b> will pay 25% of the sum assured to a maximum of \$50,000, the first time the <b>insured person</b> is diagnosed with carcinoma in situ of the breast+, cervix uteri, vagina, vulva, fallopian tubes, ovary, corpus uteri, perineum, penis or testicle. Carcinoma in situ must be positively diagnosed by histological examination. Carcinoma in situ is characterised by a focal autonomous new growth of carcinomatous cells which has not yet resulted in invasion of normal tissue beyond the basement membrane. Tumours must be classified as TisNOMO according to the TNM classification or FIGO stage 0. Invasion means an infiltration and/or active destruction of normal tissue beyond the basement membrane.</p> <p>+ <b>We</b> will pay the sum assured, where carcinoma in situ results in removal of the entire breast specifically to arrest the spread of malignancy and this procedure is the appropriate and necessary treatment as certified by an oncologist.</p> <p>++ <b>We</b> will pay the sum assured for early stage prostate cancer where the entire prostate has been removed, or treatment by either radiotherapy or chemotherapy has been undertaken, specifically to arrest the spread of malignancy, and the procedure is the appropriate and necessary treatment. Otherwise <b>we</b> will pay the lesser of 25% of the sum assured or \$100,000 for <b>early stage prostate cancer</b>.</p> <p>+++ <b>We</b> will pay 25% of the sum assured to a maximum of \$25,000, the first time the <b>insured person</b> is diagnosed with a malignant melanoma that is Clark Level 1 or 2 depth of invasion, or less than 1.5mm in thickness as measured using the Breslow method.</p> <p><b>Early stage prostate cancer</b> means a prostate tumour that is histologically described as having a TNM classification T1 (all categories) or Gleason score less than or equal to 5.</p>
<p><b>Cardiomyopathy</b></p>	<p>means impaired ventricular function of variable aetiology, resulting in physical impairments to the degree of at least class 3 of the <b>New York Heart Association Classification of Cardiac Impairment</b>.</p>
<p><b>Cerebrovascular accident (stroke)</b></p>	<p>means any cerebrovascular incident including infarction of brain tissue, intracranial or subarachnoid haemorrhage, or embolisation from an intracranial source as evidenced by CT, MRI or similar scan, but excluding transient ischaemic attacks and cerebral symptoms due to migraine.</p>

Trauma Condition	Definition
<b>Chronic liver failure</b>	means end stage liver failure. The diagnosis must be confirmed by an appropriate specialist based on any of the following symptoms: permanent jaundice, ascites and encephalopathy.
<b>Chronic lung disease</b>	means end stage lung disease requiring permanent oxygen therapy with: FEV <sub>1</sub> test results of consistently less than one litre, at least a permanent 25% impairment of <b>whole person function</b> or the permanent inability to perform at least one of the <b>activities of daily living</b> .
<b>Chronic renal failure (kidney failure)</b>	means end stage renal failure presented as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is instituted.
<b>Cognitive Impairment</b>	means the permanent and irreversible loss of cognitive function due to an injury or illness of the brain resulting in either at least a permanent 25% impairment of whole person function or the permanent inability to perform at least two <b>activities of daily living</b> without the standby assistance of another person.
<b>Coma</b>	means a state of unconsciousness with no reaction to external stimuli or internal needs, persisting continually with the use of a life support system for at least 72 hours. The Trauma Cover – Standalone benefit for <b>coma</b> will only be paid where the <b>insured person</b> survives for at least a further fourteen days <u>without</u> the use of a life support system. Coma related to alcohol or drug abuse is excluded.
<b>Coronary artery bypass surgery</b>	means medically necessary coronary artery bypass graft surgery to correct coronary artery disease causing inadequate myocardial blood supply but does not include angioplasty, intra-arterial procedures and other non-surgical techniques.
<b>Creutzfeldt –Jakob Disease (CJD)</b>	means the unequivocal diagnosis of CJD with signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasm, tremor and athetosis resulting in the <b>insured person</b> requiring permanent and continual supervision for their safety.
<b>Encephalitis</b>	means severe inflammation of brain substance resulting in significant and permanent neurological sequelae as certified by a consultant neurologist or significant and permanent loss of <b>whole person function</b> of at least 25% or the permanent inability to perform at least one of the <b>activities of daily living</b> as certified by a consultant neurologist.
<b>Heart valve surgery</b>	means surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.
<b>Intensive care</b>	means that an accident or illness has resulted in the <b>insured person</b> requiring continuous mechanical ventilation by means of tracheal intubation for at least 5 consecutive days (24 hours per day) or to be admitted to the intensive care ward of a registered medical hospital for at least 5 consecutive days (24 hours per day) at the recommendation of an appropriate specialist. Intensive care as a direct or indirect result of drug or alcohol abuse is specifically excluded.
<b>Loss of independent existence</b>	means a condition where the <b>insured person</b> is totally and irreversibly unable to perform at least two <b>activities of daily living</b> , as a result of disease, illness or injury without the standby assistance of another person.

Trauma Condition	Definition
<b>Loss of limbs and/or eyes</b>	<p>means the complete and irrecoverable loss of the use of any two of the following: right hand, left hand, right foot, left foot, right eye, left eye aided or unaided.</p> <p><b>We</b> will pay the lesser of \$25,000 or 25% of the sum assured upon the total and permanent loss of use of one limb or the sight in one eye.</p>
<b>Loss of speech</b>	<p>means the total and permanent loss of the ability to produce intelligible speech, as a result of permanent damage to the larynx or its nerve supply or to the speech centres of the brain, whether caused by injury, tumour or sickness. Loss of speech due to psychological reasons is excluded.</p>
<b>Major head trauma</b>	<p>means neurological deficit resulting from trauma, causing at least 25% impairment of <b>whole person function</b> lasting more than three weeks from the date of the trauma, and likely to persist, as certified by a consultant neurologist or the permanent inability to perform at least one of the <b>activities of daily living</b> as certified by a consultant neurologist.</p>
<b>Major organ transplant</b>	<p>means the transplant to the <b>insured person</b> of one or more of the following organs: Kidney, heart, lung, liver, pancreas, small bowel or bone marrow.</p> <p><b>We</b> will pay the sum assured if the <b>insured person</b> is placed on an official waiting list of a Transplantation Society of Australia and New Zealand recognised transplant unit for an organ transplant from a human donor of a major organ that is listed in the definition of <b>major organ transplant</b>. The transplant must be considered medically necessary and the condition must be untreatable by any other means other than organ transplant, as confirmed by an appropriate specialist.</p>
<b>Meningitis and/or meningococcal disease</b>	<p>means the unequivocal diagnosis of meningitis and/or meningococcal disease including meningococcal septicaemia resulting in either a 25% impairment of <b>whole person function</b> or the permanent inability to perform at least one of the <b>activities of daily living</b>.</p>
<b>Motor neurone disease</b>	<p>means its unequivocal diagnosis by two consultant neurologists.</p>
<b>Multiple sclerosis</b>	<p>means demyelination of nervous tissue. The diagnosis has to be made by a consultant neurologist confirming more than one episode of well-defined neurological abnormalities and:</p> <ul style="list-style-type: none"> <li>• with at least 25% impairment of <b>whole person function</b>, or</li> <li>• the permanent inability to perform at least one of the <b>activities of daily living</b>, or</li> <li>• restricted to a wheelchair as measured by an EDSS level of 7.5 or higher.</li> </ul> <p>The diagnosis will be based on confirmatory neurological investigations e.g. Lumbar puncture, evoked visual responses, evoked auditory responses and NMR (Nuclear Magnetic Resonance) evidence of lesions of the central nervous system.</p> <p><b>We</b> will pay 25% of the sum assured, to a maximum of \$25,000 upon the unequivocal diagnosis of <b>multiple sclerosis</b> by a consultant neurologist.</p>
<b>Muscular dystrophy</b>	<p>means its unequivocal diagnosis by a consultant neurologist resulting in a permanent impairment of <b>whole person function</b> of at least 25% or in the permanent inability to perform at least one of the <b>activities of daily living</b>.</p> <p><b>We</b> will pay 25% of the sum assured, to a maximum of \$25,000 upon the unequivocal diagnosis of <b>muscular dystrophy</b> by a consultant neurologist.</p>

Trauma Condition	Definition
<b>Myocardial infarction (heart attack)</b>	<p>means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The basis of diagnosis shall include:</p> <ol style="list-style-type: none"> <li>1. Electrocardiographic changes associated with myocardial infarction.</li> <li>2. Elevation of cardiac enzymes consistent with a myocardial infarction.</li> </ol> <p>If ECG or enzyme evidence of infarction is unavailable or inconclusive, then <b>we</b> will consider any other test results provided in support of the diagnosis.</p>
<b>Occupationally acquired HIV</b>	<p>means infection by the Human Immunodeficiency Virus (HIV), acquired only via blood transfusion or accidental means during the course of carrying out the <b>insured person's</b> normal occupation with sero-conversion to HIV infection occurring within six months of the accident. Any accident giving rise to a potential claim must be reported to <b>us</b> within thirty days of the incident and be supported by a negative HIV antibody test within seven days of the incident. Transmission via any form of sexual activity or deliberate injection of a drug not prescribed by a <b>medical practitioner</b> is specifically excluded.</p>
<b>Open heart surgery</b>	<p>means the undergoing of open heart surgery for treatment of a cardiac defect, cardiac aneurysm or benign cardiac tumour. Repair via catheter surgery, minimally invasive 'keyhole' or similar techniques are specifically excluded.</p>
<b>Out of hospital cardiac arrest</b>	<p>means a sudden unexpected stoppage of effective heart action which is not associated with any medical procedure and is documented by an electrocardiogram and occurs outside a hospital and is due to either cardiac asystole (complete failure of the heart causing cardiac arrest) or ventricular fibrillation (heart abnormality with ineffective twitching of the heart chambers).</p>
<b>Paralysis</b>	<p>means any one of the following:</p> <ul style="list-style-type: none"> <li>• <b>Diplegia</b> means the permanent and total loss of function of both sides of the body due to injury or disease.</li> <li>• <b>Hemiplegia</b> means the permanent and total loss of function of one side of the body due to injury or disease.</li> <li>• <b>Paraplegia</b> means the permanent and total loss of use of both legs resulting from injury or disease.</li> <li>• <b>Quadriplegia</b> means the permanent and total loss of use of both arms and legs resulting from injury or disease.</li> <li>• <b>Tetraplegia</b> means the permanent and total loss of use of both arms and legs resulting from injury or disease to the spinal cord.</li> </ul>
<b>Parkinson's disease</b>	<p>means fully developed, moderately disabling disease of the extrapyramidal system clinically confirmed by a consultant neurologist with significant and permanent impairment of <b>whole person function</b> of at least 25% or with the permanent inability to perform at least one of the <b>activities of daily living</b>.</p> <p><b>We</b> will pay 25% of the sum assured, to a maximum of \$25,000 upon the unequivocal diagnosis of <b>Parkinson's disease</b> by a consultant neurologist.</p> <p>Idiopathic Parkinson's supranuclear palsy and cortico-basal degeneration are included.</p> <p>Iatrogenic Parkinsonism and Parkinsonism secondary to infection or trauma are excluded.</p>
<b>Pneumonectomy</b>	<p>means the removal of an entire lung. This must be considered medically necessary treatment by an appropriate specialist.</p>

Trauma Condition	Definition
<b>Primary pulmonary hypertension</b>	means primary pulmonary hypertension with right ventricular enlargement established by investigations including cardiac catheterisation.
<b>Severe burns</b>	means tissue injury caused by thermal, electrical or chemical agents causing third degree burns to 20% or more of the Body Surface Area as measured by the Rule of 9 or the Lund and Browder Body Surface Chart or third degree burns to 50% of both hands or 25% of the face requiring surgical debridement and/ or grafting.
<b>Severe osteoporosis</b>	means before the age of 50 the <b>insured person</b> : <ul style="list-style-type: none"> <li>• Suffers at least two vertebral body fractures or a fracture of the neck of the femur, due to osteoporosis and</li> <li>• Has bone mineral density reading with a T-score of less than - 2.5. This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).</li> </ul> <p><b>We will pay the lesser of \$5,000 or 25% of the sum assured.</b></p>
<b>Severe rheumatoid arthritis</b>	means before the age of 50 the <b>insured person</b> is diagnosed with severe rheumatoid arthritis by an appropriate medical specialist. The diagnosis must confirm all of the following: <ul style="list-style-type: none"> <li>• Morning stiffness of the joints</li> <li>• Swelling and pain in the joints of at least three joint groups, involving the corresponding joints on both sides of the body. One of the groups must be joints on the fingers or toes, or the knuckles of the hand or wrist</li> <li>• Small nodular swelling beneath the skin</li> <li>• A positive rheumatoid factor test</li> <li>• X-ray evidence showing multiple and extensive changes to joints typical of rheumatoid arthritis</li> <li>• Diffuse osteoporosis with severe hand and spinal deformity.</li> </ul> <p><b>We will pay the lesser of \$25,000 or 25% of the sum assured.</b></p>
<b>Systemic Sclerosis</b>	means the unequivocal diagnosis of systemic sclerosis, as confirmed by an appropriate specialist, causing: <ul style="list-style-type: none"> <li>• skin thickening accompanied by various degrees of tissue fibrosis, and</li> <li>• chronic inflammatory infiltration in visceral organs, and</li> <li>• the total and irreversible inability to perform at least one <b>activity of daily living</b> without the standby assistance of another adult person.</li> </ul>
<b>Total blindness</b>	means the complete and irrecoverable loss of sight in both eyes as currently defined by the Royal Blind Society and confirmed by an ophthalmologist.
<b>Total deafness</b>	means total, irreversible and irreparable loss of hearing both natural and assisted, in both ears as a result of illness or injury. <p><b>We will pay the lesser of \$25,000 or 25% of the sum assured upon the total, irreversible and irreparable loss of hearing, both natural and assisted, in one ear as a result of illness or injury.</b></p>

### Total and Permanent Disablement Option

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

Where, as a result of illness or injury to an **insured person** before age 65, the definition of **total and permanent disability** is satisfied, **we will pay you** the sum assured shown in the **schedule**.

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

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

1. Has been absent from employment through illness or injury for an uninterrupted period of 3 months and in **our** reasonable opinion after consideration of all the medical evidence and other relevant evidence, has become so disabled that **he** or **she** will unlikely ever to be able to perform **his** or **her** own occupation or any other occupation for which **he** or **she** is suited by education, training or experience, which would remunerate at a rate greater than 25% of **his** or **her** earnings over the last 12 month period of employment; or
2. Has suffered the total and irrecoverable loss of the:
  - Sight of both eyes, or
  - Use of two limbs, or
  - Sight of one eye and the loss of the use of one whole hand, or whole foot.
3. Is totally and irreversibly unable to perform at least two **activities of daily living** as a result of illness or injury without the standby assistance of another person; or
4. Has suffered the permanent loss of cognitive function due to a permanent, irreversible injury or illness of the brain resulting in at least two or more of the following criteria:
  - Ongoing disorientation in time and place, or
  - Mini-mental score of less than twenty out of thirty or an equivalent test, or
  - Requires standby assistance of another person with two or more **activities of daily living**.

If Own Occupation is shown in the **schedule** for an **insured person** the **total and permanent disability** definition above applies except that part 1 is amended to read:

1. has been absent from **his** or **her** employment through illness or injury for an uninterrupted period of 3 months and in **our** reasonable opinion after consideration of all the medical evidence and other relevant evidence, has become incapacitated to such an extent as to render the **insured person** unlikely ever to be able to engage in **his** or **her** own occupation.

Own Occupation for this purpose means the occupation in which the **insured person** was engaged immediately prior to becoming totally and permanently disabled.

**We** will pay the lesser of \$75,000 or 25% of the sum assured upon the total and irrecoverable loss of use of one limb or the sight in one eye. The sum assured will be reduced by this payment and premiums changed accordingly.

Where, as a result of illness or injury to an **insured person** after age 65 and prior to age 70 and we are satisfied that the **insured person** was performing his or her usual occupational duties without limitation or restriction **we** will assess the claim under the definition that applied prior to age 65. The **insured person** must be performing **his** or **her** usual occupational duties for at least 25 hours per week.

If the **insured person** is performing **his** or **her** occupational duties with limitations or restrictions due to illness or injury, **we** will assess the claim under the **long term care disability** definition.

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

**Long term care disability** means that based on medical evidence and other relevant evidence the **insured person** has become so disabled by illness or injury that **he** or **she** will never be able to perform at least two of the **activities of daily living** without the standby assistance of another person.

### **Unemployment**

Up to age 65, if Any Occupation has been selected and the **insured person** was not engaged in a gainful occupation immediately prior to the event causing disability, then **total and permanent disability** of the **insured person** shall be assessed under the Any Occupation definition. Up to age 65, if Own Occupation has been selected and the **insured person** was not engaged in a gainful occupation in the 12 months immediately prior to the event causing disability, then **total and permanent disability** of the **insured person** shall be assessed under the Any Occupation definition.

The definition of **long term care** will apply after age 65.



## Home Duties

Up to age 65, if the **insured person** was not engaged in a gainful occupation immediately prior to the event causing disability due to the commencement of full-time home duties, irrespective of their occupational definition, **total and permanent disability** of the **insured person** shall mean that **he** or **she** has, for an uninterrupted period of at least three months, been under medical supervision with the complete inability to perform all normal **home duties**, move from the confines of the home without assistance, and in **our** reasonable opinion based on medical evidence and other relevant evidence, unlikely to ever again perform all normal **home duties**.

The definition of **long term care** will apply after age 65.

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

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

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

## D STAND-DOWN PERIOD

1. If within three months of the **date of commencement** or the date of reinstatement, the following **trauma conditions** occurred or were diagnosed, or the signs or symptoms leading to diagnosis became apparent to the **insured person** or would have become apparent to a reasonable person in the position of the **insured person**:
  - a) **Cancer** or **cerebrovascular accident** or **myocardial infarction** or **out of hospital cardiac arrest**, then no benefit will ever be payable for the condition to which the symptoms relate.
  - b) The narrowing or blockage of one or more of arteries, then no benefit will ever be payable for **angioplasty**.
  - c) Disease of the arteries, then no benefit will ever be payable for **coronary artery bypass surgery**.
  - d) The narrowing, dissection or aneurysm of the abdominal or thoracic aorta, then no benefit will ever be payable for **aorta surgery**.
  - e) Heart valve defects or abnormalities, then no benefit will ever be payable for **heart valve surgery**.
2. If within three months of the date of any increase in the **cover** sum assured, excluding increases due to a CPI Option, the following **trauma conditions** occurred or were diagnosed, or the signs or symptoms leading to diagnosis became apparent to the **insured person** or would have become apparent to a reasonable person in the position of the **insured person**:
  - a) **Cancer** or **cerebrovascular accident** or **myocardial infarction** or **out of hospital cardiac arrest**, then any such increase will not ever be payable for the condition to which the symptoms relate.
  - b) The narrowing or blockage of one or more of arteries, then any such increase will not ever be payable for **angioplasty**.
  - c) Disease of the arteries, then any such increase will not ever be payable for **coronary artery bypass surgery**.
  - d) The narrowing, dissection or aneurysm of the abdominal or thoracic aorta, then any such increase will not ever be payable for **aorta surgery**.
  - e) Heart valve defects or abnormalities, then any such increase will not ever be payable for **heart valve surgery**.

If an **insured person** had similar cover with Fidelity Life Assurance or another insurance company and this Policy replaced that cover, then there is no stand-down period up to the sum assured under the replaced cover provided the previous policy had been in force for at least 3 months.

## E CPI OPTION

If this CPI Option is included in this Trauma Cover, the **schedule** will show which **insured person** it applies to.

**We** will automatically increase that **insured person's** Trauma Cover sum assured on each **policy anniversary** by the greater of:

- 2%, or
- an amount **we** determine each year based on the percentage increase in the **consumer price index**,

regardless of any change in **his** or **her** health, occupation or pastimes.

The premium will increase on the **policy anniversary** to reflect the increase in the Trauma Cover sum assured as a result of the CPI Option being applied, including any additional premium rate loading(s) for medical, occupation or pastime reasons, when **you** took out the cover on which the CPI Option is being applied. **We** will advise **you** of the new premium and new Trauma Cover sum assured prior to each **policy anniversary**.

**We** will automatically apply the increase in the Trauma Cover sum assured at each **policy anniversary** until this CPI Option ends, unless **you** advise **us** otherwise. **You** must advise **us** before each **policy anniversary** if **you** do not require that increase. If **you** decline an increase on a **policy anniversary**, it will not affect future CPI Option increases. Increases in the Trauma sum assured which **you** decline are not carried forward to future **policy anniversaries**.

Where **you** increase the Trauma Cover sum assured within six months before a **policy anniversary**, the first time **we** will apply the CPI Option to that increase will be on the second **policy anniversary** after that increase.

The last increase under this CPI Option for an **insured person** will be applied on the earlier of

- the **policy anniversary** before **he** or **she** reaches age 65, or
- the total sum assured for all trauma cover for that **insured person** with **us** and any other insurer, reaches \$2,000,000.

## F RELOCATION TO NZ BENEFIT

If an **insured person** during the **period of cover**:

- has been residing outside New Zealand for more than three consecutive months; and
- that **insured person** then suffers from a **trauma condition** while residing outside of New Zealand, and
- **we** have accepted a claim for the full payment of the Trauma Cover sum assured,

**we** will reimburse **you** the lesser of:

- \$10,000; or
- a single standard economy airfare to New Zealand for the **insured person** and one support person (where medically necessary) by the most direct route available; plus any additional transport costs to an approved medical facility in New Zealand.

This Relocation to NZ Benefit will only be paid once during the **period of cover** for an **insured person** regardless of other covers which may include this Relocation to NZ Benefit. The Relocation to NZ Benefit is paid in addition to this Trauma Cover. **You** will need to provide **us** with the original invoice and receipt for payment before we pay a claim.

This Relocation to NZ Benefit is not payable for:

- a **child** under the Child's Trauma Benefit, or
- as a result of any partial payment under this Trauma Cover.

This Relocation to NZ Benefit ends under this Trauma Cover for an **insured person** on the earliest of the date:

- **we** pay a Relocation to NZ Benefit claim for that **insured person**, or
- this Trauma Cover is cancelled for any reason.

## G LIFE COVER - ACCELERATED BUY BACK OPTIONS

### Buy Back Option

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

This Buy Back option above does not apply to any claim for Total and Permanent Disability under this cover.

### Additional Buy Back Option

If this option is included in this cover, the **schedule** will show which **insured person** this option applies to. Following the payment of a Trauma Cover - Accelerated benefit or a Total and Permanent Disability – Accelerated benefit **you** may repurchase life cover without any evidence of insurability one year after the payment of the benefit provided that Buy Back Option is shown in the **schedule** for the **insured person**. The maximum amount that can be repurchased is the benefit paid.

If payment of a Trauma Cover - Accelerated benefit is for any of the following covered conditions, **you** may repurchase life cover without any evidence of insurability six months after the payment of the benefit:

**Paraplegia, quadriplegia, diplegia, tetraplegia, hemiplegia, Alzheimer's disease or dementia, Parkinson's disease, multiple sclerosis, blindness or loss of limb and/or eyes.**

The Buy Back Options can be exercised once only within 90 days after the end of the twelve month period and before the **insured person** attains age 65.

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

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

## H TRAUMA REINSTATEMENT BENEFIT (OPTIONAL)

If this option is included in this cover the **schedule** will show which **insured person** this option applies to. Following the payment of a Trauma Benefit other than for **loss of independent existence or total and permanent disablement**, **you** may repurchase the Trauma Benefit paid without any evidence of insurability twelve months after the payment of the benefit provided that the Trauma Reinstatement Benefit Option is shown in the **schedule** for the **insured person**.

This option is subject to the following conditions:

1. The Trauma Reinstatement Benefit Option can be exercised once only within 90 days after the end of the twelve month period and before the **insured person's** 65th birthday.
2. The maximum amount that can be repurchased is the lesser of the benefit paid and \$2,000,000.
3. **We** will calculate the premium based on the rates applicable for both the age of the **insured person** and the sum assured repurchased at the time the option is exercised. Any special terms and loadings that applied to the original Trauma cover will also apply to the repurchased sum assured.
4. If the **insured person** is subsequently diagnosed with a **trauma condition**, **we** will pay the repurchased amount only if the **trauma condition** occurred or was diagnosed or the symptoms leading to a diagnosis became apparent after the sum assured was repurchased.
5. **We** will not pay the repurchased sum assured if the **trauma condition** is:
  - the same as the original **trauma condition**, or
  - directly or indirectly caused by or related to the original **trauma condition**, or symptoms or conditions which caused the occurrence of the original **trauma condition**, or
  - a **loss of independent existence**, or
  - a **heart condition** and the original **trauma condition** was also a **heart condition**, or
  - a **cerebrovascular accident or paralysis** (directly or indirectly resulting from a **cerebrovascular accident**) and the original **trauma condition** was a **cerebrovascular accident**.

6. The Trauma Reinstatement Benefit Option is not available where a payment has been made for any partial benefit.
7. The repurchased cover will not include any optional benefits, such as the Trauma Reinstatement Benefit, or other benefits such as the Future Insurability Option, the Child's Trauma benefit or the Financial Planning benefit.
8. If the original **trauma condition** claimed for was one of the following; **Cancer** - life threatening, **aorta surgery**, coronary artery **angioplasty** - 3 vessels or more, **coronary artery bypass surgery**, **primary pulmonary hypertension**, **myocardial infarction (heart attack)**, **out of hospital cardiac arrest**, **heart valve surgery**, **open heart surgery or cardiomyopathy**, a discount will apply to the premium on the reinstated cover. The discount that will apply will be determined by the original **trauma condition** that was claimed for.

## I FUTURE INSURABILITY OPTION

### 1. Personal Events

**You** can increase the **insured person's** Trauma Cover in the circumstances shown below regardless of **his** or **her** state of health.

- a) **You** can increase the Trauma Cover by up to 25% of the **insured person's** original trauma cover with a maximum of \$250,000 if any one of the following specific events applies to **him** or **her**:
  - i) Marriage or civil union or divorce or being subject to a separation agreement or order,
  - ii) Birth or adoption of a **child**,
  - iii) Dependent **child** starting secondary school,
  - iv) death of a spouse, defacto partner, **child** or civil union partner,
  - v) the **insured person** permanently stops work to provide full time physical care for the first time after the **date of commencement** of a dependant relative who is the father, mother, brother, sister, son, daughter, father-in-law, mother-in-law, grandfather, grandmother, grandchild, spouse, defacto partner or civil union partner of the **insured person** who did not require full time physical care prior to the **date of commencement** of this Trauma Cover.
- b) If the **insured person** takes out or increases a mortgage on **his** or **her** own main residence, you can increase **his** or **her** trauma cover by up to the lesser of:
  - i) 50% of **his** or **her** original trauma cover; or
  - ii) The increase in the value of the existing mortgage or a new mortgage; or
  - iii) \$250,000.

### Conditions

- a) **You** must inform **us** of the intention to exercise this Future Insurability Option for Personal Events within one month of the specified event.
- b) **You** must exercise this Future Insurability Option for Personal Events in writing within the six months following the specific event set out in I 1a) and b).
- c) This Future Insurability Option for Personal Events is not available if the original cover was issued with a loading greater than 100% due to health, occupation or pastimes and/or existing cover must not be as a result of applying a reinstatement option.
- d) **We** reserve the right to decline an application for an increase if **we** are not satisfied that there is financial justification for the additional cover. This is based on the financial evidence **you** provide to **us**.
- e) **Your** premiums will increase in line with the increased Trauma cover. Refer to section D1 of the Policy Terms and Conditions for how **we** calculate **your** premium. **We** will advise **you** of the increased premium amount before the increase is applied. The increased cover applies from the date **we** confirm the new sum assured to **you**, subject to payment of the additional premium.
- f) Any special terms and premium loadings that applied to the original trauma cover will also apply to the increase in trauma cover.
- g) **You** cannot exercise this Future Insurability Option for Personal Events where a claim has been paid (other than the Child's Trauma Benefit) or where **you** are entitled to be paid (other than the Child's Trauma Benefit) under this Trauma Cover or where **you** have not made a claim for a benefit under this Trauma Cover where **you** would be entitled to make a claim.

- h) This Future Insurability Option for Personal Events for an **insured person** can be exercised for one of the specific events above in a 12 month period.
- i) This Future Insurability Option for Personal Events ends for an **insured person** on **his** or **her** 55<sup>th</sup> birthday.

The total cover, added to all other trauma covers, after an increase cannot exceed \$2,000,000.

## 2. Business Events

**You** can increase the **insured person's** trauma cover in the circumstances shown below regardless of **his** or **her** state of health.

The maximum trauma cover increase for each business event is the lesser of 25% of the **insured person's** original trauma cover or \$250,000 or the amount calculated below:

- i) Where the **insured person** is a key person in a business, **his** or **her** trauma cover can be increased by the same proportion as the increase in **his** or **her** value to the business averaged over the previous three years, or
- ii) Where the **insured person** is a partner in a firm or a significant shareholder in a company, **his** or **her** trauma cover can be increased by the same proportion as the increase in the value of **his** or **her** financial interest averaged over the previous three years, or
- iii) Where **you** have effected cover for the **insured person** for loan guarantees, **his** or **her** trauma cover can be increased by the same proportion as the increase in the loan relating to the funding of the business.

### Conditions

- a) **You** must inform **us** of the intention to exercise this Future Insurability Option for Business Events within one month of the specified event.
- b) **You** must exercise this Future Insurability Option for Business Events within the six months following the specified event set out in I2 (i), (ii) and (iii).
- c) This Future Insurability Option for Business Events is not available if the original cover was issued with a premium loading greater than 100% due to health, occupation or pastimes and/or existing cover must not be as a result of applying a reinstatement option.
- d) The maximum increase for all events is the lesser of the **insured person's** original trauma cover and \$1,000,000.
- e) **You** can increase the **insured person's** trauma cover subject to the need for cover being established by financial underwriting of the **insured person** based on such financial evidence as **we** request.
- f) The method chosen to value the business or the **insured person** will be in accordance with industry established valuation methods or the method of valuation used at application time. The method of valuation and the valuer must be satisfactory to **us**. The valuer cannot be a family member, business partner, employee or employer of **you** or the **insured person**.
- g) The business means the entity on which the underwriting was based on at the time of the original application.
- h) **We** reserve the right to decline an application for an increase if **we** are not satisfied that there is financial justification for the additional cover. This is based on the financial evidence **you** provide to **us**.
- i) **Your** premiums will increase in line with the increased cover. Refer to section D1 of the Policy Terms and Conditions for how **we** calculate **your** premium. **We** will advise **you** of the increased premium amount before the increase is applied. The increased cover applies from the date **we** confirm the new sum assured to **you**, subject to payment of the additional premium.
- j) Any special terms and premium loadings that applied to the original trauma cover will also apply to the increase in trauma cover.
- k) **You** cannot exercise this Future Insurability Option for Business Events at a time a claim has been made or is entitled to be made.
- l) This Future Insurability Option for Business Events ends for an **insured person** on **his** or **her** 55<sup>th</sup> birthday.

The total cover, added to all other trauma covers, after an increase cannot exceed \$2,000,000.

### 3. Business Future Insurability Option

If this Business Future Insurability Option is included under this cover the **schedule** will show which **insured person** this option applies to. **You** can increase **his** or **her** trauma cover in the circumstances shown below regardless of **his** or **her** state of health.

- (i) Where the **insured person** is a key person in a business, **you** can increase **his** or **her** trauma cover by the same proportion as the increase in **his** or **her** value to the business averaged over the previous three years, or
- (ii) Where the **insured person** is a partner in a firm or a shareholder in a company, **you** can increase **his** or **her** trauma cover by the same proportion as the increase in the value of the **his** or **her** financial interest averaged over the previous three years, or
- (iii) Where **you** have effected cover for the **insured person** for loan guarantees, **you** can increase **his** or **her** trauma cover by the same proportion as the increase in the loan relating to the funding of the business.

#### Conditions

- a) **You** can increase the **insured person's** trauma cover subject to the need for cover being established by financial underwriting of the **insured person** based on such financial evidence as **we** request. This option can be exercised once in every twelve month period.
- b) This Business Future Insurability Option cannot be exercised within six months of the policy commencement date. The option expires on the **policy anniversary** prior to the **insured person's** 60th birthday.
- c) **You** must inform **us** of the intention to exercise this Business Future Insurability Option within one month of the specified event.
- d) **You** must exercise this Business Future Insurability Option in writing within the six months following the specified event set out in I3(i), (ii) and (iii).
- e) This Business Future Insurability Option is not available if the original cover was issued with a premium loading greater than 100% due to health, occupation or pastimes and/or existing cover must not be as a result of applying a reinstatement option.
- f) The method chosen to value the business or the **insured person** will be in accordance with industry established valuation methods or the method of valuation used at application time. The method of valuation and the valuer must be satisfactory to **us**. The valuer cannot be a family member, business partner, employee or employer of **you** or the **insured person**.
- g) The business means the entity on which the underwriting was based on at the time of the original application.
- h) **We** reserve the right to decline an application for an increase if **we** are not satisfied that there is financial justification for the additional cover. This is based on the financial evidence **you** provide to **us**.
- i) **Your** premiums will increase in line with the increased cover. Refer to section D1 of the Policy Terms and Conditions for how **we** calculate **your** premium. **We** will advise **you** of the increased premium amount before the increase is applied. The increased cover applies from the date **we** confirm the new sum assured to **you**, subject to payment of the additional premium.
- j) Any special terms and premium loadings that applied to the original trauma cover will also apply to the increase in trauma cover.
- k) **You** cannot exercise this Business Future Insurability Option at a time a claim has been made or is entitled to be made.

The total cover, added to all other trauma covers, after an increase cannot exceed \$2,000,000.

### J CONVERSION OPTION FOR TRAUMA COVER - STANDALONE

Without medical evidence, **you** may convert the Trauma Cover - Standalone sum assured to an Trauma Cover - Accelerated with an equal life cover, based on the **insured person's** age at the time of conversion, provided that:

- a) This cover is in force in its original form; and
- b) Any premium is rated as standard and is not loaded for any medical condition; and
- c) This cover is not subject to any medical or hazardous pursuits exclusions; and
- d) This option is exercised at least five years prior to the **expiry date**; and
- e) The age of the **insured person** does not exceed 60 at the date of conversion; and

- f) The **insured person** has not suffered and is not suffering from a **terminal illness** at the date of conversion; and
- g) All premiums for the policy have been paid; and
- h) The Trauma Cover - Accelerated sum assured does not exceed the Trauma Cover - Standalone sum assured.

This option cannot be backdated.

If the death of the **insured person** occurs within three months of the date of conversion, other than by accident, then the conversion in terms of this option is void and the Trauma Cover - Standalone will be reinstated from that date.

Date of conversion means the later of the effective date or the actual date from which **we** receive the increased premium for the life cover and Trauma Cover – Accelerated.

Accidental death means death caused solely and directly by violent, accidental, external and visible means since the date of conversion.

The conversion option is not available for an **insured person** under the age of 16.

## K CLAIMS

### 1. Notice

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

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

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

### 2. Obligations

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

- a) Complete **our** claim form in full and send it to **us** as soon as reasonably possible.
- b) Supply to **us** all relevant medical evidence **we** reasonably require in connection with the claim.
- c) Authorise the disclosure to **us** of **his** or **her** or **your** personal information in connection with the claim held by any other party.
- d) Authorise the disclosure of **his** or **her** or **your** personal information held by **us** to another party to evaluate the claim.
- e) Provide to **us** any other relevant information **we** reasonably require. This may include financial evidence and occupational evidence.

The **insured person** must:

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

## L TRAUMA DEFINITION REVIEWABILITY

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

## M CHILD'S TRAUMA BENEFIT (Inclusive)

If a **child** first suffers a **trauma condition** from the ages of two to 20 (inclusive) after the **date of commencement**, **we** will pay the lesser of \$50,000 or 20% of the **parent's** Trauma sum assured.

- a) The **trauma conditions** that apply to the **child** are the same conditions that apply to the **parent**.
- b) The **child** must survive for at least 14 days after first suffering the **trauma condition**.

- c) While the **parent(s)** have this Trauma Cover, **we** will pay one Child's Trauma Benefit per **child** in total where a **child** suffers a **trauma condition** for the first time irrespective of the number of **parent(s)/child** relationships that exist on any policies issued by **us**.
- d) One Child's Trauma Benefit only will be paid to **you** for a **child** irrespective of the number of **trauma conditions** that **child** has suffered from age two to 20 (inclusive) or the number of covers the **parent(s)** has with us with the Child's Trauma Benefit.
- e) Payment of a Child's Trauma Benefit does not reduce the **parent's** Trauma sum assured.
- f) No Child's Trauma Benefit will ever be payable for **known congenital conditions**.
- g) If a **child** suffers symptoms relating to any **trauma condition** prior to the **date of commencement** or the date of reinstatement, then no Child's Trauma benefit will ever be payable for that **trauma condition**.
- h) If a **child** suffers symptoms relating to any **trauma condition** prior to the date of any increase in this cover, then no benefit will ever be payable for that **trauma condition** for that increase.

This Child's Trauma Benefit ends for a **child** on the earlier of:

- the **parents** of the **child** no longer have any cover with **us** that provides this Child's Trauma Benefit, or
- that **child's** 21<sup>st</sup> birthday, or
- that **child** being eligible to claim under this Child's Trauma Benefit for which a claim is payable.

## **N LIFE ASSURANCE WITH TRAUMA COVER - ACCELERATED CONTINUATION OPTION**

Within 30 days before and after a **child** with cover under the Child's Trauma Benefit reaches **his** or **her** 21<sup>st</sup> birthday, that **child** can apply for a Policy with Life Assurance and Trauma Cover - Accelerated, as determined by **us**, regardless of their state of health. That **child** can apply for the amount of cover they had under the Child's Trauma Benefit on the day immediately before their cover ended.

The maximum amount of Life Assurance and Trauma Cover - Accelerated sum assured that can be applied for is the lesser of \$50,000 or 20% of the **parent** with the highest Trauma Cover sum assured on the day immediately before that **child's** 21<sup>st</sup> birthday.

This Life Assurance with Trauma Cover - Accelerated Continuation Option must be exercised within:

- 30 days before, or
- 30 days after,

that **child's** 21<sup>st</sup> birthday.

The premium at that time for the Life Assurance Cover and Trauma Cover - Accelerated will be calculated at age 21, sum assured, gender and smoking status of that **child**.

The continued Life Assurance Cover and Trauma Cover - Accelerated will exclude any claim under this Child's Trauma if the **trauma condition** directly results from the following:

- **known congenital conditions**, or
- any **child pre-existing conditions**,

prior to the date the Child's Trauma Benefit started on the **parent's** cover for that **child**.

This Life Assurance with Trauma Cover - Accelerated Continuation Option is not available to that **child** if a claim for that **child** has been paid under the Child's Trauma Benefit or could have been claimed for under the Child's Trauma Benefit.

This Life Assurance with Trauma Cover - Accelerated Continuation Option ends on the earlier of:

- 30 days after a **child's** 21<sup>st</sup> birthday, or
- the **parent(s)** of the **child** no longer have any cover with **us** that provides the Child's Trauma Benefit.

## **O FINANCIAL PLANNING BENEFIT**

When **we** pay a lump sum benefit of at least \$100,000 to a beneficiary under the Policy, **we** will reimburse, up to a maximum of \$2,500, the cost of a fully documented financial plan prepared by an Authorised Financial Adviser for the beneficiary.



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

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

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

## P EXCLUSION

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

## Q LIMITATIONS

The benefit payable is the lesser of:

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

An **insured person's** Trauma Cover - Accelerated sum assured cannot exceed **his or her life assurance**.

## R DEFINITIONS

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

Definition	Meaning
<b>activities of daily living</b>	<p>means</p> <ol style="list-style-type: none"> <li>1. Bathing or showering</li> <li>2. Dressing and undressing</li> <li>3. Eating and drinking</li> <li>4. Using a toilet</li> <li>5. Moving from place to place by walking, wheelchair or with the assistance of a walking aid</li> </ol> <p>The <b>insured person</b> will be considered to be able to perform the activity even if the above tasks can only be performed by using equipment or adaptive devices.</p>
<b>child pre-existing condition</b>	<p>means any illness, sickness, disease, injury or medical condition existing that:</p> <ul style="list-style-type: none"> <li>▪ the <b>parent</b> or <b>child</b> was aware of, or</li> <li>▪ the <b>child</b> had signs or symptoms of; or</li> <li>▪ the <b>child</b> had investigations or sought medical advice for, or</li> <li>▪ a reasonable person or <b>parent</b> in the circumstances would seek diagnosis, care or treatment for,</li> </ul> <p>on or before the date the Child's Trauma Benefit starts for a <b>child</b>.</p>
<b>heart condition</b>	<p>means <b>angioplasty, aorta surgery, cardiomyopathy, coronary artery bypass surgery, heart valve surgery, myocardial infarction, open heart surgery, out of hospital cardiac arrest or primary pulmonary hypertension</b>.</p>
<b>known congenital condition</b>	<p>means a health anomaly, medical condition or defect which is present at birth which is known by the <b>parent</b> or <b>child</b> at the date the Child's Trauma Benefit starts for a <b>child</b>.</p>

Definition	Meaning
<b>New York Heart Association Classification of Cardiac Impairment</b>	Class 1 – no limitation of physical activity, no symptoms with ordinary physical activity. Class 2 – slight limitation of physical activity, symptoms occur with ordinary physical activity. Class 3 – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity. Class 4 – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.
<b>terminal illness</b>	In the opinion of a specialist consultant approved by <b>us</b> , the <b>insured person</b> suffers from an illness that is likely to lead to death within 12 months from the date of notification of the claim.
<b>whole person function</b>	The evaluation of <b>whole person function</b> is derived from the American Medical Association's book Guides to the Evaluation of Permanent Impairment (Guides) 5 <sup>th</sup> edition.

Sample