Asteron Life

Policy Document

Asteron Life Personal Insurance

SUNCORP

PART OF SUNCORP NEW ZEALAND

How to contact us

If you need to make a claim

Visit www.asteronlife.co.nz
Call us on 0800 737 101
Email us at claims@asteronlife.co.nz
Fax us on 0800 808 144 or 04 495 8851

Write to us at

Freepost Authority Number 795
Asteron Life Claims Department
PO Box 894
Wellington 6140

See page 5 for more information about what you need to send us when making a claim.

WriteMark
Plain Language Standard

As part of our commitment to you, this policy document meets the WriteMark Plain Language Standard. The WriteMark is New Zealand's plain language quality mark.

The WriteMark doesn't apply to the Medical terms section of this document.

For all other enquiries

Call or email us

Phone: 0800 737 101
(contact centre hours are Monday to Friday, 8am to 6pm)
Fax: 0800 808 116
Email: contactus@asteronlife.co.nz
Web: www.asteronlife.co.nz

Overseas customers

Phone: +64 4 495 8700
Fax: +64 4 470 8992

Write to us at

Administration
Asteron Life Limited
PO Box 894
Wellington 6140

If you have any complaints concerning your policy

Write to us at

The Complaints Officer
Asteron Life Limited
PO Box 894
Wellington 6140

At the time this policy is issued, Asteron Life is part of the Insurance & Financial Services Ombudsman Scheme (IFSO Scheme). The IFSO Scheme means that policy owners are provided with a free complaints resolution service. If you are not satisfied that we've resolved your complaint, you may refer it to the Insurance & Financial Services Ombudsman. They will respond if the policy and issue is within their jurisdiction. Their contact details are:

Insurance & Financial Services Ombudsman

PO Box 10-845
Wellington 6143
Freephone: 0800 888 202
Facsimile: 04 499 7614
www.ifso.nz

Statutory information

We are required under the Insurance (Prudential Supervision) Act 2010 to establish a statutory fund. The statutory fund relevant to this policy is Asteron Life's Statutory Fund Number One, effective 1 July 2012.

Contents

1 Thank you for choosing Asteron Life for your personal insurance

This policy document is an important part of your insurance contract with us. It explains how your insurance works. Read it together with your policy schedule, which tells you what cover types and benefits you have selected.

How to understand your policy

Your policy is made up of several important documents:

- This policy document explains all the different covers available under an Asteron Life Personal Insurance policy.
- Your policy schedule lists the cover types and benefits you have selected. Your policy schedule was sent to you when your policy was issued.
- Your application form; that is, the form you used to apply for personal insurance with Asteron Life.
- Any endorsement notices. An endorsement notice is a written confirmation from Asteron Life of a change to your policy.

Common terms we use in this document

When we say 'you' or 'your', we mean the person who owns the policy. There can be more than one policy owner.

When we say 'the insured person', we mean the person who is insured by your policy. This can be you, or it can be another person who you have insured.

Sections 8, 9 and 10 (Income Protection, Workability and Mortgage and Living Cover) describe cover types where the insured person is normally the policy owner. For these sections only, 'you' or 'your' means the policy owner and it also means the insured person.

When we say 'we', 'our' and 'us', we mean Asteron Life Ltd.

When we say 'cover', we mean the type of insurance you have selected in your policy. There are several different types of insurance available under an Asteron Life Personal Insurance policy. You may have selected some of these but not others. See section 2 for a full list of the cover types you can select.

When we say 'benefit', we mean a payment we make or entitlement you have under the circumstances that are described in this document. Your cover has both built-in and optional benefits. Built-in benefits are part of the cover. Optional benefits are ones that you can choose to add.

When we say 'sum insured', we mean the amount of money that you will be paid for the type of insurance you have selected.

Some words throughout this document are in *italic font*. These words have a special meaning. The meaning is explained in the same section as the word, or in the Medical terms and definitions section on page 67.

Guarantee of satisfaction

We offer you a 17 day 'free look' period from the date we issued this policy. This means you can cancel your policy within 17 days and receive a full refund, provided no claim has been made. You can cancel during the free look period by writing to us. See the inside front cover for our contact details.

You are covered anywhere in the world

This policy provides you with worldwide cover, 24 hours a day.

We guarantee to upgrade your policy

Our guarantee to upgrade your policy means that when you claim we will assess your claim based on the more favourable wording, to you, of either:

- your original policy document
- our most current version of the policy document (if the improvements have not increased our standard premium rates).

The only time this will not apply is if you are experiencing a *pre-existing condition* at the time we make an improvement. In this case the improvement will not apply when we assess any claim affected by that *pre-existing condition*.

If we make improvements that require extra premium, you can apply to add these improvements to your policy according to our normal business rules.

We guarantee to continue your policy

We guarantee that your policy will continue until the covers within your policy expire (section 12.1). This means you may be able to claim on your policy more than once. It also means we won't change the terms and conditions of your policy (apart from making improvements) even if your health, occupation or pastimes change. The only exceptions are:

- changes you choose to make in your policy
- changes to government taxes or charges
- changes to our interpretation of how to manage those taxes and charges.

We increase your cover to stay in line with inflation

We will increase your cover to stay in line with inflation unless you tell us not to. This means your *sum insured* and premium will increase each year to make sure your cover stays up to date. Full terms and conditions for how inflation adjustment works can be found in section 11.1.3.

How to make a claim on your policy

Visit www.asteronlife.co.nz or call us on 0800 737 101 and tell us about your claim. Do this straight away. If you don't tell us as soon as the claimable event has happened, we may not be able to assess your claim.

Complete the claim form that we send you. You need to complete some sections, and your treating doctor needs to complete some sections.

Send us your claim form along with the following documents. Our postal address is on the inside front cover of this document.

If you are claiming on your Total and Permanent Disablement or Trauma Recovery or Cancer Cover

Send us your completed claim form and:

- copies of medical reports and results of investigations performed.

If you are claiming on your Income Protection, Workability or Mortgage and Living Cover

Send us your completed claim form and:

- copies of medical reports and results of investigations performed
- any financial information that we have requested from you.

If you are claiming on your Life Cover or Accidental Death Cover

Send us your completed claim form and:

- a certified copy of the insured person's death certificate
- a certified copy of the insured person's will
- a certified copy of the letters of administration if the insured person was the sole owner of the policy and there is no will
- a certified copy of probate if the insured person was the sole owner of the policy and the *sum insured* is over $15,000.

If you don't have all of these documents, please send as much as you can so we can start assessing the claim.

2 A brief overview of covers available with Asteron Life Personal Insurance

Personal insurance provides you with several different ways to protect your life and income. You can choose just one of these covers or a mix of different covers. Check your policy schedule to see which covers apply to you.

The different covers are summarised in the tables below. They include built-in and optional benefits. Sections 3 to 10 contain a detailed explanation of these benefits. This policy document forms part of your insurance contract. Read these sections carefully, and talk to your financial adviser about how they apply to you.

Life Cover

Life Cover pays you a lump sum of money if the insured person dies or becomes *terminally ill*.

Built-in benefit	What does it do?	Benefit in detail
Death benefit	Pays you the Life Cover *sum insured* if the insured person dies.	page 19
Terminal illness	Pays you the Life Cover *sum insured* if the insured person is diagnosed as *terminally ill*.	page 19
Funeral advancement	Provides an advance payment of $15,000 from your Life Cover to help meet immediate funeral expenses if the insured person dies.	page 19
Funeral conversion	Lets you convert up to $30,000 of your Life Cover *sum insured* to a level premium Funeral benefit. You can convert either at the end of a level premium term or after you have had your policy for 10 years and have turned 65.	page 19
Special events increase	Lets you increase your amount of cover whenever a special event occurs in the insured person's life. Special events include getting married, having children, taking out a mortgage or getting a pay rise. See page 46 for a full list of special events.	page 46
Special events conversion	Lets you add accelerated Trauma Recovery or accelerated Modified Total and Permanent Disablement (TPD) Cover to your policy, if the insured person is under 50 years of age and they experience a special event listed on page 46.	page 47
Financial planning and legal advice	Reimburses you up to $2,500 for financial advice about your Life Cover or Terminal illness payment.	page 49
Grief support	Reimburses up to $900 for you or your family to receive grief counselling from a professional counsellor.	page 49
Premium holiday	Lets you stop paying premiums for up to six months if you experience financial hardship. You can still make claims during this time.	page 50
Optional benefit	**What does it do?**	**Benefit in detail**
Terminal illness support	Pays you the Terminal illness support benefit *sum insured*, if the insured person is diagnosed as having less than 24 months to live.	page 20
Funeral	Pays you the Funeral benefit *sum insured* if the insured person dies or becomes *terminally ill*. Premiums on this benefit do not increase with age and stop at the *policy anniversary* after the insured person reaches age 90.	page 20
Needlestick	Pays you the Needlestick *sum insured* if the insured person contracts Hepatitis B or C or HIV while working. Available to people in the medical and emergency services industries.	page 54
We pay your premiums	Waives your Life Cover premiums if the insured person is ill or injured, and can't work in their usual job for more than 10 hours a week.	page 54
Kids Cover	Pays you the Kids Cover *sum insured* if the insured child becomes *terminally ill*, or experiences one of the *medical events* listed on page 55.	page 55

Accidental Death Cover

Accidental Death Cover pays you a lump sum of money if the insured person dies as a result of an *accident*.

Built-in benefit	What does it do?	Benefit in detail
Accidental Death Cover	Pays you the entire Accidental Death Cover *sum insured* if the insured person dies as a result of an *accident*.	page 21
Special events increase	Lets you increase your amount of cover whenever a special event occurs in the insured person's life. Special events include getting married, having children, taking out a mortgage or getting a pay rise. See page 46 for a full list of special events.	page 46
Financial planning and legal advice	Reimburses you up to $2,500 for financial advice about your Accidental Death payment.	page 49
Grief support	Reimburses up to $900 for you or your family to receive grief counselling from a professional counsellor.	page 49
Premium holiday	Lets you stop paying premiums for up to six months if you experience financial hardship. You can still make claims during this time.	page 50
Optional benefit	**What does it do?**	**Benefit in detail**
We pay your premiums	Waives your Accidental Death Cover premiums if the insured person is ill or injured, and can't work in their usual job for more than 10 hours a week.	page 54
Kids Cover	Pays you the Kids Cover *sum insured* if the insured child becomes *terminally ill*, or experiences one of the *medical events* listed on page 55 and defined in section 13.	page 55

Trauma Recovery Cover

Trauma Recovery Cover pays you a lump sum of money if the insured person is diagnosed with a serious medical condition or undergoes a certain medical procedure. See the next two pages for a list of conditions and procedures that we cover.

Built-in benefit	What does it do?	Benefit in detail
Trauma recovery	Pays you the entire Trauma Recovery Cover *sum insured* if the insured person experiences one of the *medical events* listed on page 22 and defined in section 13.	page 22
Early stage cancer	Pays you part of your Trauma Recovery Cover *sum insured* if the insured person is diagnosed with an *early stage cancer*. The partial payment is the greater of $10,000 or 20% (up to $100,000) of your Trauma Recovery Cover *sum insured*.	page 23
Special events increase	Lets you increase your amount of cover whenever a special event occurs in the insured person's life. Special events include getting married, having children, taking out a mortgage or getting a pay rise. See page 46 for a full list of special events.	page 46
Special events conversion	Lets you take out new Life Cover, Trauma Recovery Cover or Accelerated TPD Cover without any further health assessment, if a special event occurs in the insured person's life. See page 46 for a full list of special events.	page 47
Financial planning and legal advice	Reimburses you up to $2,500 for financial advice about your Trauma Recovery Cover payment.	page 49
Grief support	Reimburses up to $900 for you or your family to receive grief counselling from a professional counsellor.	page 49
Premium holiday	Lets you stop paying premiums for up to six months if you experience financial hardship. You can still make claims during this time.	page 50
Overseas assist	Reimburses costs of up to $10,000 for you and one support person to return to New Zealand or Australia. Overseas assist is available if you are eligible to receive a full Trauma recovery benefit payment under this policy.	page 52

Optional benefit	What does it do?	Benefit in detail
Early trauma	Pays you 20% (up to $100,000) of your Trauma Recovery Cover *sum insured* if the insured person is diagnosed with, or needs surgical treatment for, one of the conditions listed on page 23 and defined in section 13.	page 23
Major trauma	Pays you the entire Major trauma benefit *sum insured* if the insured person experiences one of the major *medical events* listed on page 24 and defined in section 13.	page 24
Total and permanent disablement (TPD)	Pays you the entire Trauma Recovery Cover *sum insured* if the insured person becomes totally and permanently *disabled* as a result of an *injury* or *sickness*.	page 25
Life Cover buy back	Increases your Life Cover back to its original amount when your trauma claim comes out of your life insurance. Your trauma claim reduces your life insurance if you have accelerated Trauma Recovery Cover.	page 26
Continuous trauma	Immediately reinstates your Trauma Recovery Cover *sum insured* after any claim is paid, meaning you can claim up to three different trauma events.	page 27
Trauma reinstatement	Allows you to reinstate your Trauma Recovery Cover 12 months after you've claimed on it, so that, you can claim it again, for unrelated *medical events*.	page 28
Needlestick	Pays you the Needlestick *sum insured* if the insured person contracts Hepatitis B or C or HIV while working. Available to people in the medical and emergency services industries.	page 54
We pay your premiums	Waives your Trauma Recovery Cover premiums if the insured person is ill or injured, and can't work in their usual job for more than 10 hours a week.	page 54
Kids Cover	Pays you the Kids Cover *sum insured* if the insured child becomes *terminally ill*, or experiences one of the *medical events* listed on page 55 and defined in section 13.	page 55

Trauma events you can claim on

Here is a list of the specified *medical events* for which we pay a benefit under Trauma Recovery Cover.

The *medical events* for which we pay the Trauma Recovery Cover *sum insured* are listed under TR. If you have chosen the Early trauma benefit, the specified *medical events* for which we will make a partial payment are listed under ET. If you have chosen the Major trauma benefit, the specified *medical events* for which we will pay the Major trauma benefit *sum insured* are listed under MT. The definitions that need to be met for each *medical events* can vary by benefit, please see the Medical terms and definitions section (page 67) for details.

General category	Medical event	ET	TR	MT
Blood	Advanced AIDS			★
	Aplastic anaemia		★	★
	HIV – medically acquired		★	
	HIV – occupationally acquired		★	
Cancer and tumours	Benign tumour of the brain or spinal cord		★	★
	Cancer		★	★
	Early stage cancer		★*	
Connective tissue	Severe osteoporosis	★		
	Severe rheumatoid arthritis	★		
	Systemic lupus erythematosus (SLE) with nephritis	★		
	Systemic sclerosis	★	★	★
Ear	Deafness		★	★
	Loss of hearing in one ear	★		
Endocrine	Diabetes	★	★	
Eye	Blindness		★	★
	Loss of sight (one eye) and limb		★	★
	Single loss of limb or eye	★		
Gastrointestinal	Chronic liver failure		★	★
	Colostomy and/or ileostomy	★		
	Severe Crohn's disease	★		
	Severe ulcerative colitis	★		
Heart and artery	Cardiomyopathy		★	★
	Coronary artery angioplasty	★		
	Coronary artery angioplasty – triple vessel		★	★
	Coronary artery bypass surgery		★	★
	Heart surgery (open)		★	★
	Heart attack		★	★
	Out of hospital cardiac arrest		★	★
	Pulmonary hypertension	★	★	★
	Repair or replacement of aorta		★	★
	Repair or replacement of valves		★	★
	Severe peripheral vascular disease		★	★

General category	Medical event	ET	TR	MT
Kidney and urogenital	Chronic kidney (renal) failure		★	★
Major organ transplant	Major organ transplant (placement on waiting list or undergoing transplant)		★	★
Musculoskeletal trauma	Loss of limbs		★	★
	Burns	★	★	★
Respiratory	Chronic lung failure		★	★
	Pneumonectomy		★	★
	Pulmonary hypertension	★	★	★
Stroke and nervous system	Alzheimer's disease	★	★	★
	Aneurysm	★		
	Coma		★	★
	Creutzfeldt-Jakob disease		★	★
	Dementia	★	★	★
	Encephalitis		★	★
	Hydrocephalus	★		
	Loss of speech		★	★
	Major head trauma		★	★
	Meningitis		★	★
	Motor neurone disease		★	★
	Multiple sclerosis	★	★	★
	Muscular dystrophy		★	★
	Paralysis		★	★
	Parkinson's disease	★	★	★
	Peripheral neuropathy		★	★
	Stroke		★	★
Other	Intensive care		★	★
	Serious accidental injury	★		
Modified total and permanent disablement	Loss of limbs		★	★
	Loss of sight (one eye) and limb		★	★
	Loss of independent existence		★	★
	Significant cognitive impairment		★	★

* Partial payment only – see Early stage cancer benefit (section 5.2.2)

Total and Permanent Disablement (TPD) Cover

Total and Permanent Disablement (TPD) Cover pays you a lump sum of money if the insured person becomes totally and permanently *disabled*.

Built-in benefit	What does it do?	Benefit in detail
TPD Cover	Pays you the entire TPD Cover *sum insured* if the insured person becomes totally and permanently *disabled*.	page 30
TPD Life Cover buy back	Increases your Life Cover back to its original amount when your TPD claim comes out of your life insurance. Your TPD claim reduces your Life Cover if you have accelerated TPD Cover.	page 32
Single loss of limb or eye	Pays you 25% of the TPD Cover *sum insured* if the insured person loses a limb or an eye.	page 32
TPD fast track	Waives the *waiting period* requirement and pays you your TPD cover immediately if the insured person experiences one of 13 medical conditions. These conditions are listed on page 32.	page 32
Special events increase	Lets you increase your amount of cover whenever a special event occurs in the insured person's life. Special events include getting married, having children, taking out a mortgage or getting a pay rise. See page 46 for a full list of special events.	page 46
Special events conversion	Lets you add accelerated Trauma Recovery or accelerated Modified Total and Permanent Disablement (TPD) Cover to your policy, if the insured person is under 50 years of age and they experience a special event listed on page 46.	page 47
Financial planning and legal advice	Reimburses you up to $2,500 for financial advice about your TPD payment.	page 49
Grief support	Reimburses up to $900 for you or your family to receive grief counselling from a professional counsellor.	page 49
Premium holiday	Lets you stop paying premiums for up to six months if you experience financial hardship. You can still make claims during this time.	page 50
Premium waiver	Waives your Life Cover premiums if the insured person becomes totally and permanently *disabled*.	page 31
Optional benefit	**What does it do?**	**Benefit in detail**
Needlestick	Pays you the Needlestick *sum insured* if the insured person contracts Hepatitis B or C or HIV while working. Available to people in the medical and emergency services industries.	page 54
We pay your premiums	Waives TPD Cover premiums if the insured person is ill or injured, and can't work in their usual job for more than 10 hours a week.	page 54
Kids Cover	Pays you the Kids Cover *sum insured* if the insured child becomes *terminally ill*, or experiences one of the *medical events* listed on page 55 and defined in section 13.	page 55

Cancer Cover

Cancer Cover pays you a lump sum of money if the insured person is diagnosed with *cancer*.

Built-in benefit	What does it do?	Benefit in detail
Cancer Cover	Pays you the entire Cancer Cover *sum insured* if the insured person is diagnosed as having *cancer*.	page 34
Early stage cancer	Pays you the greater of $10,000 or 20% of your Cancer Cover *sum insured* if the insured person is diagnosed with an *early stage cancer*.	page 34
Special events increase	Lets you increase your amount of cover whenever a special event occurs in the insured person's life. Special events include getting married, having children, taking out a mortgage or getting a pay rise. See page 46 for a full list of special events.	page 46
Financial planning and legal advice	Reimburses you up to $2,500 for financial advice about your Cancer Cover payment.	page 49
Grief support	Reimburses up to $900 for you or your family to receive grief counselling from a professional counsellor.	page 49
Premium holiday	Lets you stop paying premiums for up to six months if you experience financial hardship. You can still make claims during this time.	page 50
Optional benefit	**What does it do?**	**Benefit in detail**
Needlestick	Pays you the Needlestick *sum insured* if the insured person contracts Hepatitis B or C or HIV while working. Available to people in the medical and emergency services industries.	page 54
We pay your premiums	Waive your Cancer Cover premiums if the insured person is ill or injured, and can't work in their usual job for more than 10 hours a week.	page 54
Kids Cover	Pays you the Kids Cover *sum insured* if the insured child becomes *terminally ill*, or experiences one of the *medical events* listed on page 55 and defined in section 13.	page 55

Income Protection Cover

Income Protection Cover pays you a regular monthly payment if you are unable to work because you are sick or injured. Income Protection Cover is designed to provide you with money to live on while you're not receiving your salary or wages.

When we talk about Income Protection Cover, we use 'you' to mean the policy owner and the insured person. We do this because payments for the Income support benefit will be made to the insured person.

We pay income protection benefits to you if you continue to be *disabled* after a *waiting period*. You choose how long you want the *waiting period* to be. We will pay you until you can return to work, or until you reach the end of the *benefit period* you have chosen on your policy.

Built-in benefit	What does it do?	Benefit in detail
Income support	Pays you a *monthly benefit* if, after the *waiting period*, you remain *disabled* and unable to work in your *usual occupation* as a result of *sickness* or *injury*.	page 35
Flexi claim payments	You can choose to receive your Income support benefit in weekly, fortnightly or monthly payments.	page 35
Rehabilitation and retraining support	Supports you to put a recovery plan in place to help you return to work if you are *disabled*. We will reimburse agreed costs (up to 18 times your *monthly benefit*) in the recovery plan.	page 36
Grief support	Reimburses up to $900 for you or your family to receive grief counselling from a professional counsellor.	page 49
Claiming while on a period of leave without pay	Pays a *monthly benefit* if you become *disabled* while on leave without pay.	page 50
Claiming while on a period of unemployment	Pays a benefit if you are *disabled* within the first three months of being *unemployed*.	page 50
Premium and cover suspension	Lets you stop your premiums and cover for up to 12 months if you experience financial hardship, are *unemployed*, or are on sabbatical, parental, or long-term leave from work.	page 50
Recurrent disability	Restarts your *monthly benefit* without requiring a new *waiting period* if you suffer from the same *sickness* or *injury* within 12 months.	page 51
Disability reset	Allows you to claim again for the full *benefit period* for a new or related *sickness* or *injury* under certain circumstances.	page 51
New parent premium waiver	Waives your Income Protection Cover premiums for up to six months if you take long-term *parental leave* to look after a new child, 12 months after your cover begins.	page 51
Premium waiver	Pays your Income Protection Cover premiums for you if we're already paying you a *monthly benefit* because you are *disabled*.	page 51
Income update	Allows you to increase your cover by up to 10% each year without needing further medical assessment. This helps you keep your level of cover up to date with increases in your pay.	page 52
Overseas assist	Reimburses costs of up to $10,000 for you and one support person to return to New Zealand or Australia. Overseas assist is available if you are eligible to receive regular payments under this policy.	page 52
Concurrent wait period	Allows the *waiting period*s on personal and business disability income covers to start at the same time and the *waiting period* doesn't start again should a disability recur.	page 52

Built-in benefit	What does it do?	Benefit in detail
Payment while overseas	Pays your *monthly benefit* if you are *disabled* while overseas.	page 52
Funeral assistance	Reimburses up to three times the *monthly benefit* for funeral costs if the insured person dies.	page 52
Elective surgery	Pays you a *monthly benefit* if you are *disabled* as a result of an elective surgical procedure. Covered procedures are listed on page 53.	page 53
Return to work	Rewards you if you return to work *full-time*. We'll pay you a bonus of one month's benefit after your first three months back at work, and a further two months' benefit after your first six months back at work.	page 53
Accommodation	Pays a reimbursement towards temporary accommodation for your family to be with you if you are *disabled* away from home.	page 53
Transport	Pays a reimbursement of up to three times the *monthly benefit* for your emergency transport within New Zealand.	page 53
Family assist	Pays for a nurse or a family member (if the family member needs to stop working) to look after you at home if you are *disabled* and require *full-time care*.	page 53
Dependent relative	Pays you a *monthly benefit* if you are required to stop working to undertake the *full-time care* of a family member.	page 54
Optional benefit	**What does it do?**	**Benefit in detail**
Needlestick	Pays you the Needlestick *sum insured* if the insured person contracts Hepatitis B or C or HIV while working. Available to people in the medical and emergency services industries.	page 54
Kids Cover	Pays you the Kids Cover *sum insured* if the insured child becomes *terminally ill*, or experiences one of the *medical events* listed on page 55 and defined in section 13.	page 55
Mental health discount	Gives you a premium discount if you chose to have a maximum *benefit period* of two years for any *mental illness* claim.	page 57
Increasing claim	Increases your *monthly benefit* payments each year while you're receiving a benefit under an active claim. This is useful because it keeps your benefit up to date with changes like inflation.	page 57
Redundancy	Pays you a *monthly benefit* for up to six months if you are made *redundant*.	page 58
Income top-up package • **Income booster** • **25% income bonus**	Provides you with two additional benefits to boost your income at claim time: • an Income booster benefit, which pays you an extra 33% of your *monthly benefit* for the first three months if you are *disabled* and unable to work for more than 10 hours per week • a 25% income bonus benefit, which pays you an extra 25% of your *monthly income* during the first 12 months of your claim.	page 58
Immediate assist package • **Bed confinement** • **Crisis**	Gives you two extra benefits for immediate financial assistance during the *waiting period*: • a Bed confinement benefit, which pays you a benefit for each day you are *confined to bed* during your *waiting period* • A Crisis benefit, which pays you a *monthly benefit* if you suffer from a listed condition such as *cancer*, *heart attack* or *stroke*, even if you're able to keep working.	page 59
Specific injury support	Pays you a multiple of your *monthly benefit* if you experience one or more of the listed specific injuries.	page 60

Workability Cover

Workability Cover pays you a regular monthly payment while you are unable to work because you are sick or have an *injury* not covered by ACC. Workability Cover is designed to provide you with money to live on while you cannot earn your own income and supports you towards being able to work again, if you can.

When we talk about Workability Cover, we use 'you' to mean the policy owner and the insured person. We do this because payments for this cover will be made to the insured person. We pay Workability Cover benefits to you if you continue to be *disabled* after a *waiting period*. You choose how long you want the *waiting period* to be. We will pay you until the earlier of when you can return to work, or you reach the end of the *benefit period* you have chosen on your policy.

Built-in benefit	What does it do?	Benefit in detail
Short-term support	Pays you a monthly support benefit for up to 12 months if after the *waiting period*, you are *disabled* as a result of *sickness* or *injury*, and unable to work in your *usual occupation*.	page 38
Long-term support	Pays you a monthly support benefit if, after the *waiting period*, you are *disabled* as a result of *sickness* or *injury*, and unable to work in any occupation you are suitably trained, educated or experienced for.	page 38
Rehabilitation and retraining support	Supports you to put a recovery plan in place to help you return to work if you are *disabled*. We will reimburse agreed costs (up to 6 times your *monthly benefit*) in the recovery plan.	page 39
Flexi claim payments	You can choose to receive your Short-term or Long-term support benefit in weekly, fortnightly or monthly payments.	page 40
ACC claim continuation	If ACC decides to stop your weekly compensation payments, we will assess your level of disability.	page 41
Transition support	If your disability requires you to change jobs we will reimburse costs of up to $2,000 to secure that new job.	page 41
Premium and cover suspension	Lets you stop your premiums and cover for up to 12 months if you have financial hardship, are *unemployed*, or are on sabbatical, parental, or long-term leave from work.	page 50
Recurrent disability	Restarts your monthly support benefit without requiring a new *waiting period* if you suffer from the same *sickness* or *injury* within six months.	page 51
Premium waiver	Pays your Workability Cover premiums for you if we're already paying you a monthly support benefit because you are *disabled*.	page 51
Income update	Allows you to increase your cover by up to 10% each year without needing further medical assessment. This helps you keep your level of cover up to date with increases in your pay.	page 52
Payment while overseas	Pays your *monthly benefit* if you are *disabled* while overseas.	page 52
Optional benefit	**What does it do?**	**Benefit in detail**
Kids Cover	Pays you the Kids Cover *sum insured* if the insured child becomes *terminally ill*, or experiences one of the *medical events* listed on page 55 and defined in section 13.	page 55
Increasing claim	Increases your monthly support benefit payments each year while you're receiving a benefit under an active claim. This helps keep your benefit up to date with changes like inflation.	page 57
Redundancy	Pays you a *monthly benefit* for up to six months if you are made *redundant*.	page 58

Mortgage and Living Cover

Mortgage and Living Cover pays you a regular monthly payment if you are unable to work because you're sick or injured.

When we talk about Mortgage and Living Cover, we use 'you' to mean the policy owner and the insured person. We do this because payments for the Living or Homemaker support benefit will be made to the insured person.

Built-in benefit	What does it do?	Benefit in detail
Living support	Pays you a *monthly benefit* if, after the *waiting period*, you remain *disabled* as a result of *sickness* or *injury*.	page 42
Homemaker support	Pays you a *monthly benefit* if, after the *waiting period* you remain *disabled* as a result of *sickness* or *injury* and continuously unable to perform at least three *normal domestic duties*.	page 42
Rehabilitation and retraining support	Supports you to put a recovery plan in place to help you return to work if you are *disabled*. We will reimburse agreed costs (up to 18 times your *monthly benefit*) in the recovery plan.	page 43
Flexi claim payments	You can choose to receive your benefit in weekly, fortnightly or monthly payments.	page 43
Mortgage and income update	Allows you to increase your *monthly benefit* to cover an increase in income or mortgage repayments by up to 10% each year without further medical assessment. This helps you keep your level of cover up to date with increases in your pay or mortgage repayments.	page 44
Grief support	Reimburses up to $900 for you or your family to receive grief counselling from a professional counsellor.	page 49
Claiming while on a period of leave without pay	Pays your *monthly benefit* if you become *disabled* while on *leave without pay*.	page 50
Claiming while on a period of unemployment	Pays a benefit if you are *disabled* within the first three months of being *unemployed*.	page 50
Premium and cover suspension	Lets you stop your premiums and cover for up to 12 months if you experience financial hardship, are *unemployed*, or are on sabbatical, parental, or long-term leave from work.	page 50
Recurrent disability	Restarts your *monthly benefit* without requiring a new *waiting period* if you suffer from the same *sickness* or *injury* within 12 months.	page 51
Disability reset	Allows you to claim again for the full *benefit period* for a new or related *sickness* or *injury* under certain circumstances.	page 51
New parent premium waiver	Waives your Mortgage and Living Cover premiums for up to six months if you take long-term *parental leave* to look after a new child, 12 months after your cover begins.	page 51
Premium waiver	Waives your Mortgage and Living Cover premiums if we're already paying you a benefit because you have been *disabled*.	page 51
Overseas assist	Reimburses costs of up to $10,000 for you and one support person to return to New Zealand or Australia. Overseas assist is available if you are eligible to receive regular payments under this policy.	page 52
Concurrent wait period	Allows the *waiting period*s on personal and business disability income covers to start at the same time and the *waiting period* doesn't start again should a disability recur.	page 52

Built-in benefit	What does it do?	Benefit in detail
Payment while overseas	Pays your *monthly benefit* if you are *disabled* while overseas.	page 52
Funeral assistance	Reimburses up to three times the *monthly benefit* for funeral costs if the insured person dies.	page 52
Elective surgery	Pays you a *monthly benefit* if you are *disabled* as a result of an elective surgical procedure. Page 53 lists covered procedures.	page 53
Return to work	Rewards you if you can return to work *full-time*. We'll pay you a bonus of one month's benefit after your first three months back at work, and a further two months' benefit after your first six months back at work.	page 53
Accommodation	Pays a reimbursement towards temporary accommodation for your family to be with you if you are *disabled* away from home.	page 53
Transport	Pays a reimbursement of up to three times the *monthly benefit* for your emergency transport within New Zealand.	page 53
Family assist	Pays for a nurse or a family member (if the family member needs to stop working) to look after you at home if you are *disabled* and require *full-time care*.	page 53
Dependent relative	Pays you a *monthly benefit* if you are required to stop working to undertake the *full-time care* of a family member.	page 54
Optional benefit	**What does it do?**	**Benefit in detail**
Ten-hour benefit	Allows you to work up to 10 hours without affecting your Living support benefit.	page 45
Kids Cover	Pays you the Kids Cover *sum insured* if the insured child becomes *terminally ill*, or experiences one of the *medical events* listed on page 55 and defined in section 13.	page 55
Mental health discount	Gives you a premium discount if you chose to have a maximum *benefit period* of two years for any *mental illness* claim.	page 57
Increasing claim	Increases your monthly support benefit payments each year while you're receiving a benefit under an active claim. This helps keep your benefit up to date with changes such as inflation.	page 57
Redundancy	Pays you a *monthly benefit* for up to six months if you are made *redundant*.	page 58
Income top-up package • **Income booster** • **25% income bonus**	Provides you with two additional benefits to boost your income at claim time: • an Income booster benefit, which pays you an extra 33% of your *monthly benefit* for the first three months if you are *disabled* and unable to work for more than 10 hours per week • a 25% income bonus benefit, which pays up to 25% of your *monthly benefit* during the first 12 months of your claim.	page 58
Immediate assist package • **Bed-confinement** • **Crisis**	Gives you two extra benefits for immediate financial assistance during the *waiting period*: • a Bed-confinement benefit, which pays you a benefit for each day you are *confined to bed* during your *waiting period* • a Crisis benefit, which pays you a *monthly benefit* if you suffer from a listed condition such as *cancer*, *heart attack* or *stroke*, even if you're able to keep working.	page 59
Specific injury support	Pays you a multiple of your *monthly benefit* if you experience one or more of the listed specific injuries.	page 60

3 Life Cover benefits in detail

Section 2 summarised the features and benefits available under Life Cover. This section gives you more detail about these features and benefits. It is important you read this section of your policy carefully as it forms a part of your insurance contract if you have Life Cover. This section also tells you when we will pay a benefit. To receive a benefit, you will also need to meet our claim requirements (section 12.8.5).

3.1 Built-in benefits

This section gives you detail about benefits that are built into your Life Cover. These benefits apply if your policy schedule states that Life Cover applies.

3.1.1 Death benefit

We will pay you the *sum insured* for Life Cover if the insured person dies, minus any payments we have made for:

- terminal illness benefit (section 3.1.2)
- accelerated Cancer Cover (section 7.1.1)
- accelerated Trauma Recovery Cover (section 5.1.1)
- accelerated TPD Cover (section 6.1.1)
- funeral advancement benefit (section 3.1.3).

3.1.2 Terminal illness benefit

We will pay the *sum insured* for Life Cover if the insured person becomes *terminally ill*.

3.1.3 Funeral advancement benefit

We will advance a portion of the Life Cover *sum insured* to you for the insured person's funeral if they die.

We will advance you the lesser of either:

- $15,000
- the Life Cover *sum insured*.

The amount we will advance you will be reduced by the Funeral benefit *sum insured* (if applicable).

A Funeral advancement benefit payment will reduce the Life Cover *sum insured* by the same amount. We will need written evidence that is acceptable to us of the insured person's death before paying the benefit.

3.1.4 When we will not pay the Life Cover sum insured or Funeral advancement benefit

We will not pay the Life Cover *sum insured* or Funeral advancement benefit if the insured person's death is caused by an intentional self-inflicted act within 13 months of any of the following:

- the Life Cover *commencement date*
- an increase to the *sum insured* (for the increased portion only)
- the most recent reinstatement of the Life Cover.

This applies whether the intentional self-inflicted act caused the death directly or indirectly, and whether the person was sane or insane.

This does not apply if both of the following are true:

- Life cover provided under this policy replaces death cover on the person's life under a previous policy
- The previous policy was continuously in place for longer than 13 months.

If both of these conditions are true, then we will only pay the Life Cover *sum insured* or Funeral advancement benefit up to the amount insured under the policy being replaced.

3.1.5 Funeral conversion benefit

You can convert up to $30,000 of your Life Cover *sum insured* to a level premium Funeral benefit at any time following either:

- the expiry of your level premium term for the Life Cover
- the first *policy anniversary* following the later of:
  - 10 years after the *commencement date* of the Life Cover
  - the insured person turning age 65.

3.1.6 Built-in benefits your Life Cover shares with other covers

- Special events increase (section 11.1.1)
- Special events conversion (section 11.1.2)
- Inflation adjustment (section 11.1.3)
- Financial planning and legal advice (section 11.1.4)
- Grief support (section 11.1.5)
- Premium holiday (section 11.1.6)

3.2 Optional additional benefits

This section tells you about benefits you can choose to add to your Life Cover. See your policy schedule to confirm which optional benefits you have selected.

3.2.1 Terminal illness support benefit

We will pay the *sum insured* for the Terminal illness support benefit if the insured person:

- due to a *sickness*, is diagnosed with a life expectancy not greater than 24 months, even with available treatment, and
- survives at least 30 days, not on life support, after this diagnosis.

When the Terminal illness support benefit ends

Cover for the Terminal illness support benefit will end on the earlier of:

- the date we receive your written request to cancel the Terminal illness support benefit
- the date the *sum insured* for Life Cover reduces to nil
- when your Life Cover ends (section 3.3).

3.2.2 Funeral benefit

We will pay the *sum insured* for the Funeral benefit if the insured person dies or becomes *terminally ill*.

A Funeral benefit payment will not reduce the Life Cover *sum insured*. We will need written evidence that is acceptable to us of the insured person's death or *terminal illness* before paying the benefit.

Premiums for your Funeral benefit will cease at the *policy anniversary* following the insured person's 90th birthday. Cover will continue beyond this date until we pay a claim under this benefit or you cancel this cover.

The maximum Funeral benefit *sum insured* is $30,000 per insured across all Asteron Life policies.

3.2.3 Optional benefits you can add to your Life Cover that are also available with other covers

- Needlestick (section 11.2.1)
- We pay your premiums (section 11.2.2)
- Kids Cover (section 11.2.3)

3.3 When Life Cover ends

Life Cover under this policy will end on the earliest of:

- the date we receive your written request to cancel Life Cover
- the date the *sum insured* for Life Cover and the *sum insured* for the Funeral benefit reduces to nil
- your death.

See section 12.1 for more information about when your policy begins and ends.

4 Accidental Death Cover benefits in detail

Section 2 summarised the features and benefits available under Accidental Death Cover. This section gives you more detail about these features and benefits. It is important you read this section of your policy carefully as it forms a part of your insurance contract if you have Accidental Death Cover. This section also tells you when we will pay a benefit. To receive a benefit, you will also need to meet our claim requirements (section 12.8.5).

4.1 Built-in benefits

This section gives you detail about benefits that are built into your Accidental Death Cover. These benefits apply if your policy schedule states that Accidental Death Cover applies.

4.1.1 Accidental Death Cover

We will pay you the Accidental Death Cover *sum insured* if the insured person's death is an *accidental* death.

Accidental death means their death is solely a result of an *accident* where death occurs from a visible *injury*.

For cover to apply, death must occur within 90 days from the date of the *accident*.

4.1.2 Built-in benefits that Accidental Death Cover shares with other covers

- Special events increase (section 11.1.1)
- Inflation adjustment (section 11.1.3)
- Financial planning and legal advice (section 11.1.4)
- Grief support (section 11.1.5)
- Premium holiday (section 11.1.6)

4.1.3 When we will not pay an Accidental Death Cover benefit

We will not pay a benefit for Accidental Death Cover if the death is a result of or contributed to by *terminal illness*, *sickness* or an intentional self-inflicted act, whether sane or insane.

4.2 Optional additional benefits

You can choose to add the following benefits to your Accidental Death Cover:

- We pay your premiums (section 11.2.2)
- Kids Cover (section 11.2.3)

See your policy schedule to confirm which optional benefits you have selected.

4.3 When Accidental Death Cover ends

Accidental Death Cover under this policy will end on the earliest of:

- the date we receive your written request to cancel the Accidental Death Cover
- the expiry date of the Accidental Death Cover
- payment of the *sum insured* for Accidental Death Cover.

See section 12.1 for more information about when your policy begins and ends.

5 Trauma Recovery Cover benefits in detail

Section 2 summarised the features and benefits available under Trauma Recovery Cover. This section gives you more detail about these features and benefits. It is important you read this section of your policy carefully as it forms a part of your insurance contract if you have Trauma Recovery Cover. This section also tells you when we will pay a benefit. To receive a benefit, you will also need to meet our claim requirements (section 12.8.5).

Check your policy to see whether you have chosen accelerated Trauma Recovery Cover or stand alone Trauma Recovery Cover. Accelerated Trauma means that if we pay you a claim under your Trauma Recovery Cover, then your Life Cover *sum insured* will reduce by the same amount. Stand alone Trauma means that if we pay you a claim under your Trauma Recovery Cover, your Life Cover *sum insured* will not reduce.

5.1 Accelerated or stand alone cover

This section gives you detail about how your Trauma Recovery Cover works if you have chosen accelerated or stand alone cover.

5.1.1 Accelerated Trauma Recovery Cover

If any payment is made for accelerated Trauma Recovery Cover or accelerated TPD benefit that reduces either the Trauma Recovery Cover *sum insured* or the Major trauma benefit *sum insured*, then:

- the *sum insured* for Life Cover will reduce by the amount paid
- the accelerated Cancer Cover (if applicable) will reduce to be no greater than the Life Cover *sum insured*
- the accelerated TPD Cover (if applicable) will reduce to be no greater than the Life Cover *sum insured*
- future premiums will adjust to reflect the reduced Life Cover *sum insured* and other covers (if applicable)
- if the Life Cover *sum insured* reduces to nil, cover ends for all affected covers and associated benefits, including the Terminal illness support benefit.

5.1.2 Stand alone Trauma Recovery Cover

Any benefit payments for stand alone Trauma Recovery Cover that reduce the Trauma Recovery Cover *sum insured* or the Major trauma benefit *sum insured* will not reduce any Life Cover *sum insured*.

5.2 Built-in benefits

This section gives you detail about benefits that are built into your Trauma Recovery Cover. These benefits apply if your policy schedule states that Trauma Recovery Cover applies.

5.2.1 Trauma recovery benefit

We will pay the Trauma recovery benefit if the insured person survives at least 14 days from the date they:

- are first diagnosed with one of the serious medical conditions listed under (a) below, or
- undergo one of the major surgeries listed under (b) below.

All Trauma recovery benefit *medical events* are defined and identified with a TR symbol in the Medical terms and definitions section of this policy document.

The requirement to survive for 14 days from the date of diagnosis or surgery applies to stand alone trauma only.

(a) Serious medical conditions

- *Alzheimer's disease*
- *aplastic anaemia*
- *benign tumour of the brain or spinal cord*
- *blindness*
- *burns*
- *cancer**
- *cardiomyopathy*
- *chronic kidney (renal) failure**
- *chronic liver failure*
- *chronic lung failure*
- *coma*
- *Creutzfeldt-Jakob disease*
- *deafness*
- *dementia*
- *diabetes (adult insulin-dependent diabetes mellitus)*
- *encephalitis*
- *heart attack**
- *HIV – medically acquired*
- *HIV – occupationally acquired*
- *intensive care*
- *loss of independent existence*
- *loss of limbs*
- *loss of sight (one eye) and limb*
- *loss of speech*
- *major head trauma*
- *major organ transplant (placement on waiting list)**
- *meningitis*
- *motor neurone disease*

- *multiple sclerosis*
- *muscular dystrophy*
- *out of hospital cardiac arrest*
- *paralysis*
- *Parkinson's disease*
- *peripheral neuropathy*
- *pulmonary hypertension*
- *severe peripheral vascular disease*
- *significant cognitive impairment*
- *stroke**
- *systemic sclerosis.*

(b) Major surgical procedures

- *coronary artery angioplasty – triple vessel**
- *coronary artery bypass surgery**
- *heart surgery (open)**
- *major organ transplant (undergoing the transplant)**
- *pneumonectomy**
- *repair or replacement of aorta**
- *repair or replacement of valves*.*

Unless Trauma Recovery Cover is a *replacement benefit*, there is a *deferred cover start date* for all *medical events* marked * in section (a) and (b) above.

The amount we will pay under the Trauma recovery benefit will be the Trauma Recovery Cover *sum insured*. If the Continuous trauma benefit applies to your policy, we will reduce the Trauma recovery benefit payment by any Early stage cancer benefit or Early trauma benefit payments already paid for the same or a related *medical event*.

We will only pay the Trauma Recovery Cover *sum insured* once, unless the Continuous trauma or Trauma reinstatement benefit applies (see section 5.3.5 and 5.3.6).

5.2.2 Early stage cancer benefit

We will pay the greater of $10,000 or 20% of the Trauma Recovery Cover *sum insured*, up to a maximum of $100,000, if the insured person is diagnosed with *early stage cancer* (as defined in the Medical terms and definitions section of this policy document).

Unless the Early stage cancer benefit is a *replacement benefit*, there is a *deferred cover start date* for *early stage cancer*.

The *sum insured* for Trauma Recovery Cover will reduce by any payment for *early stage cancer*, and premiums will adjust accordingly.

If the Trauma Recovery Cover *sum insured* is less than $10,000, we will pay you the full *sum insured*.

This benefit will be paid once only for each type of *early stage cancer*. Any *early stage cancer* that is the same or similar to, related to, or directly or indirectly caused by an *early stage cancer* for which a Trauma recovery benefit has been paid will not be covered.

5.2.3 Built-in benefits that Trauma Recovery Cover shares with other covers

- Special events increase (section 11.1.1)
- Special events conversion (section 11.1.2)
- Inflation adjustment (section 11.1.3)
- Financial planning and legal advice (section 11.1.4)
- Grief support (section 11.1.5)
- Premium holiday (section 11.1.6)
- Overseas assist (11.1.15)

5.2.4 When we will not pay a benefit under Trauma Recovery Cover

We will not pay any Trauma Recovery Cover benefit if the *medical event* being claimed for was directly or indirectly caused by an intentional self-inflicted act, whether sane or insane.

5.3 Optional additional benefits

This section tells you about benefits you can choose to add to your Trauma Recovery Cover. See your policy schedule to confirm which optional benefits you have selected.

5.3.1 Early trauma benefit

We will pay the greater of $10,000 or 20% of the Trauma Recovery Cover *sum insured*, up to a maximum of $100,000, if the insured person survives at least 14 days from the date they:

(a) are first diagnosed with one of the serious medical conditions listed under (a) below, or

(b) undergo one of the major surgeries listed under (b) below.

All Early trauma benefit *medical events* are defined and identified with a ET symbol in the Medical terms and definitions section of this policy document.

The requirement to survive for 14 days from the date of diagnosis or surgery applies to stand alone trauma only.

(a) Serious medical conditions

- *Alzheimer's disease**
- *Aneurysm*
- *burns*

- *dementia**
- *diabetes (adult insulin-dependent diabetes mellitus)*
- *hydrocephalus*
- *loss of hearing in one ear*
- *multiple sclerosis**
- *Parkinson's disease**
- *pulmonary hypertension**
- *serious accidental injury*
- *severe Crohn's disease*
- *severe osteoporosis*
- *severe rheumatoid arthritis**
- *severe ulcerative colitis*
- *single loss of limb or eye*
- *systemic lupus erythematosus (SLE) with nephritis**
- *systemic sclerosis*.*

(b) Major surgical procedures

- *colostomy and/or ileostomy*
- *coronary artery angioplasty**

Unless the Early trauma benefit is a *replacement benefit*, there is a *deferred cover start date* for all *medical events* marked * in section (a) and (b) above.

We will pay the Early trauma benefit once only for each of the listed conditions or surgical procedures other than coronary artery angioplasty.

Each Early trauma benefit payment will reduce the *sum insured* for Trauma Recovery Cover. We will adjust the premiums accordingly.

If the Trauma Recovery Cover *sum insured* is less than $10,000, we will pay you the full *sum insured*.

5.3.2 Major trauma benefit

We will pay the Major trauma benefit *sum insured* if the insured person survives at least 14 days from the date they:

- are first diagnosed with one of the serious medical conditions listed under (a) below, or
- undergo one of the major surgeries listed under (b) below.

The Major trauma benefit *sum insured* will only be paid once. All Major trauma benefit *medical events* are defined and identified with a MT symbol in the Medical terms and definitions section of this policy document.

The requirement to survive for 14 days from the date of diagnosis or surgery applies to stand alone trauma only.

(a) Serious medical conditions

- *Advanced AIDS*
- *Alzheimer's disease*
- *aplastic anaemia*
- *benign tumour of the brain or spinal cord*
- *blindness*
- *burns*
- *cancer**
- *cardiomyopathy*
- *chronic kidney (renal) failure**
- *chronic liver failure*
- *chronic lung failure*
- *coma*
- *Creutzfeldt-Jakob disease*
- *deafness*
- *dementia*
- *encephalitis*
- *heart attack**
- *intensive care*
- *loss of independent existence*
- *loss of limbs*
- *loss of sight (one eye) and limb*
- *loss of speech*
- *major head trauma*
- *major organ transplant (placement on waiting list)**
- *meningitis*
- *motor neurone disease*
- *multiple sclerosis*
- *muscular dystrophy*
- *out of hospital cardiac arrest*
- *paralysis*
- *Parkinson's disease*
- *peripheral neuropathy*
- *pulmonary hypertension*
- *severe peripheral vascular disease*
- *significant cognitive impairment*
- *stroke**
- *systemic sclerosis.*

(b) Major surgical procedures

- *coronary artery angioplasty – triple vessel**
- *coronary artery bypass surgery**
- *heart surgery (open)**

- *major organ transplant (undergoing the transplant)**
- *pneumonectomy**
- *repair or replacement of aorta**
- *repair or replacement of valves**.

Unless the Major trauma benefit is a *replacement benefit*, there is a *deferred cover start date* for all *medical events* marked * in section (a) and (b) above.

When we will not pay a Major trauma benefit

We will not pay a Major trauma benefit if the event being claimed for was directly or indirectly caused by an intentional self-inflicted act, whether sane or insane.

When a Major trauma benefit ends

Major trauma benefit under this policy will end on the earliest of:

- the date we receive your written request to cancel Trauma Recovery Cover
- the date we receive your written request to cancel Major trauma benefit
- the expiry date of Major trauma benefit
- payment of the *sum insured* for Major trauma benefit
- a payment is made for Terminal illness benefit.

See section 12.1 for more information about when your policy begins and ends.

5.3.3 Total and permanent disablement (TPD) benefit

The TPD benefit applies to your Trauma Recovery Cover if it appears on your policy schedule. If the TPD benefit applies and the insured person becomes totally and permanently *disabled*, we will pay you the Trauma Recovery Cover *sum insured*. We will assess your claim depending on the TPD benefit type shown on your policy schedule. We will only pay the TPD benefit once.

Own occupation TPD benefit

For the own occupation TPD benefit to apply, it must appear on your policy schedule. To be considered totally and permanently *disabled* under this benefit, the insured person needs to have suffered a *sickness* or *injury* and meet one of the following criteria (a or b):

a) The insured person has been working in their *usual occupation* or on *leave without pay* within the six months immediately before the onset of that *sickness* or *injury*, and both of the following apply:
   - the insured person has been absent from and unable to work in their *usual occupation* solely because of the *sickness* or *injury* for a continuous period of at least three months
   - we have considered medical and any other evidence we have requested, and believe that the insured person is incapacitated solely because of the *sickness* or *injury*. This incapacity is such that they are unlikely ever to be able to work again in their *usual occupation*.

b) The insured person has been engaged *full-time* in *normal domestic duties* in their own residence for more than six months (excluding any periods of *parental leave*) immediately before the onset of that *sickness* or *injury*, and both of the following apply:
   - the insured person has been unable to engage in *normal domestic duties* solely because of the *sickness* or *injury* for a continuous period of at least three months
   - we have considered medical and any other evidence we have requested, and believe that the insured person is incapacitated solely because of the *sickness* or *injury*. This incapacity is such that they are unlikely ever to be able to:
     - perform *normal domestic duties*; and
     - engage in any occupation for which they are reasonably suited by education, training or experience.

Any occupation TPD benefit

For the any occupation TPD benefit to apply, it must appear on your policy schedule. To be considered totally and permanently *disabled* under this benefit, the insured person needs to have suffered a *sickness* or *injury* and meet one of the following criteria (a or b):

a) The insured person suffered a *sickness* or *injury* and:
   - they have been absent from and unable to work solely because of the *sickness* or *injury* for a continuous period of at least three months
   - we have considered medical and any other evidence we have requested, and believe that the insured person is incapacitated solely because of the *sickness* or *injury*. This incapacity is such that they are unlikely ever to be able to work again in any occupation:
     - for which they are reasonably suited by education, training or experience; and
     - that would pay remuneration at a rate greater than 25% of their earnings during their last 12 months of work.

b) The insured person has been engaged *full-time* in *normal domestic duties* in their own residence for more than six months (excluding any periods of *parental leave*) before the onset of that *sickness* or *injury*, and both of the following apply:

- they are unable to engage in *normal domestic duties*, solely because of the *sickness* or *injury*, for a continuous period of at least three months
- we have considered medical and any other evidence we have requested, and believe that the insured person is incapacitated solely because of the *sickness* or *injury*, to such an extent that they are unlikely ever to:
  - be able to perform *normal domestic duties*; or
  - engage in any occupation for which they are reasonably suited by education, training or experience.

When we will not pay a TPD benefit

We will not pay a TPD benefit if total and permanent disablement was caused, directly or indirectly, by:

- an intentional self-inflicted act, whether sane or insane
- participation in any *criminal activity*.

When a TPD benefit ends

The TPD benefit under this Trauma Recovery Cover will end on the earliest of:

- the date we receive your written request to cancel Trauma Recovery Cover
- the date we receive your written request to cancel the TPD benefit
- the expiry date of the TPD benefit
- the date the *sum insured* for Trauma Recovery Cover reduces to nil
- a payment is made for Terminal illness benefit.

See section 12.1 for more information about when your policy begins and ends.

5.3.4 Life Cover buy back benefit

If we have paid an accelerated Trauma recovery benefit or accelerated TPD benefit, you can buy back your Life Cover *sum insured*. This benefit only applies if all the following are true:

- the insured person has not suffered an event for which a claim could have been made under the Terminal illness benefit, whether or not such a claim was made
- the insured person is still alive.

The Life Cover buy back benefit will become available six months after the date we make an accelerated Trauma recovery benefit payment for:

- *Alzheimer's disease*
- *blindness*
- *deafness*
- *dementia*
- *loss of limbs*
- *multiple sclerosis*
- *Parkinson's disease.*

For all other Trauma recovery benefit and TPD benefit events, the Life Cover buy back benefit will become available 12 months after we make the applicable benefit payment.

The maximum amount of Life Cover you can buy back is the total amount of accelerated Trauma Recovery Cover *sum insured* we have paid for the insured person.

If your Life Cover *sum insured* reduced to nil because of the accelerated Trauma Recovery Cover payment we will also allow you to buy back your Terminal illness support benefit *sum insured*. The maximum Terminal illness support benefit *sum insured* you can buy back is the *sum insured* that applied immediately before your trauma claim was paid.

We will let you know that the Life Cover buy back benefit is available. You can also contact us directly.

Using Life Cover buy back

To enable you to use the Life Cover buy back benefit, we will give you an application form and the terms and conditions of the new cover.

You need to apply for it during the 60 days following the 6 or 12 month period after the payment for the accelerated Trauma recovery benefit or TPD benefit. To take up the benefit, send us your completed application form and first premium payment within this time.

We will calculate premiums for the new Life Cover *sum insured* using rates that apply at the time the Life Cover buy back benefit is used. If level premiums apply, we will use current rates based on the insured person's age at the *commencement date* of the cover. Premiums will be increased by any loading factors that applied to your policy immediately before the accelerated Trauma recovery benefit or TPD benefit claim. The new cover will begin when we receive the first premium. Any other special terms which applied to your Life Cover immediately before the accelerated Trauma recovery benefit or TPD benefit claim will also apply to your new Life Cover.

5.3.5 Continuous trauma benefit

We will automatically reinstate your Trauma Recovery Cover *sum insured* if we pay you any benefit under Trauma Recovery Cover that reduces your Trauma Recovery Cover *sum insured*.

The Continuous trauma benefit does not apply to the Major trauma benefit.

Accelerated Trauma Recovery Cover

If accelerated Trauma Recovery Cover applies, a minimum Life Cover *sum insured* will apply.

If we have not paid the Trauma recovery benefit or the TPD benefit, then the accelerated Trauma Recovery Cover *sum insured* must not exceed 33.3% of the Life Cover *sum insured*. See section 3.1.1 for details about the Life Cover *sum insured*.

If we have paid the Trauma recovery benefit or TPD benefit, then the maximum *sum insured* for the reinstated accelerated Trauma Recovery Cover is the lowest of:

- the Trauma Recovery Cover *sum insured* that applied when the claim was paid
- 50% of the Life Cover *sum insured* left over when the Continuous trauma benefit is used
- $2,000,000.

If we have paid either

- two Trauma recovery benefits or
- one Trauma recovery benefit and one TPD benefit, then the maximum *sum insured* for the reinstated accelerated Trauma Recovery Cover is the lowest of:
  - the Trauma Recovery Cover *sum insured* that applied when the claim was paid
  - 100% of the Life Cover *sum insured* left over when the Continuous trauma benefit is used
  - $2,000,000.

Stand alone Trauma Recovery Cover

The maximum *sum insured* of the reinstated Trauma Recovery Cover is the lowest of:

- the Trauma Recovery Cover *sum insured* that applied immediately before the claim was paid
- $2,000,000.

Terms of cover when the Continuous trauma benefit is used

After we reinstate your Trauma Recovery Cover *sum insured*, the Trauma Recovery Cover is subject to the same contract terms that applied before reinstatement. It is also subject to the following conditions:

- the TPD benefit is not eligible to be reinstated if we have previously made a TPD benefit payment
- reinstated benefits are not eligible for increases under the Special events increase benefit (section 11.1.1)
- *deferred cover start dates* do not apply
- any exclusions or restrictions that applied to the original Trauma Recovery Cover will also apply to the reinstated benefits.

We will calculate premiums using rates that apply to Trauma Recovery Cover at the time the Continuous trauma benefit is used. Premiums will be increased by any loading factors that applied to your original Trauma Recovery Cover.

Within the first 36 months following a reinstatement after we have paid either a Trauma recovery benefit or TPD benefit, we will not pay a claim for the reinstated benefits if any of the following apply:

- the event or condition is directly or indirectly caused by or related to the event or condition for which we paid a previous Trauma recovery benefit or TPD benefit
- the *medical event* is the same as the one we paid a previous Trauma recovery benefit for. For example, if we paid a full claim because the insured person was diagnosed with a certain type of *cancer*, they cannot claim again for *cancer*.
- the Early trauma benefit *medical event* (section 5.3.1) is the same as the one for which we previously paid a Early trauma benefit or Trauma recovery benefit
- the claim is for a *heart condition* and a previous Trauma recovery benefit payment was also due to a *heart condition*
- the event is a *stroke* or *paralysis* (directly or indirectly resulting from a *stroke*) and a previous Trauma recovery benefit payment was due to a *heart condition*.

Heart condition means any of the following *medical events*:

- *cardiomyopathy*
- *coronary artery angioplasty – triple vessel*
- *coronary artery angioplasty*
- *coronary artery bypass surgery*
- *heart attack*
- *heart surgery (open)*
- *out of hospital cardiac arrest*
- *pulmonary hypertension*
- *repair or replacement of aorta*
- *repair or replacement of valves*
- *severe peripheral vascular disease.*

We will also pay a new claim for the same or a related *medical event* or *heart condition* that was previously claimed on. For us to do this, all of the following must be true:

- we have paid either a Trauma recovery benefit or TPD benefit and cover has been reinstated for at least 36 months
- the new *medical event* being claimed on did not occur or become apparent until 36 months after cover was reinstated following the previous claim for the same or related *medical event*
- the *medical event* is not a recurrence, continuation or spread (metastasis) of the event or underlying condition that we paid a previous benefit payment for. For clarity, a subsequent *heart condition* or *stroke* will not be considered a recurrence, continuation or spread of any previous *heart condition* or *stroke* we previously paid a claim for.

When a Continuous trauma benefit ends

Continuous trauma benefit under this policy will end on the earliest of:

- the date we receive your written request to cancel Continuous trauma benefit
- the expiry date of the Continuous trauma benefit
- the date we reinstate the Trauma Recovery Cover *sum insured* after we have paid:
  - two Trauma recovery benefits; or
  - one Trauma recovery benefit and one TPD benefit.
- if accelerated Trauma Recovery Cover applies, the date the Life Cover (section 3.1.1) *sum insured* reduces to nil
- the date your Trauma Recovery Cover ends (section 5.4).

See section 12.1 for more information about when your policy begins and ends.

5.3.6 Trauma reinstatement benefit

You can ask us to reinstate the Trauma Recovery Cover *sum insured* if all of the following apply:

- we make a Trauma recovery benefit or TPD benefit payment that reduces the Trauma Recovery Cover *sum insured* to nil
- 12 months has passed since the Trauma recovery benefit or TPD benefit was paid
- the insured person is still alive.

The maximum *sum insured* of the new Trauma Recovery Cover is the lowest of:

- the original Trauma Recovery Cover *sum insured*
- if accelerated Trauma Recovery Cover applies, the amount of Life Cover (section 3.1.1) less any Major trauma benefit *sum insured* remaining at the time the Trauma reinstatement benefit is used
- $2,000,000.

The Trauma reinstatement benefit can be used once only.

When the Trauma Recovery Cover *sum insured* reduces to nil, we will contact you before the first anniversary of the Trauma recovery benefit payment to let you know the Trauma reinstatement benefit is available. You can also contact us directly.

Using Trauma reinstatement

To enable you to use the Trauma reinstatement benefit, we will give you an application form and the terms and conditions of the reinstated cover.

You need to apply for the reinstatement during the 60 days following the end of the 12 month period after our payment for the Trauma recovery benefit. To take up the benefit, send us your completed application form and first premium payment within this time.

We will calculate premiums for the reinstated Trauma Recovery Cover *sum insured* using rates that apply at the time the Trauma reinstatement benefit is used.

If level premiums apply, we will use current rates based on the insured person's age at the *commencement date* of the cover. Premiums will be increased by any loading factors that applied to your Trauma Recovery Cover immediately before the claim. The new cover will begin when we receive the first premium.

We will let you know about any premium discount applied to the premium when there is a previous Trauma recovery benefit claim paid for one of the following conditions:

- *cancer* (excluding Early stage cancer benefits paid)
- *heart attack*

- *coronary artery angioplasty – triple vessel*
- *coronary artery bypass surgery*
- *heart surgery (open)*
- *repair or replacement of aorta*
- *repair or replacement of heart valves*

Terms of cover on the Trauma reinstatement benefit

After you use the Trauma reinstatement benefit (that is, after your Trauma Recovery Cover is reinstated) the Trauma Recovery Cover is subject to the same contract terms that applied before the reinstatement and the following restrictions:

- the TPD benefit is not eligible to be reinstated
- reinstated benefits are not eligible for increases under the Special events increase benefit (section 11.1.1)
- *deferred cover start dates* do not apply
- any exclusions or restrictions that applied to the original Trauma Recovery Cover will also apply to the reinstated benefits.

We will not pay a claim for the reinstated benefits if any of the following apply:

- the condition you are claiming on became apparent before you took up the reinstated benefit. This means we must have received your completed application form and first premium for reinstatement before the event occurred, or the condition was diagnosed, or the symptoms leading to diagnosis first became apparent
- the event or condition is directly or indirectly caused by or related to the event or condition for which we made a previous Trauma recovery benefit payment
- the *medical event* is the same as we paid a previous Trauma recovery benefit for under the original Trauma Recovery Cover. For example, if we paid a full claim because the insured person was diagnosed with a certain type of *cancer*, they cannot claim again for *cancer*
- the Early trauma benefit *medical event* (section 5.3.1) is the same as the one for which an Early trauma benefit or Trauma recovery benefit was previously paid
- the event is a *heart condition* and we paid a previous Trauma recovery benefit payment for a *heart condition*
- the event is a *stroke* or *paralysis* (directly or indirectly resulting from a *stroke*) and we paid a previous Trauma recovery benefit payment for a *heart condition*.

Heart condition means any of the following *medical events*:

- *cardiomyopathy*
- *coronary artery angioplasty – triple vessel*
- *coronary artery angioplasty*
- *coronary artery bypass surgery*
- *heart attack*
- *heart surgery (open)*
- *out of hospital cardiac arrest*
- *pulmonary hypertension*
- *repair or replacement of aorta*
- *repair or replacement of valves*
- *severe peripheral vascular disease.*

When a Trauma reinstatement benefit ends

Trauma reinstatement benefit under this policy will end on the earliest of:

- the date we receive your written request to cancel Trauma reinstatement benefit
- the expiry date of the Trauma reinstatement benefit
- the date we reinstate the Trauma Recovery Cover *sum insured* after a Trauma recovery benefit or TPD benefit has been paid for the insured person
- the date your Trauma Recovery Cover ends (section 5.4).

See section 12.1 for more information about when your policy begins and ends.

5.3.7 Other optional benefits shared by other covers

- Needlestick (section 11.2.1)
- We pay your premiums (section 11.2.2)
- Kids Cover (section 11.2.3)

5.4 When Trauma Recovery Cover ends

Trauma Recovery Cover under this policy will end on the earliest of:

- the date we receive your written request to cancel Trauma Recovery Cover
- the expiry date of Trauma Recovery Cover
- the date the Trauma Recovery Cover and (if applicable) the Major trauma benefit sum insured reduces to nil
- a payment is made for Terminal illness benefit.

See section 12.1 for more information about when your policy begins and ends.

6 Total and Permanent Disablement (TPD) Cover benefits in detail

Section 2 summarised the features and benefits available under Total and Permanent Disablement (TPD) Cover. This section gives you more detail about these features and benefits. It is important you read this section of your policy carefully as it forms a part of your insurance contract if you have TPD Cover. This section also tells you when we will pay a benefit. To receive a benefit, you will also need to meet our claim requirements (section 12.8.5).

Check your policy schedule to see which type of TPD Cover you have. You will have one of modified TPD, own occupation TPD or any occupation TPD. In addition, you will have either stand alone or accelerated TPD Cover.

The following table shows the different combinations of TPD that are available. These are described in more detail in this section.

	Modified TPD	Own occupation TPD	Any occupation TPD
Accelerated TPD	✓	✓	✓
Stand alone TPD	✓	✓	✓

6.1 Built-in benefits

This section gives you detail about benefits that are built into your TPD Cover. These benefits apply if your policy schedule states that TPD Cover applies.

6.1.1 TPD Cover benefit

We will pay the *sum insured* for the TPD Cover if the insured person becomes totally and permanently *disabled*. We will assess your claim depending on the TPD Cover type shown on your policy schedule.

Modified TPD Cover

For modified TPD to apply, it must appear on your policy schedule. To be considered totally and permanently *disabled* under this benefit, the insured person needs to have suffered a *sickness* or *injury* and meet one of the following criteria (a, b or c):

a) The insured person suffers *loss of limbs or sight*.

b) The insured person is constantly and permanently *unable to perform* two or more of the numbered *activities of daily living* without the physical assistance of someone else. If they can perform the activity on their own by using special equipment, we will not treat them as *unable to perform* that activity.

c) The insured person suffers significant cognitive impairment.

If you have any one of the TPD cover types and you need to make a claim, we will assess it using the criteria for modified TPD if any of the following apply:

- your policy schedule states that modified TPD applies
- the insured person experiences the *sickness* or *injury* giving rise to the claim after they have permanently retired from the workforce
- you make a claim after the *policy anniversary* when the insured person is 65.

Own occupation TPD Cover

For own occupation TPD to apply, it must appear on your policy schedule. To be considered totally and permanently *disabled* under this benefit, the insured person needs to have suffered a *sickness* or *injury* and meet one of the following criteria (a or b):

a) The insured person has been working in their *usual occupation* or on *leave without pay* within the six months immediately before the onset of that *sickness* or *injury*, and both of the following apply:

- the insured person has been absent from and unable to work in their *usual occupation* solely because of the *sickness* or *injury* for a continuous period of at least three months
- we have considered medical and any other evidence we have requested, and believe that the insured person is incapacitated solely because of the *sickness* or *injury*. This incapacity is such that they are unlikely ever to be able to work again in their *usual occupation*.

b) The insured person has been engaged *full-time* in *normal domestic duties* in their own residence for more than six months (excluding any periods of *parental leave*) immediately before the onset of that *sickness* or *injury*, and both of the following apply:

- they have been unable to engage in *normal domestic duties* solely because of the *sickness* or *injury* for a continuous period of at least three months

- we have considered medical and any other evidence we have requested, and believe that the insured person is incapacitated solely because of the *sickness* or *injury*. This incapacity is such that they are unlikely ever to be able to:
  - perform *normal domestic duties*; and
  - engage in any occupation for which they are reasonably suited by education, training or experience.

If you have own occupation TPD and the insured person doesn't meet any of these criteria, you are eligible to make a claim if they meet the criteria listed under modified TPD on page 30.

Any occupation TPD Cover

For any occupation TPD to apply, it must appear on your policy schedule. To be considered totally and permanently *disabled* under this benefit, the insured person needs to have suffered a *sickness* or *injury* and meet one of the following criteria (a or b):

a) The insured person suffered a *sickness* or *injury* and:
   - they have been absent from and unable to work solely because of the *sickness* or *injury* for a continuous period of at least three months
   - we have considered medical and any other evidence we have requested, and believe that they are incapacitated solely because of the *sickness* or *injury*. This incapacity is such that they are unlikely ever to be able to work again in any occupation:
     - for which they are reasonably suited by education, training or experience; and
     - that would pay remuneration at a rate greater than 25% of their earnings during their last 12 months of work.

b) The insured person has been engaged *full-time* in *normal domestic duties* in their own residence for more than six months (excluding any periods of *parental leave*) before the onset of that *sickness* or *injury* and both of the following apply:
   - they are unable to engage in *normal domestic duties* solely because of the *sickness* or *injury* for a continuous period of at least three months
   - we have considered medical and any other evidence we have requested, and believe that they are incapacitated solely because of the *sickness* or *injury*, to such an extent that they are unlikely ever to:
     - be able to perform *normal domestic duties*; or
     - engage in any occupation for which they are reasonably suited by education, training or experience.

If you have any occupation TPD and the insured person doesn't meet any of these criteria, you are eligible to make a claim if they meet the criteria listed under modified TPD on page 30.

Accelerated TPD Cover

If your policy schedule states that accelerated TPD Cover applies and we pay the accelerated TPD benefit, then:

- the *sum insured* for your Life Cover will reduce by the amount paid
- the *sum insured* for the accelerated Trauma Recovery Cover and Major trauma benefit (if applicable) will reduce proportionately (if required) to be no greater in total, than the Life Cover *sum insured*
- the *sum insured* for accelerated Cancer Cover (if applicable) will reduce (if required) to be no greater than the Life Cover *sum insured*
- future premiums will adjust to reflect the reduced *sum insured* for Life Cover and other covers (as applicable)
- if the *sum insured* for Life Cover is reduced to nil, cover ends for all accelerated covers and associated benefits, including the Terminal illness support benefit.

Stand alone TPD Cover

If your policy schedule states stand alone TPD Cover applies and we pay the stand alone TPD Cover benefit, we will:

- pay you the TPD Cover *sum insured*
- not reduce your Life Cover *sum insured*
- waive all future premiums for the Life Cover *sum insured* up to the TPD Cover *sum insured* paid.

We will not waive premiums for any increases to the Life Cover *sum insured* after the date the insured person was first diagnosed with the *sickness* or *injury* causing them to be totally and permanently *disabled*.

We will let you know what the new premium is for the portion of the Life Cover the premium is not waived for. We will calculate the new premium using rates that apply at that time for Life Cover. Premiums will be increased by any loading factors that applied to the insured person immediately before they became totally and permanently *disabled*. The new cover will begin when we receive the first premium. Any other special terms that applied to your cover immediately before the insured person became totally and permanently *disabled* will also apply to your Life Cover.

6.1.2 TPD Life Cover buy back benefit

If we have paid an accelerated TPD Cover benefit, you can buy back your Life Cover *sum insured*. This benefit only applies if all the following are true:

- the accelerated TPD Cover payment was made before the insured person reached age 65
- the insured person has not suffered an event for which a claim could have been made under the Terminal illness benefit, whether or not such a claim was made
- the insured person is still alive.

The TPD Life Cover buy back benefit will become available 12 months after the accelerated TPD Cover benefit is paid.

The maximum amount of Life Cover you can buy back is the total amount of accelerated TPD Cover *sum insured* we have paid for the insured person.

If your Life Cover *sum insured* reduced to nil because of the accelerated TPD Cover payment, we will also allow you to buy back your Terminal illness support benefit *sum insured*. The maximum Terminal illness support benefit *sum insured* you can buy back is the *sum insured* that applied immediately before your TPD claim was paid.

We will let you know that the TPD Life Cover buy back benefit is available. You can also contact us directly.

Using TPD Life Cover buy back

To enable you to use the TPD Life Cover buy back benefit, we will give you an application form and the terms and conditions of the new cover. You can only use the TPD Life Cover buy back once.

You need to apply for it during the 60 days following the end of the 12 month period after the payment for the accelerated TPD Cover payment. To take up the benefit, send us your completed application form and first premium payment within this time.

We will calculate premiums for your new Life Cover *sum insured* using rates that apply at the time the TPD Life Cover buy back benefit is used. If level premiums applied, we will use current rates based on the insured person's age at the *commencement date* of the cover. Premiums will be increased by any loading factors that applied to your policy immediately before the accelerated TPD Cover claim. The new cover will begin when we receive the first premium.

Any other special terms which applied to your Life Cover immediately before the accelerated TPD Cover claim will also apply to your new Life Cover.

6.1.3 Single loss of limb or eye benefit

We will pay the Single loss of limb or eye benefit if the insured person experiences single loss of limb or eye and survives at least 14 days.

The minimum we will pay is $10,000. The maximum we will pay is the lesser of:

- 25% of the TPD Cover *sum insured*
- $250,000.

We will pay the Single loss of limb or eye benefit only once.

The TPD Cover *sum insured* will reduce by the Single loss of limb or eye benefit payment. Premiums will adjust accordingly.

6.1.4 TPD fast track benefit

The TPD fast track benefit applies if:

- your policy schedule states that any occupation TPD or own occupation TPD applies
- the insured person has an unequivocal diagnosis from a *specialist medical practitioner* for any of the medical conditions listed below.

If TPD fast track applies, we will waive the requirement for the insured person to be unable to work or engage in *normal domestic duties* for a continuous period of at least three months before you are eligible for a TPD Cover benefit.

Medical conditions eligible for the TPD fast-track benefit

- *Alzheimer's disease*
- *blindness*
- *cardiomyopathy*
- *chronic lung failure*
- *deafness*
- *dementia*
- *major head trauma*
- *multiple sclerosis*
- *muscular dystrophy*
- *Parkinson's disease*
- *pulmonary hypertension*
- *severe rheumatoid arthritis*
- *systemic lupus erythematosus (SLE) with nephritis.*

All TPD fast track benefit conditions are defined and identified with a TP symbol in the Medical terms and definitions section of this policy document.

To qualify for a TPD Cover payment, the remaining criteria applicable to the TPD Cover shown in your policy schedule (section 6.1.1) still apply.

6.1.5 Other built-in benefits shared by other covers

- Special events increase (section 11.1.1)
- Inflation adjustment (section 11.1.3)
- Financial planning and legal advice (section 11.1.4)
- Grief support (section 11.1.5)
- Premium holiday (section 11.1.6)

6.1.6 When we will not pay a TPD Cover benefit

We will not pay a TPD Cover benefit if total and permanent disablement was caused, directly or indirectly, by:

- an intentional self-inflicted act, whether sane or insane
- participation in any *criminal activity*.

6.2 Optional additional benefits

You can choose to add the following benefits to your TPD Cover.

- Needlestick (section 11.2.1)
- We pay your premiums (section 11.2.2)
- Kids Cover (section 11.2.3)

See your policy schedule to confirm which optional benefits you have selected.

6.3 When TPD Cover ends

TPD Cover under this policy will end on the earliest of:

- the date we receive your written request to cancel the TPD Cover
- the expiry date of the TPD Cover
- payment of the *sum insured* for the TPD Cover
- the date a payment is made for Terminal illness benefit.

See section 12.1 for more information about when your policy begins and ends.

7 Cancer Cover benefits in detail

Section 2 summarised the features and benefits available under Cancer Cover. This section gives you more detail about these features and benefits. It is important you read this section of your policy carefully as it forms a part of your insurance contract if you have Cancer Cover. This section also tells you when we will pay a benefit. To receive a benefit, you will also need to meet our claim requirements (section 12.8.5).

Check your policy schedule to see whether you have chosen accelerated or stand alone Cancer Cover. Accelerated Cancer Cover means that if we pay you a claim under your Cancer Cover, then your Life Cover *sum insured* will reduce by the same amount. Stand alone Cancer Cover means that if we pay you a claim under your Cancer Cover, your Life Cover *sum insured* will not reduce.

7.1 Built-in benefits

This section gives you detail about benefits that are built into your Cancer Cover. These benefits apply if your policy schedule states that Cancer Cover applies.

7.1.1 Cancer Cover benefit

We will pay you the accelerated Cancer Cover or stand alone Cancer Cover *sum insured* if the insured person is diagnosed as having *cancer*.

Unless this policy is a *replacement policy*, there is a *deferred cover start date* for *cancer* and *early stage cancer*.

If any payment (including the Early stage cancer benefit) is made for accelerated Cancer Cover:

- the *sum insured* for Life Cover will reduce by the amount paid
- the accelerated Trauma Recovery Cover and Major trauma benefit (if applicable) will reduce proportionately (if required) to be no greater, in total, than the Life Cover *sum insured*
- the accelerated TPD Cover (if applicable) will reduce (if required) to be no greater than the Life Cover *sum insured*
- future premiums will adjust to reflect the reduced Life Cover *sum insured* and other covers (if applicable)
- if the Life Cover *sum insured* reduces to nil, cover ends for all accelerated covers and associated benefits, including the Terminal illness support benefit.

Any benefit payments for stand alone Cancer Cover (including the Early stage cancer benefit) will not reduce the Life Cover *sum insured*.

7.1.2 Early stage cancer benefit

We will pay the greater of $10,000 or 20% of the Cancer Cover *sum insured*, up to a maximum of $100,000, the insured person is diagnosed with *early stage cancer* (as defined in the Medical terms and definitions section).

The *sum insured* for Cancer Cover will reduce by any payment for *early stage cancer* and premiums will adjust accordingly.

We will pay the Early stage cancer benefit only once, for any type of *early stage cancer* diagnosed.

If the Cancer Cover *sum insured* is less than $10,000, we will pay the full Cancer Cover *sum insured*.

7.1.3 Other built-in benefits shared by other covers

- Special events increase (section 11.1.1)
- Inflation adjustment (section 11.1.3)
- Financial planning and legal advice (section 11.1.4)
- Grief support (section 11.1.5)
- Premium holiday (section 11.1.6)

7.2 Optional additional benefits

You can choose to add the following benefits to your Cancer Cover.

- Needlestick (section 11.2.1)
- We pay your premiums (section 11.2.2)
- Kids Cover (section 11.2.3)

See your policy schedule to confirm which optional benefits you have selected.

7.3 When Cancer Cover ends

Cancer Cover will cease on the earliest of:

- the date we receive your written request to cancel the Cancer Cover
- the expiry date of the Cancer Cover
- payment of the *sum insured* for the Cancer Cover
- the date a payment is made for *terminal illness*.

See section 12.1 for more information about when your policy begins and ends.

8 Income Protection Cover benefits in detail

Section 2 summarised the features and benefits available under Income Protection Cover. This section gives you more detail about these features and benefits. It is important you read this section of your policy carefully as it forms a part of your insurance contract if you have Income Protection Cover. This section also tells you when we will pay a benefit. To receive a benefit, you will also need to meet our claim requirements (section 12.8.5).

When we talk about income protection, we use 'you' to mean the policy owner and the insured person. We do this because payments for the Income support benefit will be made to the insured person.

There are two types of Income Protection Cover – Loss of Earnings and Loss of Earnings Plus. Check your policy schedule to see which one you have.

8.1 Loss of Earnings

If your policy schedule states that Loss of Earnings applies and you are *disabled*, we will calculate your Income support benefit as the lesser of:

(i) the *monthly benefit*

(ii) (A – B) × 75%; where:

- A = *pre-disability income*
- B = *monthly income* and *other income* received while *disabled*.

8.2 Loss of Earnings Plus

If your policy schedule states Loss of Earnings Plus applies and you are *disabled*, we will calculate your Income support benefit as the greater of:

(i) (*monthly benefit* – B); and

(ii) (A – B) × 75%; where:

- A = *pre-disability income*
- B = *monthly income* and *other income* received while *disabled*.

Regardless of the benefit calculation result, the maximum we will pay is your *monthly benefit*.

If you have Mortgage and Living Cover, we will not consider this benefit as *other income* when calculating (i) above.

8.3 Built-in benefits

This section explains the benefits that are built into Income Protection Cover. These benefits are available to you if your policy schedule says that you have Income Protection Cover.

8.3.1 Income support benefit

We will pay you the Income support benefit if, all of the following apply:

- you are *disabled*
- you were continuously *disabled* for the entire *waiting period*
- unless your *disablement* is a recurring disability (section 11.1.10), you have been continuously *disabled* since the end of the *waiting period*.

What we mean by disablement

For the Income support benefit, we will consider you to be *disabled* if, solely due to *injury* or *sickness*, your earning capacity is reduced and any of the following are true:

- your capacity to perform your *usual occupation* is reduced to less than 75% of the average hours you worked in your *usual occupation* before your *injury* or *sickness*
- you do not have the capacity to perform one or more of the *important income-producing duties* of your *usual occupation*
- your *monthly income* has reduced to less than 75% of your *pre-disability income*.

Your *injury* or *sickness* and incapacity to work must be supported by clinical evidence that is approved by us. You must be following advice from a *registered doctor* about the *sickness* or *injury*. This means you continuously follow the doctor's regular advice, including recommended treatment and rehabilitation.

8.3.2 Flexi claim payments benefit

You can choose to receive your Income support benefit in weekly, fortnightly or monthly payments.

Payments will begin from the end of the *waiting period*. The *waiting period* you have chosen is shown in your policy schedule. After the end of the *waiting period*, payments will accrue from the first day of each period during which you are *disabled*.

To calculate the amount payable for weekly and fortnightly payments, we will multiply your Income support benefit by 12, divide it by 364 and then multiply it by the number of days; that is:

- Weekly – 7 days
- Fortnightly – 14 days

If an Income support benefit is payable for less than the agreed payment period (a week, a fortnight, or a month), we will use the same calculation method, multiplying by the number of days payable.

Payment is conditional on us having received all relevant information and the claim being accepted.

If your income changes

If the *monthly income* or *other income* you received, or could have received, changes during the payment period, we will adjust your following payment to take that into account.

You must tell us if you receive any *other income* retrospectively. We will adjust benefit payments we have already made to you based on this additional *other income*. You must reimburse us for any benefit overpayment.

8.3.3 Rehabilitation and Retraining Support benefit

We will work with you to put a plan in place to help your return to work if you become *disabled* and, in our opinion, your *disablement* is likely to last beyond your *waiting period*.

Contact us as soon as possible and we will discuss how we can help.

We will reimburse you for rehabilitation, retraining or support costs included in the agreed plan, if all of the following apply:

- you will be able, in our opinion, to return to a *gainful occupation* sooner with those expenses than without them
- we agree to the plan and any expenses before they are incurred
- these expenses are not being reimbursed from elsewhere.

Rehabilitation or support expenses may include (but are not limited to) government-sponsored or approved rehabilitation programme fees, wheelchairs, artificial limbs, prosthetic devices as well as house and car modifications and additional childcare assistance.

Retraining expenses may include (but are not limited to) government-sponsored or approved vocational training expenses.

We will make payments when all requirements of this benefit are met, and after we have received sufficient evidence.

Our acceptance of a claim under this benefit does not mean we will automatically accept another benefit on this policy.

The maximum we will pay under this benefit is 18 times the *monthly benefit* per claim. If you experience a recurring disability (section 11.1.10), we will only reimburse expenses up to the remainder (if any) of the 18-months' maximum payment under this benefit. If you experience a new *disablement*, a new maximum payment will apply.

8.3.4 When we will limit an Income Protection Cover benefit

As outlined in section 8.1 and 8.2, we will calculate the amount payable under the Income support benefit to reflect any *monthly income* and *other income* you receive or are entitled to receive.

If you are not working to your capacity, *monthly income* and *other income* will be calculated based on what we consider you could reasonably be expected to earn if you were working to the extent of your capacity. In our assessment we will consider all relevant information, including:

- the opinions of your *registered doctor*(s)
- the opinions of our medical and rehabilitation specialists
- results of any functional assessments you have undertaken.

We may compare your *monthly income* or other income from any business, partnership, trust, company or other entity to either your *pre-disability income* or your *market value*. If we find your income while *disabled* is disproportionately low, we will adjust your *monthly income* or *other income* to be proportionate and properly reflect of both of these factors.

When we review your *monthly income* and *other income* we will take into account factors including, but not limited to:

- your capacity to work while you are *disabled*
- any change in accounting practices where the effect is to alter your business expenses, *other income* or *monthly income* while *disabled*.

8.3.5 When we will stop paying you the Income Protection Cover

We will stop paying you the Income support benefit on the first to occur of the following events:

- you are no longer *disabled*
- the end of the *benefit period*
- the date cover ends under the policy (section 12.1).

8.3.6 When we will not pay an Income Protection Cover benefit

A benefit will not be paid if the event giving rise to the claim is caused directly or indirectly by any of:

- an intentional self-inflicted act, whether sane or insane
- your participation in any *criminal activity*
- pregnancy, miscarriage or childbirth, unless you are *disabled* for more than three months from the later of the date:
  - your pregnancy finishes, and
  - the date your *disablement* begins

  the later date being the date we will consider your *disablement* to have started.

We will not pay for any period while you are in jail or home detention.

8.3.7 Other built-in benefits shared by other covers

- Inflation adjustment (section 11.1.3)
- Grief support (section 11.1.5)
- Claim on leave without pay (section 11.1.7)
- Claim during unemployment (section 11.1.8)
- Premium and cover suspension (section 11.1.9)
- Recurrent disability (section 11.1.10)
- Disability reset (section 11.1.11)
- New parent premium waiver (section 11.1.12)
- Premium waiver (section 11.1.13)
- Income update (section 11.1.14)
- Overseas assist (11.1.15)
- Payment while overseas (11.1.16)
- Concurrent wait period (11.1.17)
- Funeral assistance (11.1.18)
- Elective surgery (11.1.19)
- Return to work (11.1.20)
- Accommodation (11.1.21)
- Transportation (11.1.22)
- Family assist (11.1.23)
- Dependent relative (11.1.24)

8.4 Optional additional benefits

This section tells you about benefits you can choose to add to your Income Protection Cover. See your policy schedule to confirm which optional benefits you have selected.

8.4.1 Optional benefits shared by other covers

- Needlestick (section 11.2.1)
- Kids Cover (section 11.2.3)
- Mental health discount (section 11.2.4)
- Increasing claim (section 11.2.5)
- Redundancy (section 11.2.6)
- Income top-up (section 11.2.7)
- Immediate assist package (section 11.2.8)
- Specific injury support (section 11.2.9)

8.5 When Income Protection Cover ends

Income Protection Cover ends on the earliest of:

- the date you permanently leave the workforce or permanently cease being available for *full-time* work. This is for any reason other than disablement leading to benefits being payable under the policy
- the date we receive your letter asking us to cancel your Income Protection Cover
- the date on which all benefit entitlements under Income Protection Cover end
- the expiry date of the Income Protection Cover
- your death.

See section 12.1 for more information about when your policy begins and ends.

9 Workability Cover benefits in detail

Section 2 summarised the features and benefits available under Workability Cover. This section gives you more detail about these features and benefits. It is important you read this section of your policy carefully as it forms a part of your insurance contract if you have Workability Cover. This section also tells you when we will pay a benefit. To receive a benefit, you will also need to meet our ongoing claim requirements (section 12.8.5).

When we talk about Workability Cover, we use 'you' to mean the policy owner and the insured person. We do this because payments for all benefits under this cover will be made to the insured person.

9.1 Workability Cover

If your policy schedule states that Workability Cover applies and you qualify for a Short-term or Long-term support benefit, we will calculate your benefit payments as the lesser of:

(i) the *monthly benefit* – B

(ii) (A × 75%) – B; where:

- A = *pre-disability income*
- B = *monthly income* and *other income* received while *disabled*.

If you are not working to your capacity, monthly income and *other income* received while *disabled* will be calculated based on what we consider you could reasonably be expected to earn if you were working to the extent of your capacity. This will be based on medical advice, including the opinion of an Occupational physician approved by us.

9.2 Built-in benefits

This section explains the benefits that are built into Workability Cover. These benefits are available to you if your policy schedule says that you have Workability Cover.

9.2.1 Short-term support benefit

We will pay you the Short-term support benefit if, all of the following apply:

- you are *disabled*
- your *waiting period* has ended
- during your *waiting period*, you were unable to work in any capacity in your *usual occupation* for at least 14 consecutive days and during that period you were not engaging in any other voluntary or *gainful occupation*
- unless your *disablement* is a recurring disability (section 11.1.10), you have been continuously *disabled* since the start of the *waiting period*
- we have not already paid you the Short-term support benefit for 12 months of disablement for the same or a related *sickness* or *injury* that is causing you to be *disabled*
- you were working in a *gainful occupation* in the three months immediately before becoming *disabled*.

We define what *disabled* means for the Short-term support benefit in section 9.2.3.

When we will stop paying you the Short-term support benefit

We will stop paying you the Short-term support benefit on the first to occur of the following events:

- you are no longer *disabled*
- we have paid you the Short-term support benefit for 12 months of disablement for the same or a related *sickness* or *injury*
- you do not meet the ongoing claim requirements of Workability Cover in this section and section 12.8.5
- the end of the *benefit period*
- the date cover ends under the policy (section 12.1).

9.2.2 Long-term support benefit

We will pay you the Long-term support benefit if, all of the following apply:

- you are *disabled*
- we have paid you the Short-term support benefit for 12 months of disablement for the same or a related *sickness* or *injury* that is causing you to be *disabled*
- unless your *disablement* is a recurring disability (section 11.1.10), you have been continuously *disabled* since your Short-term support benefit ended.

Alternatively, we will pay you the Long-term support benefit if all of the following apply:

- you are *disabled*
- your *waiting period* has ended
- during your *waiting period*, you were unable to work in any capacity in your *usual occupation* for at least 14 consecutive days and during that period you were not engaging in any other voluntary or *gainful occupation*
- unless your *disablement* is a recurring disability (section 11.1.10), you have been continuously *disabled* since the start of the *waiting period*
- you are not eligible for the Short-term support benefit.

We define what *disabled* means for the Long-term support benefit in section 9.2.3.

When we will stop paying you the Long-term support benefit

We will stop paying you the Long-term support benefit on the first to occur of the following events:

- you are no longer *disabled*
- you do not meet the ongoing claim requirements of Workability Cover in this section and section 12.8.5
- the end of the *benefit period*
- the date cover ends under the policy (section 12.1).

9.2.3 What we mean by disabled

For the Short-term support benefit, we will consider you to be *disabled* if, solely due to *sickness* or *injury*, your capacity to perform your *usual occupation* is reduced to less than 75% of the hours you worked before your disablement occurred.

For the Long-term support benefit, we will consider you to be *disabled* if, solely due to *sickness* or *injury*, your earning capacity is reduced to less than 75% of your *pre-disability income*. We will assess your earning capacity based on your capacity to work in a *gainful occupation* in which you could be employed with your existing education, training and experience.

In both cases your capacity will be assessed, in our opinion, after considering the advice of a *registered doctor* and other relevant information.

Your *monthly income* must be less than 75% of your *pre-disability income*, or if you are not actually working, it would be less than 75% of your *pre-disability income*.

You must be following advice from a registered doctor about the *sickness* or *injury*. This means you continuously follow the doctor's regular advice, including recommended treatment and rehabilitation.

You must undergo and complete any surgical operation or vocational, medical and/or social rehabilitation programme (treatment programme), at your expense, which your *specialist medical practitioner* or a *specialist medical practitioner* or Occupational physician approved by us considers necessary.

If the disablement you are experiencing is directly or indirectly due to a *mental illness*, you must:

- have a current diagnosis consistent with clinical guidelines for the diagnosis of mental health disorders (Diagnostic and Statistical Manual of Mental Disorders, version IV or its equivalent, as published by the American Psychiatric Association)
- have been referred to and be consulting with a psychiatrist and/or a psychologist at least every 30 days. You will need to do this as long as medically beneficial to aid recovery and/or help control your *mental illness*. If these consultations are no longer medically beneficial this will need to be confirmed by a *specialist medical practitioner* approved by us
- be complying with all dosages of any prescribed medication.

9.2.4 Rehabilitation and retraining support benefit

We will work with you to put a plan in place with you to help your return to work if you become *disabled* and, in our opinion, your *disablement* is likely to last beyond your *waiting period*.

Contact us as soon as possible and we will discuss how we can help.

We will reimburse you for rehabilitation, retraining or support costs included in the agreed plan, if all of the following apply:

- you will be able, in our opinion, to return to a *gainful occupation* sooner with those expenses than without them
- we agree to the plan and any expenses before they are incurred
- these expenses are not being reimbursed from elsewhere.

Rehabilitation or support expenses may include (but are not limited to) government-sponsored or approved rehabilitation programme fees, wheelchairs, artificial limbs, prosthetic devices as well as house and car modifications and additional childcare assistance.

Retraining expenses may include (but are not limited to) government-sponsored or approved vocational training expenses.

We will make payments when all requirements of this benefit are met, and after we have received sufficient evidence.

Our acceptance of a claim under this benefit does not mean we will automatically accept another benefit on this policy.

The maximum we will pay under this benefit is 6 times the *monthly benefit* per claim. If you experience a recurring disability (section 11.1.10), we will only reimburse expenses up to the remainder (if any) of the 6-months' maximum payment under this benefit. If you experience a new *disablement*, a new maximum payment will apply.

9.2.5 Flexi claim payments benefit

You can choose to receive your Short-term or Long-term support benefit in weekly, fortnightly or monthly payments. Payments will begin from the end of the *waiting period*. The *waiting period* you have chosen is shown in your policy schedule. After the end of the *waiting period*, payments will accrue from the first day of each period you are *disabled*. To calculate the amount payable for weekly and fortnightly payments, we will multiply your Short-term or Long-term support benefit by 12, divide it by 364 and then multiply it by the number of days; that is:

- Weekly – 7 days
- Fortnightly – 14 days

If a Short-term or Long-term support benefit is payable for less than the agreed payment period (a week, a fortnight, or a month), we will use the same calculation method, multiplying by the number of days payable.

Payment is conditional on us having received all relevant information and the claim being accepted.

If your income changes

If the *monthly income* or *other income* you received or could have received, changes during the payment period, we will adjust your following payment to take that into account.

You must tell us if you receive any *other income* retrospectively. We will adjust benefit payments we have already made to you based on this additional *other income*. You must reimburse us for any benefit overpayment.

9.2.6 When we will not pay a Workability Cover benefit

You will not be eligible for any benefits under Workability Cover:

- for any period you are eligible to receive weekly compensation (or its equivalent) from the Accident Compensation Corporation (ACC) for your disability
- for any period while you are in jail or home detention
- if you have not been working in a *gainful occupation* for 12 months or more immediately before becoming *disabled*.

A benefit will not be paid if the event giving rise to the claim is caused directly or indirectly by any of:

- an intentional self-inflicted act, whether sane or insane
- your participation in any *criminal activity*
- pregnancy, miscarriage or childbirth, unless you are *disabled* for more than three months from the later of the date:
  - your pregnancy finishes, and
  - the date your *disablement* begins

  the later date being the date we will consider your *disablement* to have started.

9.2.7 When we will limit a Workability Cover benefit

As outlined in section 9.1, we will calculate the amount payable under the Short-term or Long-term support benefit (as applicable) to reflect any *monthly income* and *other income* you receive or are entitled to receive.

We may compare your *monthly income* or other income from any business, partnership, trust, company or other entity to either your *pre-disability income* or your *market value*. If we find your income while *disabled* is disproportionately low, we will adjust your *monthly income* or *other income* to be proportionate and properly reflect of both of these factors.

When we review your *monthly income* and *other income* we will take into account factors including, but not limited to:

- your capacity to work while you are *disabled*
- any change in accounting practices where the effect is to alter your business expenses, *other income* or *monthly income* while *disabled*.

9.2.8 ACC claim continuation benefit

Workability Cover does not cover you if you are eligible for weekly compensation from the Accident Compensation Corporation (ACC, or its equivalent). However, if ACC discontinues your claim for weekly compensation (or its equivalent) because you no longer meet their criteria we will assess your disability from that date forward.

If you have been continuously *disabled* since the start of your claim with ACC we will use your date of disablement as recorded by ACC as the start date of your *waiting period*.

We will deduct the number of months you have been receiving (or entitled to receive) weekly compensation from ACC beyond the end of your *waiting period* from the maximum number of months that we will pay the Short-term support benefit for the same or a related *sickness* or *injury*.

We will not pay a benefit if you have not complied with your responsibilities under ACC claim criteria.

9.2.9 Transition support benefit

If, solely because of your disability, you are required to change to a *gainful occupation* that is not your *usual occupation* we will support you in that transition by reimbursing costs of up to $2,000 to successfully secure your new *gainful occupation*.

We will reimburse you for transition costs if all of the following apply:

- the expenses must, in our opinion, be helping you return to a *gainful occupation* which will reduce or end your Workability Cover benefit payments
- we agree to the expenses before they are incurred
- these expenses are not being reimbursed from elsewhere.

These costs could include, but are not limited to:

- resume services
- work clothes or uniform
- essential tools or equipment.

9.2.10 Other built-in benefits shared by other covers

- Inflation adjustment (section 11.1.3)
- Premium and cover suspension (section 11.1.9)
- Recurrent disability (section 11.1.10)
- Premium waiver (section 11.1.13)
- Income update (section 11.1.14)
- Payment while overseas (11.1.16)

9.3 Optional additional benefits

This section tells you about benefits you can choose to add to your Workability Cover. See your policy schedule to confirm which optional benefits you have selected.

9.3.1 Optional benefits shared by other covers

- Kids Cover (section 11.2.3)
- Increasing claim (section 11.2.5)
- Redundancy (section 11.2.6)

9.4 When Workability Cover ends

Workability Cover ends on the earliest of:

- the date you permanently leave the workforce or permanently cease being available for *full-time* work. This is for any reason other than disablement leading to benefits being payable under the policy
- the date we receive your letter asking us to cancel your Workability Cover
- the date on which all benefit entitlements under Workability Cover end
- the expiry date of the Workability Cover
- your death.

See section 12.1 for more information about when your policy begins and ends.

10 Mortgage and Living Cover benefits in detail

Section 2 summarised the features and benefits available under Mortgage and Living Cover. This section gives you more detail about these features and benefits. It is important you read this section of your policy carefully as it forms a part of your insurance contract if you have Mortgage and Living Cover. This section also tells you when we will pay a benefit. To receive a benefit, you will also need to meet our claim requirements (section 12.8.5).

When we talk about Mortgage and Living Cover, we use 'you' to mean the policy owner and the insured person. We do this because payments for Mortgage and Living Cover will be made to the insured person.

10.1 Agreed Value

If your policy schedule states that Agreed Value applies and you are *disabled*, we will calculate the Agreed Value Living support benefit as:

- *monthly benefit* × (1 – [A / B]) – C; where:
  - A = hours worked while *disabled*
  - B = hours worked on average in the three months immediately before being *disabled*
  - C = *other income*. This does not include any other Mortgage and Living Cover or Income Protection Cover benefit you are receiving from us.

10.2 Agreed Value Plus

If your policy schedule states Agreed Value Plus applies and you are *disabled*, we will calculate the Agreed Value Plus Living support benefit as:

- *monthly benefit* × (1 – [A / B]); where:
  - A = hours worked while *disabled*
  - B = hours worked on average in the three months immediately before being *disabled*.

10.3 Built-in benefits

This section explains the benefits that are built into Mortgage and Living Cover. These benefits are available to you if your policy schedule says that you have Mortgage and Living Cover.

10.3.1 Living support benefit

We will pay you the Living support benefit if, all of the following apply:

- you are *disabled*
- you were continuously *disabled* for the entire *waiting period*
- unless your *disablement* is a recurring disability (section 11.1.10), you have been continuously *disabled* since the end of the *waiting period*.

What we mean by disablement

For the Living support benefit, we will consider you to be *disabled* if, solely due to *injury* or *sickness*, your earning capacity is reduced and any of the following are true:

- your capacity to perform your *usual occupation* is reduced to less than 75% of the average hours you worked in your *usual occupation* before your *injury* or *sickness*
- you do not have the capacity to perform one or more of the *important income-producing duties* of your *usual occupation*.

Your *injury* or *sickness* and incapacity to work must be supported by clinical evidence that we approve.

You must be following advice from a registered doctor about the *sickness* or *injury*. This means you continuously follow the doctor's regular advice, including recommended treatment and rehabilitation.

You are not eligible for the Living support benefit if you have been engaged *full-time* in *normal domestic duties* in your own residence for more than 12 months.

10.3.2 Homemaker support benefit

We will pay you the Homemaker support benefit if you have been engaged *full-time* in *normal domestic duties* in your own residence for more than 12 months and all of the following are true:

- you are *disabled*
- you were continuously *disabled* for the entire *waiting period*
- unless your *disablement* is a recurring disability (section 11.1.10), you have been continuously *disabled* since the end of the *waiting period*.

What we mean by disablement

For the Homemaker support benefit, we will consider you to be *disabled* if, solely due to *injury* or *sickness*, you are *unable to perform* at least three of the *normal domestic duties*.

Your *injury* or *sickness* and inability to perform *normal domestic duties* is supported by clinical evidence that we approve.

You must be following advice from a registered doctor about the *sickness* or *injury*. This means you continuously follow the doctor's regular advice, including recommended treatment and rehabilitation.

The benefit amount we will pay you will be the lesser of the following:

- $2,500
- your *monthly benefit*.

10.3.3 Flexi claim payments benefit

You can choose to receive your Living or Homemaker support benefit in weekly, fortnightly or monthly payments.

Payments will begin from the end of the *waiting period*. The *waiting period* you have chosen is shown in your policy schedule. After the end of the *waiting period*, payments will accrue from the first day of each period during which you are *disabled*.

To calculate the amount payable for weekly and fortnightly payments, we will multiply your support benefit by 12, divide it by 364 and then multiply it by the number of days; that is:

- Weekly – 7 days
- Fortnightly – 14 days

If a Living or Homemaker support benefit is payable for less than the agreed payment period (a week, a fortnight, or a month), we will use the same calculation method, multiplying by the number of days payable.

We will pay only if we have received all relevant information and the claim has been accepted.

If your income or capacity changes

We will adjust your following payment to take into account changes in:

- the hours you worked or could have worked, and
- for Agreed Value, *other income* you received or could have received.

You must tell us if you worked more hours and, for Agreed Value, receive any *other income* retrospectively. We will adjust benefit payments we have already made to you based on this additional information. You must reimburse us for any benefit overpayment.

10.3.4 Rehabilitation and Retraining Support benefit

We will work with you to put a plan in place to help your return to work if you become *disabled* and, in our opinion, your *disablement* is likely to last beyond your *waiting period*.

Contact us as soon as possible and we will discuss how we can help.

We will reimburse you for rehabilitation, retraining or support costs included in the agreed plan, if all of the following apply:

- you will be able, in our opinion, to return to a *gainful occupation* sooner with those expenses than without them
- we agree to the plan and any expenses before they are incurred
- these expenses are not being reimbursed from elsewhere.

Rehabilitation or support expenses may include (but are not limited to) government-sponsored or approved rehabilitation programme fees, wheelchairs, artificial limbs, prosthetic devices as well as house and car modifications and additional childcare assistance.

Retraining expenses may include (but are not limited to) government-sponsored or approved vocational training expenses.

We will make payments when all requirements of this benefit are met, and after we have received sufficient evidence.

Our acceptance of a claim under this benefit does not mean we will automatically accept another benefit on this policy.

The maximum we will pay under this benefit is 18 times the *monthly benefit* per claim. If you experience a recurring disability (section 11.1.10), we will only reimburse expenses up to the remainder (if any) of the 18-months' maximum payment under this benefit. If you experience a new *disablement*, a new maximum payment will apply.

10.3.5 When we will limit a Mortgage and Living Cover benefit

As outlined in section 10.1 and 10.2, we will calculate the amount payable under the Living support benefit to reflect hours worked and, for Agreed Value, any *other income* you receive or are entitled to receive.

If you are not working to your capacity, hours worked will be calculated based on what we consider you could reasonably be expected to work if you were working to the extent of your capacity. In our assessment we will consider all relevant information, including:

- the opinions of your *registered doctor*(s)
- the opinions of our medical and rehabilitation specialists
- results of any functional assessments you have undertaken.

When we review your hours worked we will take into account factors including, but not limited to:

- your capacity to work while you are *disabled*
- any change in accounting practices where the effect is to alter your hours worked while *disabled*.

10.3.6 When we will stop paying you a support benefit

We will stop paying you the Living or Homemaker support benefit (as applicable) on the first to occur of the following events:

- you are no longer *disabled*
- the end of the *benefit period*
- the date cover ends under the policy (section 12.1).

10.3.7 When we will not pay a Mortgage and Living Cover benefit

A benefit will not be paid if the event giving rise to the claim is caused directly or indirectly by any of:

- an intentional self-inflicted act, whether sane or insane
- your participation in any *criminal activity*
- pregnancy, miscarriage or childbirth, unless you are *disabled* for more than three months from the later of the date:
  - your pregnancy finishes, and
  - the date your *disablement* begins

  the later date being the date we will consider your *disablement* to have started.

We will not pay for any period while you are in jail or home detention.

10.3.8 Mortgage and income update benefit

You have the option to increase the *monthly benefit* each *policy anniversary*, without needing to provide further medical evidence, if all of the following are true:

- you are younger than age 55
- we are not paying you and you are not eligible for a benefit under any Asteron Life policy
- premiums are not being waived
- your total *monthly benefit* is less than $6,000.

In addition to any increase under the Inflation adjustment benefit, you can increase the *monthly benefit* by up to 10% by providing us with evidence your income or mortgage repayments have increased to justify the increase.

The total of all increases to the *monthly benefit* made using the Mortgage and income update benefit cannot exceed 50% of the *monthly benefit* at the *commencement date* of this cover. For example, if your *monthly benefit* was $3,000 per month when your cover began, the total of all increases using the Mortgage and income update benefit cannot make your *monthly benefit* more than $4,500 per month.

You can use this benefit by writing to us (including your financial evidence) within 90 days of the *policy anniversary*.

10.3.9 Other built-in benefits shared by other covers

- Inflation adjustment (section 11.1.3)
- Grief support (section 11.1.5)
- Claim on leave without pay (section 11.1.7)
- Claim during unemployment (section 11.1.8)
- Premium and cover suspension (section 11.1.9)
- Recurrent disability (section 11.1.10)
- Disability reset (section 11.1.11)
- New parent premium waiver (section 11.1.12)
- Premium waiver (section 11.1.13)
- Overseas assist (11.1.15)
- Payment while overseas (11.1.16)
- Concurrent wait period (11.1.17)
- Funeral assistance (11.1.18)
- Elective surgery (11.1.19)
- Return to work (11.1.20)
- Accommodation (11.1.21)
- Transportation (11.1.22)
- Family assist (11.1.23)
- Dependent relative (11.1.24)

10.4 Optional additional benefits

This section tells you about benefits you can choose to add to your Mortgage and Living Cover. See your policy schedule to confirm which optional benefits you have selected.

10.4.1 Ten-hour benefit

Mortgage and Living Cover

When we calculate your Living support benefit, we will consider:

- hours worked while *disabled* to be zero if both the following are true:
  - we are paying you the Living support benefit
  - you are not engaging in any *gainful occupation* other than up to 10 hours per week in your *usual occupation*.

10.4.2 Optional benefits shared by other covers

- Kids Cover (section 11.2.3)
- Mental health discount (section 11.2.4)
- Increasing claim (section 11.2.5)
- Redundancy (section 11.2.6)
- Income top-up (section 11.2.7)
- Immediate assist package (section 11.2.8)
- Specific *injury* support (section 11.2.9)

10.5 When Mortgage and Living Cover ends

Mortgage and Living Cover ends on the earliest of:

- the date we receive your letter asking us to cancel the Mortgage and Living cover
- the date on which all benefit entitlements under Mortgage and Living Cover end
- the expiry date of the Mortgage and Living Cover
- your death.

See section 12.1 for more information about when your policy begins and ends.

11 Benefits shared by two or more covers

In sections 3 to 10, we've described the built-in and optional benefits specific to each of the eight types of cover. This section gives you more detail about the benefits shared by two or more covers. It is important you read this section of your policy carefully as it forms a part of your insurance contract. This section tells you when we will pay a benefit. To receive a benefit, you will also need to meet our claim requirements (section 12.8.5).

11.1 Built-in benefits

For each of the benefits detailed below, we've listed the covers the benefits belong to. See your policy schedule to find out which covers you have.

11.1.1 Special events increase benefit L AD T CC TPD

You can use the Special events increase benefit to increase the *sum insured* for Life Cover, Accidental Death, Trauma Recovery Cover (and/or Major Trauma benefit), TPD Cover or Cancer Cover (as applicable) without the need for further medical evidence. This benefit is available when any of the special events in the following table occur to the insured person, provided that the event occurs before the insured person's 60th birthday.

Event	Evidence required
The insured person decides to permanently live with someone in the nature of marriage or civil union.	Certified copy of their marriage or civil union certificate, or other evidence satisfactory to us that confirms the permanent nature of their relationship.
The insured person divorces or dissolves a registered civil union. You cannot apply for more than one increase if the insured person marries or enters into a de facto relationship, or divorces or separates from a marriage or a de facto relationship, with the same person more than once.	Certified copy of the dissolution order.
Death of the insured person's spouse or partner.	Certified copy of the death certificate for the insured person's spouse or partner.
The insured person or their spouse or partner gives birth to a child.	Certified copy of the birth certificate, which must name the insured person as a parent.
The insured person adopts a child.	Certified copy of the adoption certificate, which must name the insured person as an adopting parent.
The insured person takes out or increases a loan of at least $25,000 for their primary residence, a new residential investment property, a holiday home, or a bare block of land zoned as residential, provided the relevant property is solely residential.	Certified copy of the mortgage documents.
The insured person's annual salary increases by at least $5,000. Annual salary means regular remuneration, excluding extra income such as, but not limited to, bonuses or overtime payments.	Sufficient evidence confirming the salary increase; for example, payslips or letter from their employer.
Becoming a carer for the first time.	A statutory declaration from the person being cared for, or the dependant's legal representative. This statutory declaration must detail the nature of the dependency. It must also document the close personal relationship held with the insured person, confirm that the dependant permanently resides with them, and confirm that they are personally providing financial and domestic support to the dependant. A statement from the dependant's doctor verifying the need for and nature of the care required, and that such care is required for at least six months.
Financially supporting a dependent child starting private secondary school or a first course of fulltime tertiary education.	Birth certificate and enrolment confirmation.
Every fifth *policy anniversary*, if you have held the policy continuously since that date.	No evidence is required.

You cannot use the Special events increase benefit to increase the *sum insured* for any of the following:

- Terminal illness support benefit (section 3.2.1)
- Needlestick benefit (section 11.2.1)
- Kids Cover (section 11.2.3)

When the Special events increase benefit does not apply

The Special events increase benefit does not apply in any of the following circumstances:

- if the insured person qualifies for a claim under any Asteron Life policy
- if the insured person has been diagnosed as *terminally ill*
- if we have previously paid a trauma or *cancer* benefit for the insured person under any Asteron Life policy
- if we have previously paid a TPD benefit to the insured person under any Asteron Life policy
- if the insured person has reached their 60th birthday
- if the qualifying event occurs while we are paying premiums under the We pay your premiums benefit (section 11.2.2). The benefit will not be available until the *policy anniversary* immediately after the insured person stops being *disabled* and premium payments begin.

Maximum increase

The maximum increase per special event for each applicable type of cover is the lowest of:

- 75% of the *sum insured* for the applicable cover(s) at the *commencement date*
- $300,000
- five times your increase in salary (if applicable)
- the loan amount or the amount of the loan increase (if applicable).

The above maximums per special event increase are per type of cover and are applicable to the total of all eligible covers for the insured person, held across all Asteron Life policies.

The total of all increases to the *sum insured* for each type of cover using the Special events increase benefit cannot exceed the *sum insured* at the *commencement date* of the relevant benefit(s).

For the Special events increase benefit, types of cover are life, accidental death, trauma (including Cancer Cover) and total and permanent disablement.

Qualifying period

The Special events increase benefit can only be used once in any 12 month period for each type of cover.

To use the Special events increase benefit, you must send us a written request within:

- 180 days after the special event; or
- 30 days either side of the *policy anniversary* following a special event which occurred within the 12 months before that anniversary.

With your written request, you must include evidence of the special event (as detailed in section 11.1.1).

Premium(s) will increase to reflect the increase in cover. All terms that apply to the cover on which you are requesting the increase (for example premium loadings) will also apply to the increased portion of cover. The increased cover starts on the date we confirm the new *sum insured* to you, subject to payment of the additional premium.

11.1.2 Special events conversion benefit

L T TPD

You can choose to add accelerated Trauma Recovery Cover or accelerated modified TPD Cover to your Life Cover when a special event occurs (as detailed on page 46), without increasing the Life Cover *sum insured* or giving further medical evidence.

If you do not have Life Cover, you can convert stand alone Trauma Recovery Cover (if applicable) to Life Cover with accelerated Trauma Recovery Cover.

The maximum cover allowed for the accelerated Trauma Recovery Cover or the accelerated modified TPD Cover will be the lesser of:

- 50% of the Life Cover *sum insured*
- $50,000.

You cannot use the Special events conversion benefit to add or convert to any of the following:

- Terminal illness support benefit (section 3.2.1)
- Needlestick benefit (section 11.2.1)
- Kids Cover (section 11.2.3)

When the Special events conversion benefit does not apply

The Special events conversion benefit does not apply in any of the following circumstances:

- if a Special events increase benefit (section 11.1.1) has been taken in the last 12 months
- if the insured person has been diagnosed as *terminally ill*
- if the original Life Cover or Trauma Recovery Cover has a premium loading or exclusion for medical reasons that was applied at the time of underwriting
- if the insured person is not employed in an occupation that is eligible for modified TPD cover based on our underwriting guidelines at the time of conversion request
- if, on a previous application for Trauma Recovery Cover, TPD Cover or similar benefits for the insured person, our underwriting decision was to defer the cover or to offer it with a premium loading or exclusion due to medical reasons
- if the insured person has reached their 50th birthday
- if the insured person is entitled to make a claim under any Asteron Life policy
- if we have previously paid a trauma or cancer benefit for the insured person under any Asteron Life policy
- if we have previously paid a TPD benefit for the insured person under any Asteron Life policy
- if the qualifying event occurs while we are paying premiums under the We pay your premiums benefit (section 11.2.2). The benefit will not be available until the *policy anniversary* immediately after the insured person stops being *disabled* and premium payments begin again.

Qualifying period

The Special events conversion benefit can only be used once.

To use the Special events conversion benefit, you must send us a written request within:

- 180 days after the special event; or
- 30 days either side of the *policy anniversary* following a special event which occurred within the 12 months before that anniversary.

With your written request, you must include evidence for the special event (as detailed in section 11.1.1).

Premium(s) will adjust to reflect the cover added using the Special events conversion benefit. All terms that apply to the cover on which the increase is being requested (for example premium loadings) will also apply to the added cover. The added cover begins on the date we confirm the new cover to you, subject to payment of the additional premium.

For the first six months after the added cover commences, we will only pay a benefit for accelerated Trauma Recovery Cover or a Major trauma benefit or accelerated modified TPD Cover in the event of *injury*.

11.1.3 Inflation adjustment benefit

L AD T CC TPD IP WC M

On each *policy anniversary* before the insured person's 100th birthday, we will offer to increase the sum insured without considering any changes to your health, occupation or pastimes. We will offer the increase for any of the following covers or benefits that apply:

- Life Cover
- Terminal illness support benefit
- Accidental Death Cover
- Trauma Recovery Cover (including Major trauma benefit)
- TPD Cover
- Cancer Cover
- Income Protection Cover
- Workability Cover
- Mortgage and Living Cover.

The increase in the *sum insured* will be the greater of the *indexation factor* and 2%.

Premiums will increase to reflect the adjusted *sum insured*.

The Inflation adjustment benefit will not apply if:

- premium freeze applies (section 12.3.1)
- premiums have been waived under stand alone TPD Cover, if applicable (section 6.1.1)
- you tell us in writing not to apply the increase (we will let you know beforehand and give you the opportunity to tell us).

The Inflation adjustment benefit does not apply to any of:

- the Kids Cover *sum insured*
- the Needlestick benefit *sum insured*
- the Funeral benefit *sum insured*
- the *monthly benefit* for Income Protection Cover, Workability Cover or Mortgage and Living Cover when you are receiving a disability or redundancy benefit from us.

11.1.4 Financial planning and legal advice benefit

L AD T CC TPD

We will reimburse you up to $2,500 for financial planning and/or legal advice obtained from an authorised financial adviser or lawyer approved by us, if we pay a benefit because the insured person has:

- suffered a *medical event*
- suffered total and permanent disablement
- been diagnosed with *cancer*
- been diagnosed with a condition under the Needlestick benefit
- been diagnosed as *terminally ill*
- died.

Financial planning and/or legal advice involves needs identification, plan preparation and plan presentation, but excludes any cost incurred when dealing with the claim or implementation of the plan.

If there is more than one policy owner, each will receive an equal share of the Financial planning and legal advice benefit. We will not pay more than $2,500 in total, and this benefit is only payable once.

The Financial planning and legal advice benefit must be claimed within 12 months of receiving the payment from us for any of death, *medical event*, *cancer*, TPD, *terminal illness* or Needlestick benefit.

For payment of the benefit we need you to send us all of the following:

- a request for reimbursement for financial planning and/or legal advice
- a copy of the invoice detailing the services provided to the recipient
- details of the qualifications that the accredited adviser holds
- a receipt confirming payment.

Payment of the Financial planning and legal advice benefit will not reduce any other benefit payable under this policy, and is subject to our normal claim requirements (section 12.8.5).

11.1.5 Grief support benefit

L AD T CC TPD IP M

We will reimburse you or your *immediate family members* ('the recipients') up to $900 for the cost of receiving grief counselling from an accredited counsellor approved by us, if we pay a benefit because the insured person has:

- suffered a *medical event*
- suffered total and permanent disablement
- been diagnosed with *cancer*
- been diagnosed with a condition under the Needlestick benefit
- been diagnosed as *terminally ill*
- died.

This benefit will be paid on no more than two occasions during the term of the policy, and is payable only once for any particular claim.

The counsellor cannot be:

- you or any other policy owner
- a business partner of you or any other policy owner
- an immediate family member or a person otherwise related to you or any other policy owner.

The first counselling session must be within 13 months of the applicable event, that is:

- 13 months of the insured person's death
- 13 months of payment from us for *medical event*, *cancer*, TPD, Needlestick, or *terminal illness*.

All counselling must be complete within two years of the first counselling session.

For payment of the benefit we need the recipients to send us all of the following:

- a request for reimbursement for grief counselling
- a receipt confirming payment
- the details of the qualifications the counsellor holds.

Payment of the Grief support benefit will not reduce any other benefit payable under this policy, and is subject to our normal claim requirements (section 12.8.5).

11.1.6 Premium holiday benefit

L AD T CC TPD

You can apply for a premium holiday and, if we accept, we will waive premiums for a maximum of six months from the time you tell us in writing.

A Premium holiday benefit is only available if you have paid premiums and the policy has been continuously in force for at least six consecutive months, and:

- the insured person becomes *unemployed*
- the insured person is made bankrupt
- the insured person experiences financial hardship as we in our sole discretion find reasonable.

A Premium holiday benefit is only available once during the term of the policy.

Once accepted, the insured person will continue to be covered and you will be able to claim during the premium holiday period.

A premium holiday will apply to all eligible and accelerated covers.

On the expiry of the premium holiday, you will be required to begin paying premiums again.

11.1.7 Claiming while on leave without pay benefit

IP M

This benefit applies while you are on a period of *leave without pay* from your *usual occupation*. If you meet the claim requirements for Income Protection Cover (section 8.3) or Mortgage and Living Cover (section 10.3), we will begin *monthly benefit* payments from the later of:

- the end of your *waiting period*
- the date you were due to return to your *usual occupation*.

Monthly benefit payments will be calculated as if you had become *disabled* immediately before your *leave without pay* began.

If you become *disabled* while you are on a period of *leave without pay* for more than 12 months, the total maximum *monthly benefit* we will pay is $2,500 until the end of your claim.

11.1.8 Claiming while on a period of unemployment

IP M

This benefit applies while you are in a period of *unemployment* for 12 months or less from your *usual occupation*. If you meet the claim requirements for Income Protection Cover (section 8.3) or Mortgage and Living Cover (section 10.3) we pay you a monthly disability benefit.

If you become *disabled* in the first three months of being *unemployed*, *monthly benefit* payments will be calculated as if you had become *disabled* immediately before your *unemployment*.

If you become *disabled* when you have been *unemployed* for between three and 12 months, *monthly benefit* payments will be limited to $2,500 across all covers until the end of your claim.

If you are *unemployed* for longer than 12 months, and:

- you have Income Protection Cover no benefit is payable
- you have Mortgage and Living Cover no benefit is payable unless you have been engaged *full-time* in *normal domestic duties* in your own residence for more than 12 months. In this case you will need to meet the assessment criteria set out in section 10.3.2.

11.1.9 Premium and cover suspension benefit

IP WC M

You can tell us to suspend cover and premiums for Income Protection Cover, Workability Cover and Mortgage and Living Cover. We will suspend cover and premiums for a minimum of three months and a maximum of 12 months from the time you tell us in writing.

Premium and cover suspension benefit is only available if you have paid premiums for, and the policy has been continuously in force for, at least 12 consecutive months, and either:

- you are *unemployed*
- you are on *leave without pay*
- you experience financial hardship (we have sole discretion in deciding whether your claim of financial hardship is reasonable).

If cover is suspended, you cannot claim for any benefit under that cover while it is suspended.

If cover is suspended, it is not automatically reinstated. In order to reinstate cover, you must, within 12 months of the date the cover was suspended, ask us to reinstate the cover and pay the next premium. Otherwise, we will cancel the cover.

If you are suffering a *pre-existing condition* at the time the cover is reinstated, no benefit is payable for any claim affected by that *pre-existing condition*.

11.1.10 Recurrent disability benefit

IP WC M

For Income Protection and Mortgage and Living Cover we will consider your *disablement* as recurring, if you suffer from the same *sickness* or *injury* within 12 months of a disability claim ending.

For Workability Cover we will consider your *disablement* as recurring, if you suffer from the same *sickness* or *injury* within six months of a disability claim ending.

If we consider the insured person's *disablement* under Income Protection, Workability or Mortgage and Living Cover as recurring, we will begin assessing the benefit without applying a new *waiting period*, but only for the remaining part, if any, of the *benefit period*.

The *benefit period* will reduce by the previous periods for which we paid a disability or recurring disability benefit.

11.1.11 Disability reset benefit

IP M

If the insured person's *disablement* is not a recurring disability (section 11.1.10), you will become eligible to submit a new claim for the same or a related *sickness* or *injury* if the insured person becomes *disabled* again and one of the following are true:

- the insured person has not suffered from the same or a related *sickness* or *injury* for at least 12 consecutive months after the disability claim ended
- the insured person has returned to *full-time* work for at least six continuous months after the disability claim ended, and during that period has continuously performed all of the *important income-producing duties* of their *usual occupation* without restriction.

You will become eligible to submit a new claim if the insured person becomes *disabled* for an unrelated *sickness* or *injury* at any point.

A new *waiting period* and *benefit period* will apply to each new claim.

11.1.12 New parent premium waiver benefit

IP M

We will waive the premiums for Income Protection Cover or Mortgage and Living Cover (as applicable) for up to six months, if all of the following apply:

- you become a parent or guardian to a new child more than 12 months after the later of:
  - the *commencement date*
  - the most recent reinstatement of your cover.
- you are on *parental leave* for more than three months from your *gainful occupation*
- you tell us in writing before the New parent premium waiver benefit is to start.

We will only apply this benefit once per new child across all Asteron Life policies.

11.1.13 Premium waiver benefit

IP WC M

We will waive the premiums for Income Protection Cover, Workability Cover and Mortgage and Living Cover (as applicable) if you are *disabled* and are entitled to receive an Income Protection Cover, Workability Cover, Mortgage and Living Cover or any Asteron Life Business Insurance *monthly benefit* (as applicable).

The premiums payable for Income Protection Cover, Workability Cover and Mortgage and Living Cover (as applicable) will be waived or refunded until the earlier of:

- the date you are no longer *disabled*
- the date you are not entitled to receive payments for that disablement under this, or your Asteron Life Business Insurance policy.

The Premium waiver benefit applies to any payments for the Crisis benefit or Specific *injury* support benefit (if applicable) under Income Protection Cover or Mortgage and Living Cover during the Crisis benefit or Specific *injury* support benefit payment period.

Otherwise, the Premium waiver benefit is backdated to the first day of the *waiting period*, if a benefit is payable after the end of the *waiting period*. Premiums paid by you during the *waiting period* will be refunded with the first payment from us.

When premiums become payable again, the premium will be calculated in accordance with section 12.3.1.

11.1.14 Income update benefit

IP WC

You have the option to increase the *monthly benefit* each *policy anniversary*, without needing to provide further medical evidence, if all of the following are true:

- you are younger than age 55
- we are not paying you and you are not eligible for a benefit under any Asteron Life policy and premiums are not being waived
- your *monthly benefit* is less than:
  - $12,000 if you have Income Protection Cover,
  - $6,000 if you have Workability Cover.

In addition to any increase under the Inflation adjustment benefit, you can increase the *monthly benefit* by up to 10% by providing us with financial evidence to justify the increase.

The total of all increases in your *monthly benefit* made using the Income update benefit cannot exceed the *monthly benefit* at the *commencement date* of this policy. For example, if your *monthly benefit* was $3,000 per month when your cover began, the total of all increases using the Income update benefit cannot make your *monthly benefit* more than $6,000 per month.

You can use this benefit by writing to us (including financial evidence) within 90 days of the *policy anniversary*.

11.1.15 Overseas assist benefit

IP M T

If you are overseas and you are entitled to receive a full Trauma recovery benefit payment or regular payments from us, we will reimburse reasonable expenses up to $10,000 for you and one support person to return to either your home address in New Zealand or Australia or a medical facility in New Zealand or Australia.

You must advise us in advance of your return journey to New Zealand or Australia. Payment will be made after appropriate evidence is received.

This benefit will not apply if either of the following are true:

- if your journey overseas before becoming *disabled* was taken against the advice of the treating *registered doctor*
- expenses are covered by any other policy of insurance, for example travel insurance.

11.1.16 Payment while overseas benefit

IP WC M

If you are *disabled* while overseas and entitled to receive regular payments from us, we will pay you while you are overseas, but only if you are able to meet all our claim requirements (section 12.8.5).

If the claim cannot be assessed adequately in our opinion, you will be required to return to New Zealand for further assessment.

11.1.17 Concurrent wait period benefit

IP M

The Concurrent wait period benefit applies if you are *disabled* and entitled to receive an Income Protection or Mortgage and Living Cover payment under this Personal Insurance policy, and you also hold a Business Insurance policy with Business Disability or Farmers Disability Cover.

The *waiting period*s on both benefits will start at the same time.

If you return to *full-time* work during your waiting period for the Income Protection or Mortgage and Living Cover, but then suffer a recurring disability under your Business Disability or Farmers Disability Cover (if applicable), only the remaining part of the *waiting period* for the Income Protection or Mortgage and Living Cover will apply.

11.1.18 Funeral assistance benefit

IP M

If you die, we will reimburse direct funeral costs up to three times the *monthly benefit*.

Direct funeral costs include (but are not limited to) funeral director fees, flowers, a coffin, cremation, death notices or plot fees.

For payment of this benefit we need to be sent all of the following:

- a request for reimbursement of direct funeral costs
- receipts confirming payment of direct funeral costs
- acceptable written evidence of your death.

If you have multiple Asteron Life policies with funeral benefits, we will reimburse each direct funeral cost only once.

11.1.19 Elective surgery benefit

IP M

We will pay the Income, Living or Homemaker support benefit if your *disability* is as a result of having an elective surgical procedure, rather than a *sickness* or *injury*, for one of the following purposes:

- organ donation
- improving your appearance
- preventing disease or disfigurement.

The elective surgical procedure must have been undertaken on the advice of a *registered doctor*.

11.1.20 Return to work benefit

IP M

We will pay the Return to work benefit if both of the following apply:

- we have agreed to pay a Rehabilitation and retraining support benefit
- you start a *gainful occupation* immediately following retraining or support.
- We will make up to two payments:
  - one payment of one times the *monthly benefit* after you have returned *full-time* to a *gainful occupation*, for three continuous months
  - one payment of two times the *monthly benefit* after you have returned *full-time* to a *gainful occupation*, for six continuous months.

11.1.21 Accommodation benefit

IP M

We will reimburse actual costs of up to $200 per day that an immediate family member directly incurs for accommodation near where you are *confined to bed*, if you are *confined to bed* as a result of being *disabled* and either of the following is true:

- you are *disabled* more than 100km from your usual place of residence; or
- you travel, on the advice of a *registered doctor*, to a place more than 100km from your usual place of residence.

We will pay the Accommodation benefit for a maximum of 30 days in any 12-month period. We will not reimburse amounts that are reimbursed from elsewhere.

Payments will be made monthly in arrears after the terms of this benefit are met.

11.1.22 Transportation benefit

IP M

We will reimburse up to three times the monthly benefit for actual costs directly incurred for transporting you within New Zealand, if you become *disabled* and require emergency transportation. This benefit is payable only once in any 12-month period and will not cover expenses reimbursed from elsewhere.

We will make payments when the requirements of this benefit are met, and after we receive sufficient evidence.

11.1.23 Family assist benefit

IP M

If we have paid the Income, Living or Homemaker support benefit for at least 30 days and you continue to be *disabled* and require *full-time care* at home, we will pay you a *monthly benefit* for up to six months for either:

- an immediate family member who was in a *full-time gainful occupation* immediately before you became *disabled* to cease all paid employment to care for you
- a registered nurse (who is not an immediate family member) to care for you at home at least three times per week.

The *monthly benefit* we will pay you will be the lesser of the following:

- $3,500
- your *monthly benefit*.

We will consider medical advice, including the opinion from a *registered doctor* approved by us to determine if *full-time care* is required.

Payments will accrue from the first day the requirements of this benefit are met and will be paid monthly in advance, unless another method has been agreed on by you and us at the time of claim.

We will pay the Family assist benefit until the earliest date that:

- you no longer require *full-time care*
- the immediate family member or registered nurse are no longer providing care
- six monthly payments have been made for the Family assist benefit
- you return to a *gainful occupation*.

11.1.24 Dependent relative benefit

IP M

If a *dependent relative* of yours becomes disabled and requires *full-time care*, we will pay you a *monthly benefit* for up to six months, if you provide the required *full-time care* and all the following apply:

- you are required to take *leave without pay* or cease being available from your *full-time gainful occupation* to undertake the *full-time care*
- you were working in a *full-time gainful occupation* immediately before the *dependent relative's* disability
- you have exhausted all leave entitlements available to you before claiming under this Dependent relative benefit
- the *injury* or *sickness* that results in the dependant relative requiring *full-time care* happens after the *commencement date* of this benefit.

The *monthly benefit* we will pay you will be the lesser of the following:

- $3,500
- your *monthly benefit*.

We will consider medical advice, including the opinion from a *registered doctor* approved by us, to determine if:

- *full-time care* of the *dependent relative* is required and
- the need for care was caused directly by an *injury* or *sickness* that occurred after the *commencement date* of this benefit.

Payments will accrue from the first day the requirements of this benefit are met and will be paid monthly in advance, unless another method has been agreed on by you and us at the time of claim.

We will pay the Dependent relative benefit until the earliest date that:

- the *dependent relative* no longer requires *full-time care*
- you are no longer providing *full-time care* for the *dependent relative*
- six monthly payments have been made for the Dependent relative benefit
- the *dependent relative* returns to a *gainful occupation*
- you return to a *gainful occupation*.

11.2 Optional additional benefits

Check your policy schedule to see which of the following benefits apply.

11.2.1 Needlestick benefit

L T CC TPD IP

The Needlestick benefit is for selected occupations in the health and medical sector.

We will pay the *sum insured* if, while working in their normal occupation, the insured person becomes infected with either:

- Hepatitis B or C – occupationally acquired; or
- HIV – occupationally acquired.

When we will not pay a Needlestick benefit

We will not pay the Needlestick benefit if the claim event was caused directly or indirectly by an intentional self-inflicted act, whether the insured person is sane or insane.

Cover for the Needlestick benefit will not apply to either:

- Hepatitis B or C – occupationally acquired, where a cure for Hepatitis B or C has become available before the *accident* or malicious act that causes the claim
- HIV – occupationally acquired, where a cure for HIV or Acquired Immune Deficiency Syndrome (AIDS) has become available before the *accident* or malicious act that cause the claim.

When the cover ends

The Needlestick benefit under this policy will end under the circumstances in section 12.1, and otherwise on the earliest of:

- the date we receive your written request to cancel the Needlestick benefit
- the expiry date of the Needlestick benefit
- the date we make payment of the *sum insured* for the Needlestick benefit
- the date a payment is made for Terminal illness benefit
- the date the insured person stops working in an approved occupation under the Needlestick benefit.

11.2.2 We pay your premiums benefit

L AD T CC TPD

We will pay the premiums for the applicable covers during any period for which the insured person is *disabled*, as long as they have been continuously *disabled* for the *waiting period*.

The insured person is *disabled* for the purposes of this benefit if,

a) while covered for the We pay your premiums benefit all of the following are true:
   - they suffer a *sickness* or *injury*
   - we believe, after consideration of medical and any other evidence requested by us, that they are unable to work for more than 10 hours per week in their *usual occupation* solely because of that *sickness* or *injury*
   - at the end of the We pay your premiums *waiting period* they remain unable to work for more than 10 hours per week in their *usual occupation* solely because of that *sickness* or *injury*.

   If they suffer a *sickness* or *injury* while they have been engaged *full-time* in *normal domestic duties* in their own residence or not in regular employment then, to determine if they are *disabled*, occupation will be deemed to be any occupation for which they are reasonably suited by education, training or experience; or

b) they are receiving payment under any of the following benefits:
   - Income support benefit under Income Protection Cover
   - Short-term support benefit or Long-term support benefit under Workability Cover
   - Living or Homemaker support benefit under Mortgage and Living Cover

You must pay the premiums for the applicable covers during the We pay your premiums benefit *waiting period*, but we will refund any premium paid for this period if we accept the We pay your premiums benefit claim.

We will not pay the premium if the insured person's *disability* is directly or indirectly caused by an intentional self-inflicted act, whether they are sane or insane.

Inflation adjustment while we are paying your premium

If we are paying the premium because the insured person is *disabled*, we will continue to make annual adjustments to the *sum insured* under the Inflation adjustment benefit (section 11.1.3).

Recurring disablement

We will consider the insured person's *disablement* as recurring if we have paid the premiums because of *disablement* and, within 12 months of the date your entitlement to the We pay your premiums benefit ended, the insured person becomes *disabled* again from the same or a related cause.

If the insured person's *disablement* recurs, we will begin paying the premium again without applying a new *waiting period*.

If there is more than 12 months between two periods of *disablement*, we will treat the later period as a new disablement, even if it is from the same or a related cause.

This means that the insured person will need to be continuously *disabled* for the *waiting period* before we will pay the premium.

Recommencement of premiums

You must begin paying premiums again on the earlier of:

- the date the insured person stops being *disabled*
- the *policy anniversary* after the insured person turns age 70.

If needed, premiums will adjust to reflect the cover applicable from the date of recommencement.

When the We pay your premiums benefit ends

Cover for the We pay your premium benefit ends on the *policy anniversary* after the insured person turns age 70.

11.2.3 Kids Cover

L AD T CC TPD IP WC M

We will pay the Kids Cover *sum insured* if an insured child survives at least 14 days from the date they:

- are first diagnosed with one of the serious medical conditions listed under (a) below, or
- undergo one of the major surgeries listed under (b) below.

The Kids Cover *sum insured* will only be paid once for each insured child.

All Kids Cover *medical events* are defined and identified with a KC symbol in the Medical terms and definitions section of this policy document.

(a) Serious medical conditions

- *Alzheimer's disease*
- *aplastic anaemia*
- *benign tumour of the brain or spinal cord*
- *blindness*
- *burns*
- *cancer**
- *cardiomyopathy*
- *chronic kidney (renal) failure**
- *chronic liver failure*

- *chronic lung failure*
- *coma*
- *Creutzfeldt-Jakob disease*
- *deafness*
- *dementia*
- *encephalitis*
- *heart attack**
- *HIV – medically acquired*
- *HIV – occupationally acquired*
- *intensive care*
- *loss of independent existence*
- *loss of limbs*
- *loss of sight (one eye) and limb*
- *loss of speech*
- *major head trauma*
- *major organ transplant (placement on waiting list)**
- *meningitis*
- *motor neurone disease*
- *multiple sclerosis*
- *muscular dystrophy*
- *out of hospital cardiac arrest*
- *paralysis*
- *Parkinson's disease*
- *peripheral neuropathy*
- *pulmonary hypertension*
- *severe peripheral vascular disease*
- *significant cognitive impairment*
- *stroke**
- *systemic sclerosis*
- *terminal illness.*

(b) Major surgical procedures

- *coronary artery angioplasty – triple vessel**
- *coronary artery bypass surgery**
- *heart surgery (open)**
- *major organ transplant (undergoing the transplant)**
- *pneumonectomy**
- *repair or replacement of aorta**
- *repair or replacement of valves**.

Unless Kids Cover is a *replacement benefit*, there is a *deferred cover start date* for all *medical events* marked * in section (a) and (b) above.

Kids Cover partial benefit

We will pay $10,000 if the insured child suffers a *serious accidental injury* or single loss of limb or eye while covered under this benefit.

We will only pay this benefit once for each insured child for *serious accidental injury* and once for single loss of limb or eye.

The Kids Cover *sum insured* for an insured child will reduce by the amount paid for *serious accidental injury* or single loss of limb or eye and the premium will adjust accordingly.

Kids Cover funeral benefit

We will reimburse up to $10,000 of direct funeral costs if an insured child dies while covered under this benefit.

Direct funeral costs include funeral director fees, flowers, death notices and plot fees.

For payment of this benefit we need you to send us all of the following:

- a request for refund for direct funeral costs
- receipts confirming payment of direct funeral costs
- acceptable written evidence of the insured child's death.

If the insured child is covered under other Asteron Life policies with funeral benefits, we will reimburse each direct funeral cost only once.

Kids Cover increase benefit

You can increase the *sum insured* for an insured child by $10,000 without the need for further medical evidence when the insured child turns 6, 10, 14 and 18 years old.

The total of all increases to the *sum insured* for the insured child cannot exceed the *sum insured* for the insured child at the *commencement date*.

The maximum the *sum insured* can be increased to is $200,000.

The Kids Cover increase benefit does not apply if, before the increase in cover either of the following are true:

- you have made, or are entitled to make, a claim for the insured child under this policy
- the insured child has been advised to undertake surgery, or you were aware, or a reasonable person in the circumstances should have been aware surgery would be required.

You can use Kids Cover increase benefit by writing to us within:

- 180 days of the insured child's relevant birthday; or
- 30 days either side of a *policy anniversary* if the relevant birthday occurred within the previous 12 months.

The premium will increase to reflect the increase in cover. The most recent acceptance terms applied to the existing cover will also apply to the increased cover. The increased cover begins on the date we confirm the new cover to you, subject to payment of the additional premium.

Kids Cover conversion benefit

You can choose from the following covers (or their closest equivalents):

- Life Cover
- Life Cover and accelerated modified TPD Cover
- Life Cover and accelerated Trauma Recovery Cover
- Standalone modified TPD Cover
- Standalone Trauma Recovery Cover

The insured child won't require further medical evidence at the time the benefit is used. The benefit can be used on the *policy anniversary* following the insured child's 21st birthday. The new cover will be subject to the insured person's answers to questions about their smoking status and other non-medical matters.

The *sum insured* for the new cover will be the same as the *sum insured* for the insured child when the Kids Cover ends, if the *sum insured* is more than or equal to $100,000.

The *sum insured* for the new cover can be up to a maximum of $100,000, if the Kids Cover *sum insured* for the insured child is less than $100,000 when the cover ends.

To use the Kids Cover conversion benefit, you must send us a completed application form within 30 days of the Kids Cover ending. We must receive the completed application form and first premium within this time, otherwise the option will lapse. We will send you a new policy document.

Premiums will be calculated using the rates applying at that time for the new cover, increased by any loading factors that applied under this policy immediately before the Kids Cover expired. The new cover will begin once we have received the first premium. Any other special terms that applied under this policy immediately before conversion for the insured child will also apply under the new policy.

When the Kids Cover conversion benefit does not apply

The Kids Cover conversion benefit does not apply if a claim has been paid or is entitled to be made for the insured child under any Asteron Life policy.

When Kids Cover ends

Kids Cover for an insured child ends on the earliest of:

- the date we receive your written request to cancel Kids Cover
- the expiry date, as per your policy schedule
- payment of the full *sum insured* for the insured child
- the death of the insured child.

See section 12.1 for more information when your policy begins and ends.

When we will not pay a Kids Cover benefit

A benefit will not be paid if the event giving rise to the claim is caused directly or indirectly by any of:

- a congenital condition
- an intentional act by you or the insured child's parent or guardian
- an intentional act by someone who lives with or supervises the insured child.

11.2.4 Mental health discount benefit

IP M

If your policy schedule states that the Mental health discount benefit applies, the *benefit period* for disability that is caused by, or arises in connection to, *mental illness* will be a maximum of 24 months.

11.2.5 Increasing claim benefit

IP WC M

If your policy schedule states the Increasing claim benefit applies, the *monthly benefit* for a disability payment under Income Protection Cover, Workability Cover or Mortgage and Living Cover (as applicable) will increase at *policy anniversary* while you are receiving payments from us.

The increase will be at the *indexation factor*.

When you are no longer *disabled*, the *monthly benefit* will not reduce unless you ask us in writing for it to be reduced.

When premiums become payable again, the premium will be calculated in accordance with section 12.3.1.

11.2.6 Redundancy benefit

IP WC M

If your policy schedule states that the Redundancy benefit applies, we will pay the *sum insured* for the Redundancy benefit if you are made *redundant*.

We pay the benefit after a 30-day *waiting period* that begins on the date you became *redundant*.

We will pay the benefit until the earliest date that:

- six payments of the *sum insured* have been made
- you turn age 65
- you start *full-time* or part-time work in a *gainful occupation*
- you stop seeking employment
- you leave New Zealand for more than 30 days without our consent.

You can claim up to two times under the Redundancy benefit. You must be employed *full-time* for six consecutive months before you are eligible to make your second claim under this benefit.

Cover does not start for the Redundancy benefit until six months after the last of:

- the *commencement date* of this benefit
- an increase to the *sum insured* (for the increased portion only)
- the most recent reinstatement of the cover.

When we will stop paying you a Redundancy benefit

A Redundancy benefit will not be paid if any of the following apply:

- you had reasonable knowledge of the possibility that you were going to become *redundant* at the time of taking out this benefit
- your redundancy results from a strike or labour dispute involving you or your employer
- your redundancy relates to seasonal, or part-time, or relief work, or the expiry or non renewal of a fixed-term employment contract
- we consider that you are self-employed
- your redundancy results from you taking voluntary redundancy, being dismissed or voluntarily resigning
- you have not registered as being *unemployed* with Work and Income New Zealand, or its equivalent (or with an appropriate recruitment organisation that we approve) at the time you ceased employment.

The Inflation adjustment benefit (section 11.1.3) applies to the Redundancy benefit.

11.2.7 Income top-up package

IP M

If you have selected the Income top-up package, the two benefits listed below will also apply to your Income Protection or Mortgage and Living Cover (as applicable).

Income booster benefit

We will pay an additional one-third of the *monthly benefit*, at the end of your *waiting period*, for the first three months of your Income Protection or Mortgage and Living Cover claim, if both of the following are true:

- we are paying you the Income or Living support benefit
- you are not engaging in any *gainful occupation* other than up to 10 hours per week in your *usual occupation*.

If your policy schedule gives more than one *waiting period*, the Income booster option is only payable on the shortest *waiting period*.

If you experience a recurrent disability (section 11.1.10), we will only pay the Income booster benefit up to the remainder (if any) of the three months' maximum payment under this benefit. If you experience a new *disablement* a new maximum payment will apply.

25% income bonus benefit

We will pay a monthly bonus each month during the first 12 months following the end of your *waiting period*, if all of the following are true:

- we are paying you the Income or Living support benefit
- you are engaged in your *usual occupation* for more than 10 hours per week
- you have been continuously *disabled* during this time.

If you are receiving the Income support benefit the monthly bonus will be 25% of your *monthly income*. We will limit this bonus so your total income, including the combined Income support benefit (including this bonus), *monthly income* and *other income*, while *disabled*, will not exceed 100% of your *pre-disability income*.

If you are receiving the Living support benefit the monthly bonus will be:

- *monthly benefit* × (A / B) × 25%; where:
  - A = hours worked while *disabled*
  - B = hours worked on average in the three months immediately before being *disabled*.

If we accept a new claim, a new 12-month maximum payment will apply from the end of your new *waiting period*.

11.2.8 Immediate assist package

IP M

If you have selected the Immediate assist package, the two benefits listed below will also apply to your Income Protection or Mortgage and Living Cover (as applicable).

Bed confinement benefit

We will pay one-thirtieth of the *monthly benefit* for each day (including the first 72 hours) you are *confined to bed* during the *waiting period*, if your disablement confines you to bed for more than 72 hours in a row.

We will pay the Bed confinement benefit for the shortest of:

- the *waiting period*
- the number of days you are *confined to bed*
- 90 days.

Payments will be made monthly in arrears, unless another method has been agreed upon by you and us at the time of claim. Payment is also conditional on us having received all relevant information and having accepted the claim.

The Bed confinement benefit is not paid in conjunction with any other payment under this policy.

Crisis benefit

We will pay you your *monthly benefit* if you:

- are diagnosed, for the first time, with one of the serious medical conditions listed under (a) below, or
- undergo one of the major surgeries listed under (b) below.

All Crisis benefit *medical events* are defined and identified with a TR symbol in the Medical terms and definitions section of this policy document.

(a) Serious medical conditions

- *cancer**
- *chronic kidney (renal) failure**
- *heart attack**
- *paralysis*
- *stroke**

(b) Major surgical procedures

- *coronary artery angioplasty – triple vessel**
- *coronary artery bypass surgery**
- *heart surgery (open)**
- *major organ transplant (undergoing the transplant)**
- *repair or replacement of aorta**
- *repair or replacement of valves*.*

Unless the Crisis benefit is a *replacement benefit*, there is a *deferred cover start date* for all *medical events* marked * in section (a) and (b) above.

We will pay the Crisis benefit, without applying the *waiting period*, for the shortest of either:

- six months
- the number of months remaining until your Income Protection or Mortgage and Living Cover ends

The Crisis benefit does not apply if the *waiting period* stated in your policy schedule is more than 90 days.

We will normally pay this benefit monthly in advance, unless another method has been agreed upon by you and us at the time of claim. We will make payments from the date you experience the condition once you meet all claim criteria including that set out in section 12.8.5.

If you die before the end of the payment period, we will pay the remainder of the monthly payments in a lump sum.

If you suffer from another condition listed under this benefit during the payment period, payment for the earlier condition will cease. The new payment period will be adjusted for any advance payments made for the earlier condition, and will start for the subsequent condition.

If we are paying you the Crisis benefit, no additional Income, Living or Homemaker support benefit will be paid. At the end of the applicable payment period, we will determine your eligibility for ongoing *monthly benefit* payments under the terms of the Income support benefit (section 8.3.1) or Living support benefit (section 10.3.1) or Homemaker support benefit (10.3.2).

11.2.9 Specific injury support benefit

IP M

If you have selected the Specific *injury* support benefit, we will pay you your *monthly benefit* if you experience an *injury* listed under this benefit.

We will pay the Specific *injury* support benefit, without applying the *waiting period*, for the shortest of either:

- the applicable payment period for your *injury* shown in the table below
- the number of months remaining until your Income Protection or Mortgage and Living Cover ends.

Injury	Payment period
Fracture of jaw	1 month
Fracture of skull	1 month
Fracture of forearm	1 month
Fracture of collarbone	1 month
Fracture of wrist	1 month
Fracture of upper arm	2 months
Fracture of shoulder	2 months
Fracture of elbow	2 months
Fracture of vertebrae	2 months
Fracture of kneecap	2 months
Fracture of ankle	2 months
Fracture of heel	2 months
Fracture of leg below the knee (tibia or fibula)	2 months
Fracture of the leg above the knee (femur)	3 months
Fracture of the pelvis	3 months
Loss of the thumb and index finger of the same hand	6 months
Loss of use of a foot or hand	12 months
Loss of sight in one eye	12 months
Loss of a whole leg or arm	18 months
Loss of any combination of hand, foot or sight	24 months
Paralysis	60 months

Where relevant, in the list above, 'fracture' means any fracture resulting from an *accident* requiring fixation, immobilisation or plaster-cast treatment of the affected area within 48 hours of the *accident*. The fracture is to be certified by an appropriate *registered doctor*.

Where relevant, in the list above, 'loss' means the total and permanent:

- Loss of use of the hand from the wrist or the foot from the ankle joint
- Loss of use of the arm from the elbow or leg from the knee joint
- Loss of the use of the entire thumb and entire index finger
- Loss of an eye or loss of all sight in the eye.

We will normally pay this benefit monthly in advance, unless another method has been agreed upon by you and us at the time of claim. We will make payments from the date you are injured once you meet all claim criteria including that set out in section 12.8.5.

If you experience more than one *injury* listed below in the same *accident*, we will pay you the single greatest benefit payment amount of all the injuries you sustain. If you die before the end of the payment period, we will pay the remainder of the monthly payments in a lump sum.

If you experience a subsequent *injury* while still within the payment period, payment for the earlier *injury* will cease. The new payment period will be adjusted for any advance payments made for the earlier *injury* and will start for the subsequent condition. We will only make one payment for each *injury* in any 24-month period.

If we are paying you the Specific *injury* support benefit, no additional Income, Living or Homemaker support benefit will be paid. At the end of the applicable payment period, we will determine your eligibility for ongoing *monthly benefit* payments under the terms of the Income support benefit (section 8.3.1) or Living support benefit (section 10.3.1) or Homemaker support benefit (10.3.2).

12 How your policy works

12.1 When your policy begins and ends

Your policy begins on the *commencement date* noted on your policy schedule.

Your policy will end as described for specific covers and benefits in sections 3 to 11, and on any of the following:

- if we receive your written request to cancel the policy
- if we cancel your policy because the premium hasn't been paid (section 12.8.2)
- if we have paid a claim for *terminal illness*
- if the insured person dies.

12.2 Who we pay benefits to

We will pay all claims under this policy to you, unless you have provided a written request for someone else to be a nominated beneficiary of the cover. If you have died, we will pay any nominated beneficiary. If there is no nominated beneficiary, we will pay any surviving policy owner. If there is no nominated beneficiary and no surviving policy owner, we will make payment under the provisions of the Life Insurance Act 1908 or the Administration Act 1969.

12.3 Understanding your premiums

12.3.1 How you pay for your policy

The premium payable is the total regular amount that you need to pay us for this policy. It includes the premium amount for each cover and benefit you have selected. Those premiums include any policy administration fee, and any government taxes or charges. Premiums can be stepped or level. Your policy schedule tells you what your premium is, and whether you have chosen stepped or level premiums.

You can choose to pay fortnightly, monthly, quarterly, half-yearly or yearly.

Your premium amount will depend on the payment frequency that you have chosen. For example, a yearly premium costs less per year than a premium that is paid monthly or fortnightly.

You must pay your premiums on or before the due date. The due date is the same date of the month as your *policy anniversary*. If your *policy anniversary* is on the 29th, 30th or 31st and there is no such date in a particular month, your premium is due on the last day of that month.

How to change the date that you pay your premium

You can choose to pay your premiums fortnightly, monthly, quarterly, half-yearly or yearly. Check your policy schedule to see the frequency you have chosen. If you want to change the date or frequency of your premium payment, let us know in writing and we will make this change for you. Your premium payments must be up to date for this to happen. See the inside front cover for our contact details.

How stepped premiums work

Stepped premiums increase over time. We recalculate them every year on your *policy anniversary*. We advise you of the new premium in writing. We will base your new premium on:

- our stepped premium rates at that time
- the insured person's sex, occupation, smoking status and any premium loading factors that we have agreed
- any discounts you or the insured person qualify for
- the amount of cover (or *sum insured*) you have at that time
- and the insured person's age on their next birthday.

You can choose to increase your amount of cover each year so it stays consistent with inflation. If you choose to do this, you will pay additional premium for the additional cover being added (section 11.1.3).

How to freeze your premiums

If you have stepped premiums with Life Cover, Terminal illness support benefit, Trauma Recovery Cover, Major trauma benefit, Cancer Cover, TPD Cover, you can freeze them so they don't increase each year. You can do so by notifying us in writing before the next *policy anniversary*.

The premium freeze will start on your next *policy anniversary*.

If you freeze your premiums, your amount of cover will decrease each year. The decrease will happen on your *policy anniversary*. The decrease is based on the amount of cover that you would be able to purchase at that time for the frozen premium. We calculate the amount of cover based on:

- our premium rates at that time
- the insured person's sex, occupation, smoking status and any premium loading factors that already apply to the policy
- any discounts you or the insured person may be eligible for
- the insured person's age on their next birthday.

You can contact us at any time in writing to end the premium freeze. The premium freeze will then end on your next *policy anniversary* after we receive your request. Stepped premiums will then apply, and will be based on the reduced amount of cover that you have at that date.

How level premiums work

Level premiums stay the same each year until your level premium term expires. They will not increase during this time unless:

- you choose to increase or decrease your amount of cover – this includes changing your *sum insured* or cancelling a cover
- you choose to change your payment frequency from yearly to half-yearly, quarterly, monthly or fortnightly
- we change the premium rates because the cost of providing protection changes, for example the cost of claims increases more than we have anticipated (we won't ever do this for level premiums on Life Cover)
- we change the premium rates because of changes to government taxes or charges (section 12.3.3)
- you choose to increase your amount of cover each year in line with inflation. If you choose to do this, you will pay additional premium for the additional cover being added (section 11.1.3).

If there is an increase in the *sum insured*, we will increase your policy premium and let you know about this.

The increase in policy premium will be based on:

- our level premium rates at that time
- the insured person's sex, occupation, smoking status and any agreed premium loading factors
- any discounts you or the insured person have qualified for
- the amount of cover (or *sum insured*) you have at that time
- the insured person's age on their next birthday.

If the *sum insured* decreases or you remove a cover from your policy, we will alter your policy premium and tell you. The amount your *sum insured* reduces could affect the discounts you are entitled to. For example, discounts based on the number of covers you held, or discounts based on your *sum insured* may no longer apply.

If you choose to change your cover in a way that requires additional health or financial assessment, and your current terms and conditions change as a result, your level premium will adjust. Your new premium will be based on:

- our level premium rates at that time for the applicable cover
- the insured person's sex, occupation, smoking status and any agreed premium loading factors
- any discounts you or the insured person have qualified for
- the amount of cover (or *sum insured*) you have at that time
- and the insured person's age on their next birthday.

If you reach the end of your level to age 100 term, your premiums will cease. The Life Cover *sum insured* will be paid when the insured person dies. And the optional Terminal illness support benefit will be paid if the insured person is diagnosed as having less than 24 months to live.

Otherwise, if you reach the end of your level premium term and cover does not expire, your premiums will convert to stepped premiums (please see above for How stepped premiums work).

12.3.2 Your premiums can change following a review of our rates

We review our premium rates from time to time.

When this happens, we may increase or decrease our standard rates for any cover type. If we change our standard rates or change the policy fee, your policy premium will change accordingly.

If you have chosen level premiums on your Life Cover, your Life Cover premium will not change unless one of the events listed in section 12.3.1 happens. Your level premiums may increase for other cover types if we increase rates for these cover types.

If your premium changes as the result of us changing our rates or policy fee, the new premium will take effect from your next *policy anniversary*. The only exception to this is if the premium change is a result of an increase in government taxes or charges. If this happens, we may change your premium after giving 30 days written notice.

12.3.3 How government taxes and charges are applied to your policy

Government taxes and charges that we have to pay in relation to this policy will be included in your premium.

Some premiums may be tax deductible. These include premiums for the:

- Income support benefit if you have Loss of Earnings (section 8.1) or Loss of Earnings Plus (section 8.2).
- Short-term and Long-term support benefits if you have Workability Cover (section 9.2.1 and 9.2.2)

This means you may be liable to pay tax on any claim payments you receive from these benefits.

Some premiums also include GST, and you may be able to claim back that GST portion if you are GST-registered. See your financial adviser or accountant for more information about this.

If you pay premiums that we consider to be tax deductible, we will send you a tax certificate as at 31 March each year to confirm the amount paid. If you are GST-registered and do not have benefits we consider to be tax deductible, you can request a tax certificate from us after 31 March each year. We recommend you discuss your specific tax situation with a tax adviser or the Inland Revenue Department.

This is our interpretation of the law on the date this document was written, and it may change if the law or our interpretation of the law changes. If this happens and it affects our liability to pay tax or the tax treatment of premiums or claims, then we may, on a reasonable basis, change the terms and conditions of your policy to reflect this.

12.4 How we contact you

We will send information about your policy to the most recent address that we have for you. Let us know if your contact details change. If we do not have a valid address for you, you may miss important policy updates.

Occasionally we may also telephone or email you about your policy.

12.5 Paying claims

12.5.1 When we will pay a claim

We will pay your claim under this policy when we have received the documents that we need from you and we have confirmed you are eligible for a payment. See section 12.8.5 to see what you need to send us.

12.5.2 How you will receive payment of a claim

We will pay claims for the following cover types in a lump sum payment to you:

- Life Cover
- Accidental Death Cover
- Kids Cover
- Total and Permanent Disablement Cover
- Trauma Recovery Cover
- Cancer Cover

We will normally pay claims for the following cover types in advance to you:

- Income Protection Cover
- Workability Cover
- Mortgage and Living Cover

If you owe us money for any reason we can take that into account when calculating the benefits we will pay you. An example of how you could owe us money could be benefit overpayment by us or premium underpayment by you.

The amount we pay you will be the amount of cover that you have at the date that the claimable event happened.

12.6 Making changes to your policy

12.6.1 How to increase your cover

Your financial adviser can help you with this. Call them directly, or give us a call on 0800 737 101 and we can put you in touch with them.

12.6.2 How to change the smoking status of the insured person

Smoking can make your insurance premiums more expensive. If the insured person on your policy was a smoker at the time you applied for this policy, the premium for their cover will be higher than for a non-smoker.

If the insured person stops smoking

The insured person can change their smoking status if they stop smoking for 12 months or more. If this happens, they can apply to have their cover re-assessed and premiums reduced. This re-assessment is considered a new insurance contract and while your premiums may decrease, other terms and conditions may also change.

If the insured person starts smoking

If the insured person was not a smoker at the time of application but then starts smoking, there is no need to update your policy. However, if you apply to increase your amount of cover, the additional cover will have smoker premium rates applied. Also, if we cancel the policy because you haven't paid your premiums and you apply to reinstate your cover, the insured person's smoking status could affect whether the cover is able to be reinstated. If the cover is reinstated, new terms and conditions and/or smoker premium rates may be applied.

12.7 How to get a copy of your policy schedule

Your policy schedule is the letter that you received with your policy document after your policy was issued. It's an important document, as it tells you which cover types and benefits you have on your policy. If you don't know where your policy schedule is, give us a call on 0800 737 101 or email us on contactus@asteronlife.co.nz and we will send you another copy.

12.8 Understanding your responsibilities

Here are your responsibilities as a policy owner. They can affect whether or not you are eligible to claim on your policy. Make sure you read and understand them.

12.8.1 Give us complete and accurate information

Make sure you tell us everything that might affect your cover with us. If you or the insured person doesn't disclose information that is *material* to us, or if any information provided is substantially incorrect and *material*, this can affect your cover with us. If this happens, we can reduce your benefits or decide not to accept a claim. We may also exercise any legal rights we have to cancel or void the policy.

If at any time you think you or the insured person may not have provided complete and accurate information in your application, please let us know so we can address it before you need to claim.

12.8.2 Pay your premiums on time

To start and maintain the cover provided under the policy, you must pay your premiums payable on time.

If you don't pay your premiums on time, we can cancel your cover. If you miss a payment, we will write to you and tell you the date that you need to make payment by. If we haven't received your payment by that date, we may cancel your policy by giving you written confirmation that your cover has ended. You can apply in writing to reinstate your policy within 12 months of cancellation. Reinstatement is not guaranteed, and we may require health details and other information from you or the insured person. If we decide to reinstate your policy, the terms and conditions of your policy may change.

It is therefore important to keep your payments up to date and to let us know if you are unable to pay on time for any reason. We may be able to provide options that can help.

12.8.3 Tell us the correct age of the insured person

If you have understated the age of the insured person, this can affect your cover with us. We have the right to adjust the benefits provided under the policy to reflect their correct age and actual premiums paid. Alternatively, if their age has been overstated, we may, at our discretion, refund any extra premiums paid.

12.8.4 Tell us about a claim as soon as possible after the claimable event happens

You must advise us of a claim as soon as possible after the claimable event happens.

We may reduce the amount we pay or may refuse to pay the claim if we:

- are not notified within 30 days of the claimable event
- are disadvantaged because of the delay.

For example, we may be disadvantaged if we need the insured person to be examined by a doctor of our choice to assist with our assessment of your claim. If you don't tell us about the claimable event straight away, we may be unable to carry out a medical examination. This might disadvantage us in assessing the claim. If that occurs, we may be entitled to not pay the claim, or we may take other action.

12.8.5 Give us all the information we need to assess your claim

You and a *registered doctor* must complete an initial claim form. You can get a claim form from your adviser, by calling our Customer Service Team on 0800 737 101, or by emailing claims@asteronlife.co.nz.

You also need to send us supporting documents. These must give us enough information to be able to assess your claim properly. The documents you need to send us are:

- your properly completed claim form(s)
- proof of the event or condition for which the claim is being made
- proof of payment if a claim is made for reimbursement
- proof of the diagnosis, recommendation or prognosis leading to the claim by a registered doctor who is a *specialist medical practitioner* in the field relating to your condition (we may need this information more than once)
- copies of all investigations performed that, in our opinion, are relevant to your claim. This must include (but is not limited to) clinical, radiological, histological and laboratory evidence. We can also request any other test, clinical evidence or examination that, in our opinion, is required to satisfy the assessment of the claim.

We might also ask you for the insured person's medical history, business or personal income and expenses, activities, and other insurance policies and claims. Any costs associated with these must be paid by you or the insured person.

We might also require:

- an examination by a special medical practitioner or other health professional of our choice, including capacity assessments by an occupational physician
- an accountant of our choice to verify income and/or expenses before and during your disablement. This may involve a financial audit
- a meeting with the insured person to discuss the circumstances surrounding the claim
- information surrounding the insured person's employment circumstances
- a signed authority to enable us to seek and obtain information relevant to the claim from organisations including government departments (such as district health boards) or a special medical practitioner
- a letter or certificate acceptable to us from a *registered doctor* that the insured person satisfies our definition of disablement.

If you are making a claim on Workability Cover, Income Protection Cover or Mortgage and Living Cover:

- You must complete another claim form every month to keep us informed about your condition. These need to be completed by you and a *registered doctor*. You will need to pay for any cost of completing these forms with your doctor. If we don't receive your completed form every month, we may not be able to pay your *monthly benefit*.
- You must send us proof of the insured person's income for claims on Workability Cover or Income Protection Cover. This is so we can calculate the claim amount that we pay you. This includes proof of the insured person's income from any business, partnership, trust, company or other entity they have control of. Proof of income that we require may include (but is not limited to):
  - payslips or a letter from the insured person's employer, confirming their income;
  - business and personal tax returns and assessment notices;
  - financial accounts (including but not limited to profit and loss accounts, balance sheets).

If you are making a claim because the insured person has been injured, you must make sure that they have applied for any payment they are eligible for under ACC before you submit your claim to us.

If the insured persons' *injury* is the result of a crime that another person is convicted for, you must make sure the insured person seeks compensation for their financial loss.

We will only pay a lump sum claim or continue to pay a *monthly benefit* when we have received all the information we need and are satisfied that you and the insured person meet the criteria described in this policy document. Any relevant legal requirements must also be met.

If you are claiming a *monthly benefit* and don't provide us with the information we need, or fail to comply with any reasonable requirements under this clause 12.8.5 within 60 days of us making the relevant request, we may stop or refuse to start payments. If you don't provide us with the requested information or comply with any reasonable requirements within 120 days of us making the relevant request, we may end your claim.

If you are claiming a *monthly benefit* due to being *disabled* and you subsequently travel or live overseas, we will only continue to make payments if, in travelling or residing overseas, you are following the advice of the treating *registered doctor*. You must advise your Asteron Life case manager before you go overseas.

12.9 Other important information about your policy

12.9.1 Your privacy

We may collect medical and financial information to assist us in processing applications for insurance, making changes to the policy and assessing claims.

This information may then be disclosed in strictest confidence to our staff, consultants, reinsurance companies, your doctor or other qualified medical personnel.

12.9.2 Interpreting this policy

Headings are intended to help identify sections of this policy document but are not to be used to interpret the provisions of the policy.

Words indicating the singular can also be taken to mean the plural and vice versa.

All references to dollar amounts in this policy mean New Zealand currency.

All payments to and from us must be in New Zealand dollars.

This policy is to be interpreted in line with the law as it applies in New Zealand.

This policy has no cash value, so we will not pay any money if you decide to cancel it.

13 Medical terms and definitions

These definitions are used to help decide if the insured person is eligible for a claim to be paid under your policy. Words and phrases used in this document that appear in italics are defined in this section.

Medical events

This section contains the definitions for *medical events* listed in this policy. These definitions are used to help decide if the insured person is eligible for a claim to be paid under your policy. The references to 'you' in this section mean the insured person, and, where applicable, an insured child.

To be eligible for a claim all *medical events* require an unequivocal diagnosis confirmed by an appropriate *specialist medical practitioner*. You and the insured person must also meet all claim criteria under the applicable benefit and section 12.8.5 in this policy.

Medical events might have different criteria depending on what benefit they relate to, so we've matched specific benefits and/or covers in the definitions below. Use the legend at the top of this page and see your policy schedule to find out which covers you have.

advanced AIDS

MT means HIV infection with a persistent:
- CD4 cell count of less than 200/ul despite appropriate continuous antiretroviral therapy; or
- CD4 percentage less than 15% despite appropriate continuous antiretroviral therapy.

There must also be an associated opportunistic infection resulting in a diagnosis of Clinical Stage IV under the WHO clinical staging system.

Alzheimer's disease

ET means the unequivocal diagnosis of Alzheimer's disease confirmed by a neurologist.

TR TP KC means an unequivocal diagnosis of Alzheimer's disease resulting in a permanent, *significant cognitive impairment* confirmed by a neurologist.

MT means advanced Alzheimer's disease resulting in significant cognitive impairment, confirmed by a neurologist and permanently *unable to perform* three or more *activities of daily living*.

aneurysm

ET means the insured person has either:
- a cerebral aneurysm of any size that is treated by a *specialist medical practitioner* surgically via clipping or endovascular surgery; or
- an aortic aneurysm that has been definitely identified through MRI or CT scanning and:
  - is larger than 5.5cm in diameter; or
  - is larger than 3.5cm in diameter and growing at a rate faster than 0.5cm in diameter per year; or
  - has ruptured.

aplastic anaemia

TR KC means bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment.

MT means bone marrow failure which results in anaemia, neutropenia and thrombocytopenia, requiring treatment over a period of at least two months with at least one of the following:
- blood product transfusion
- marrow stimulating agents
- immunosuppressive agents
- bone marrow transplantation

benign tumour of the brain or spinal cord

TR KC means a non-cancerous tumour in the brain or spinal cord (including meningioma and acoustic neuroma that has resulted in complete hearing loss in one ear) which:
- produces neurological damage and functional impairment which we consider is likely to be permanent; or
- requires surgery for its removal.

Neurological damage and functional impairment include but are not limited to: memory loss, impaired speech, weakness of limbs and visual field defects.

The following are excluded:
- cysts, granulomas and cerebral abscesses;
- malformations in, or of the arteries or veins of the brain; or
- haematomas; or
- tumours in the pituitary gland unless it is sufficiently large that it requires open craniotomy to remove it, or in the opinion of a *specialist medical practitioner*, there is significant and permanent neurological damage such as visual field defects.

MT means a non-cancerous tumour in the brain or spinal cord which meets the TR definition above and requires surgery.

blindness

TR KC TP means the total and permanent loss of sight in both eyes, whether aided or unaided, as a result of *sickness* or *injury*. This must be evidenced by:

a) visual acuity less than 6/60 in both eyes after correction; or

b) a field of vision constricted to 20 degrees or less of arc; or

c) a combination of visual defects resulting in the same degree of visual impairment as that occurring in a) or b).

MT means the total and permanent loss of sight in both eyes, whether aided or unaided, as a result of *sickness* or *injury*. This must be evidenced by:

a) visual acuity less than 6/60 in both eyes after correction; or

b) a field of vision constricted to 20 degrees or less of arc.

burns

ET means full thickness burns to at least 10% of the body surface area.

TR MT KC means full thickness burns to at least:

- 20% of the body surface area; or
- 25% of the face, requiring surgical debridement and/or grafting; or
- 50% of both hands, requiring surgical debridement and/or grafting.

cancer

TR CC KC means the presence of one or more invasive malignant tumours, including melanomas, leukaemia, malignant bone marrow disorders, Hodgkin's lymphoma and malignant lymphomas, characterised by:

- the uncontrolled growth and spread of malignant cells; and
- the invasion and destruction of normal tissue, and must also:
  - require treatment (whether undertaken or not) that includes surgery, radiotherapy, *chemotherapy*, biological response modifiers or any other major treatment to arrest the spread of the malignancy and the treatment is the appropriate and necessary treatment; or
  - be totally incurable.

Prostate *cancer* is only covered if it:

- has a TNM classification of at least T2; or
- has a Gleason score of 6 or more; or
- requires treatment, as stated above, to arrest the spread of malignancy; and this treatment has been undertaken.

The following cancers are excluded:

- chronic lymphocytic leukaemia which is histologically described as Rai Stage 0; or
- melanomas which are less than 1.0mm depth of invasion using the Breslow method, and less than Clark Level 3, and have no evidence of ulceration as determined by histological examination; or
- all other types of skin cancers unless there is evidence of metastases; or
- tumours which are histologically described as pre-malignant or show the malignant changes of 'carcinoma in situ' or Cervical Intraepithelial Neoplasia (CIN), unless the necessary treatment requires *chemotherapy* or radiotherapy or medically necessary radical surgery which involves the removal of the entire affected organ (which includes breast, cervix, uterus, ovary, fallopian tube, vagina, prostate, colon/rectum, bladder).

The 'carcinoma in situ' or Cervical Intraepithelial Neoplasia (CIN) must be positively diagnosed by biopsy and be classified as Tis according to the TNM staging method or FIGO Stage 0.

MT means the presence of *cancer* which meets the TR definition above and a diagnosis of any of the following:

- *cancer* classified as a TNM Group Stage III or above
- *cancer* classified as FIGO Stage III or above
- malignant brain tumour Grade III or above
- Hodgkin's Disease classified as Ann-Arbor Stage III or above
- non-Hodgkin's lymphoma classified as Ann-Arbor Stage III or above
- chronic lymphocytic leukaemia classified as Binet Stage C or Rai Stage III or above
- chronic myeloid leukaemia requiring bone marrow transplant
- acute lymphoblastic or acute myeloid leukaemia

cardiomyopathy

TR KC TP means impaired ventricular function of variable aetiology, resulting in permanent and irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

MT means impaired ventricular function of variable aetiology which meets the TR definition above and results in permanent and irreversible left ventricular ejection fraction of less than 40% whilst on ongoing optimal therapy for a minimum of six months. Ejection fraction must be measured two times at least six months apart.

chronic kidney (renal) failure

TR MT KC means end stage renal failure presenting as chronic irreversible failure of the function of both kidneys, as a result of which regular renal dialysis is instituted or transplantation performed.

chronic liver failure

TR KC means end stage liver failure with the following permanent symptoms: jaundice or ascites or encephalopathy.

MT means end stage liver failure which meets the TR definition above and is not directly or indirectly caused by alcohol or drug abuse.

chronic lung failure

TR MT KC TP means end stage lung disease requiring permanent supplementary oxygen, with:

- FEV 1 test results of consistently less than 1 litre; or
- a *specialist medical practitioner* considers that as a result the insured person is permanently unable to perform one or more of the numbered *activities of daily living*.

colostomy and/or ileostomy

ET means the creation of a permanent, non-reversible opening, linking the colon and/or ileum to the external surface of the body.

coma

TR KC means a state of unconsciousness causing you to be incapable of sensing or responding to external stimuli or internal need, resulting in a documented Glasgow Coma Scale of 6 or less, for a continuous period of at least 72 hours (3 consecutive days).

Coma as a result of alcohol or drug abuse is excluded.

MT means a state of unconsciousness causing you to be incapable of sensing or responding to external stimuli or internal need, resulting in a documented Glasgow Coma Scale of 6 or less, for a continuous period of at least 216 hours (9 consecutive days).

Coma as a result of alcohol or drug abuse is excluded.

coronary artery angioplasty

ET means undergoing of angioplasty (with or without insertion of a stent) to the coronary arteries, to treat coronary artery disease. Intra-arterial investigative procedures are excluded.

coronary artery angioplasty – triple vessel

TR KC means undergoing angioplasty (with or without insertion of a stent) to three or more coronary arteries in one or more procedures within a two month period to treat coronary artery disease.

Angiographic evidence, indicating obstruction of three or more coronary arteries, is required to confirm the need for the procedure(s).

MT means undergoing angioplasty (with or without insertion of a stent) to three or more of the following coronary arteries:

- left main coronary
- circumflex
- left anterior descending (LAD)
- right coronary

The angioplasty must all happen within the same procedure to treat coronary artery disease.

Angiographic evidence, indicating obstruction of three or more coronary arteries, is required to confirm the need for this procedure.

Angioplasty to lower level coronary artery branches is excluded.

Note: *Italic type words and expressions are explained in the back pages of this document.*

coronary artery bypass surgery

TR MT KC means bypass grafting performed to correct or treat coronary artery disease.

Creutzfeldt-Jakob disease (CJD)

TR MT KC means the unequivocal diagnosis of CJD confirmed by a neurologist as permanent failure of brain function and resulting in significant cognitive impairment.

deafness

TR KC means the permanent and *profound* loss of natural hearing in both ears as diagnosed by a *specialist medical practitioner*.

MT TP means the permanent and *profound* loss of hearing, both natural and assisted, in both ears as diagnosed by a *specialist medical practitioner*.

dementia

ET means unequivocal diagnosis of dementia confirmed by a neurologist.

TR KC TP means permanent failure of brain function with significant cognitive impairment confirmed by a neurologist.

MT means advanced dementia resulting in significant cognitive impairment, confirmed by a neurologist and constantly and permanently *unable to perform* three or more of the numbered *activities of daily living*.

diabetes (adult insulin-dependent diabetes mellitus)

ET means the unequivocal diagnosis of Insulin-Dependent Diabetes Mellitus Type 1 after age 30, confirmed by a *specialist medical practitioner*.

TR means the unequivocal diagnosis of Diabetes Mellitus where at least 2 of the following complications have occurred as a direct result of diabetes:

- Severe diabetic retinopathy resulting in visual acuity (whether aided or unaided) and corrected to 6/36 or worse in both eyes;
- Severe diabetic neuropathy causing motor and/or autonomic impairment;
- Diabetic gangrene leading to the surgical removal of a whole hand or whole foot; or
- Severe diabetic nephropathy causing chronic irreversible renal impairment as measured by a corrected creatinine clearance less than 30 ml/min (CKD stage 4, International Chronic Kidney Disease classification).

early stage cancer

TR CC means:

a) carcinoma in situ* which is a *cancer* characterised by a focal autonomous new growth of carcinoma cells, which has not yet resulted in the invasion of normal tissue. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The tumour must be confirmed by a tissue biopsy and classified as Tis according to the TNM staging method or FIGO stage 0; or

b) chronic lymphocytic leukaemia which is histologically described as Rai Stage 0; or

c) prostate *cancer* diagnosed as either TNM classification T1 or Gleason score of 5 or less. The tumour must be confined within the prostate; or

d) malignant melanoma that is less than 1.0mm depth of invasion using the Breslow method, and less than Clark Level 3 as determined by a histological examination.

* Including carcinoma in situ of the cervix uteri of Cervical Intraepithelial Neoplasia (CIN).

The following are excluded:

- Carcinoma in situ of the cervix uteri of Cervical Intraepithelial Neoplasia (CIN) classifications CIN1 and CIN2; or
- All forms of skin cancer that are not melanoma.

encephalitis

TR means the severe inflammatory disease of the brain (cerebral hemisphere, brainstem or cerebellum), resulting in neurological deficit causing either:

- you to suffer at least 25% impairment of whole person function* that is permanent; or
- you to be constantly and permanently unable to perform one or more of the numbered *activities of daily living*.

MT means the severe inflammatory disease of the brain, which meets the TR definition above and causes you to be constantly and permanently *unable to perform* three or more of the numbered *activities of daily living*.

KC means the severe inflammatory disease of the brain (cerebral hemisphere, brainstem or cerebellum), resulting in neurological deficit causing you to suffer at least 25% impairment of whole person function* that is permanent.

* as defined in the current American Medical Association publication 'Guides to the Evaluation of Permanent Impairment'.

heart attack

TR KC means the death of heart muscle as a result of inadequate blood supply to the relevant area, confirmed by a cardiologist and evidenced by:

- typical rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference range,

PLUS one of the following:

- signs and symptoms of ischaemia which are consistent with myocardial infarction; or
- new serial ECG changes with the development of any one of the following:
  - ST elevation or depression; or
  - T wave inversion; or
  - new left bundle branch block (LBBB); or
  - pathological Q waves; or
- imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

If the above tests are inconclusive, we will consider other appropriate and medically recognised tests.

Other acute coronary syndromes including but not limited to angina pectoris are excluded. A rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease is also excluded unless the baseline value is normal and the elevation is greater than 10 times the 99th percentile of the upper reference.

MT means the death of heart muscle as a result of inadequate blood supply to the relevant area, which meets the TR definition above and results in permanent and irreversible left ventricular ejection fraction of less than 40% (two measurements of at least six months apart) whilst on ongoing optimal therapy for a minimum of six months, and significant and irreversible physical impairment to the degree of at least Class III of the New York Heart Association Functional Classification System of cardiac impairment.

heart surgery (open)

TR MT KC 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 is specifically excluded.

Hepatitis B or C – occupationally acquired

NS means infection with Hepatitis B or C where the infection is acquired as a result of:

- an *accident* arising out of your normal occupation; or
- a malicious act of another person or persons arising out of your normal occupation; and
- proof of new Hepatitis B or C infection within six months of the *accident* or malicious act.

Any incident giving rise to a potential claim must:

- be reported to the relevant authority or employer within seven days of the incident; and
- be reported to us with proof of the incident within seven days of the incident; and
- be supported by a negative Hepatitis B or C test taken within seven days of the incident.

Hepatitis B or C infection transmitted by any other means including sexual activity or recreational intravenous drug use is excluded.

HIV – medically acquired

TR KC is the *accidental* infection with the Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medically necessary events which must have occurred to you as a result of medical treatment performed by a recognised and registered health professional:

- a blood transfusion; or
- transfusion with blood products; or
- organ transplant to you; or
- assisted reproductive techniques; or
- a medical procedure or operation performed by a *specialist medical practitioner*.

If we require, we must be given access to test independently all blood samples used. We retain the right to take further independent blood tests or other medically accepted HIV tests.

HIV infection transmitted, other than occupationally acquired as defined below, by any other means including sexual activity or recreational intravenous drug use is excluded.

HIV – occupationally acquired

TR KC NS

means diagnosis with the Human Immunodeficiency Virus (HIV) where the HIV was acquired as a result of:

- an *accident* arising out of your normal occupation; or
- a malicious act of another person or persons arising out of your normal occupation; and
- sero-conversion to HIV occurs within six months of the *accident* or malicious act.

Any incident giving rise to a potential claim must:

- be supported by a negative HIV antibody test taken within thirty days of the incident.

If we require, we must be given access to test independently all blood samples used. We retain the right to take further independent blood tests or other medically accepted HIV tests.

HIV infection transmitted, other than medically acquired, by any other means including sexual activity or recreational intravenous drug use is excluded.

hydrocephalus

ET

means an excessive accumulation of cerebrospinal fluid within the cranium requiring the insertion of a shunt.

intensive care

TR KC

means that a *sickness* or *injury* has resulted in you requiring continuous mechanical ventilation by means of tracheal intubation for seven consecutive days (24 hours per day), in an authorised intensive care unit of a hospital at the recommendation of a *specialist medical practitioner*. Sickness or *injury* which is directly or indirectly caused by alcohol or drug intake, or intentional self-inflicted means, is excluded.

MT

means that a *sickness* or *injury* has resulted in you requiring continuous mechanical ventilation by means of tracheal intubation for 21 consecutive days (24 hours per day), in an authorised intensive care unit of a hospital at the recommendation of a *specialist medical practitioner*. Sickness or *injury* which is directly or indirectly caused by alcohol or drug intake, or intentional self-inflicted means, is excluded.

loss of hearing in one ear

ET

means the total, irreversible and irreparable loss of hearing in one ear as a result of *sickness* or *injury*.

loss of independent existence

TR MT KC

means a condition where the insured person is constantly and permanently *unable to perform* two or more of the numbered *activities of daily living*, as a result of *sickness* or *injury*, or requires permanent *full-time care* by a third party to ensure their safety.

loss of limbs

TR MT KC

means the total and permanent loss of use of:

- both feet; or
- both hands

as diagnosed by an appropriate *specialist medical practitioner*.

loss of limbs or sight

KC TP

means the total and permanent loss of use of:

- both feet; or
- both hands; or
- blindness; or
- any combination of two of: a hand, a foot or sight in one eye (evidenced by visual acuity less than 6/60 in the eye after correction)

as diagnosed by an occupational physician, neurologist or ophthalmologist (as appropriate).

loss of sight (one eye) and limb

TR MT KC

means the total and permanent loss of use of:

- one foot or one hand; and
  - sight in one eye whether aided or unaided (evidenced by visual acuity less than 6/60 in the eye after correction)

as diagnosed by an appropriate *specialist medical practitioner*.

loss of speech

TR MT KC

means the total and permanent loss of the ability to produce intelligible speech due to permanent damage to the larynx or its nerve supply or disorder affecting speech centres of the brain.

major head trauma

TR TP

means that an *injury* to the head has caused either:

- you to suffer at least a 25% impairment of whole person function* that is permanent; or
- you to be constantly and permanently unable to perform one or more of the numbered *activities of daily living*.

MT

means that an *injury* to the head which meets the TR definition above and causes you to be constantly and permanently *unable to perform* three or more of the numbered *activities of daily living*.

KC

means that an *injury* to the head has caused you to suffer at least a 25% impairment of whole person function* that is permanent.

* as defined in the current American Medical Association publication 'Guides to the Evaluation of Permanent Impairment'.

major organ transplant

TR MT KC means the placement on a recognised New Zealand or Australian Waiting List for, or the undergoing of, an organ transplant from a human donor to you of one or more of the following: kidney, heart, liver, lung, pancreas, small bowel and bone marrow. The transplantation of all other organs or any other tissue or cell is excluded.

meningitis

TR means the unequivocal diagnosis of meningitis where the condition is characterised by severe inflammation of the meninges of the brain, causing either:

- you to suffer at least 25% impairment of whole person function* that is permanent; or
- you to be constantly and permanently unable to perform one or more of the numbered *activities of daily living*.

MT means meningitis which meets the TR definition above and causes you to be constantly and permanently *unable to perform* three or more of the numbered *activities of daily living*.

KC means the unequivocal diagnosis of meningitis where the condition is characterised by severe inflammation of the meninges of the brain, causing you to suffer at least 25% impairment of whole person function* that is permanent.

* as defined in the current American Medical Association publication 'Guides to the Evaluation of Permanent Impairment'.

motor neurone disease

TR MT KC means the unequivocal diagnosis of motor neurone disease by a *specialist medical practitioner*.

multiple sclerosis

ET means unequivocal diagnosis of multiple sclerosis confirmed by a *specialist medical practitioner*.

TR KC TP means a disease characterised by demyelination in the brain and spinal cord. There must be more than one episode of well-defined neurological deficit with persisting neurological abnormalities causing either:

- you to suffer at least 25% impairment of whole person function* that is permanent; or
- you to be constantly and permanently unable to perform one or more of the numbered *activities of daily living*; or
- being assigned a 7.5 or higher score on the Expanded Disability Status Scale (EDSS) by a consultant neurologist.

Neurological investigations such as lumbar puncture, MRI (Magnetic Resonance Imaging) evidence of lesions in the central nervous system, evoked visual responses, and evoked auditory responses are required to confirm unequivocal diagnosis.

MT means multiple sclerosis that meets the TR definition above and causes you to be constantly and permanently *unable to perform* three or more of the numbered *activities of daily living*

* as defined in the current American Medical Association publication 'Guides to the Evaluation of Permanent Impairment'.

muscular dystrophy

TR KC TP means the unequivocal diagnosis of muscular dystrophy confirmed by a *specialist medical practitioner*.

MT means muscular dystrophy that meets the TR definition above and causes you to be constantly and permanently *unable to perform* three or more of the numbered *activities of daily living*.

out of hospital cardiac arrest

TR KC means cardiac arrest that is due to cardiac asystole, or ventricular fibrillation with or without ventricular tachycardia, and:

- is not associated with any medical procedure; and
- is documented by an electrocardiogram; or the discharge of a shock by a fully automated external defibrillator (AED); and
- occurs out of hospital.

MT means cardiac arrest that meets the TR definition above and results in major intervention of surgical insertion of a defibrillator or a permanent pacemaker.

paralysis

TR MT KC means the total and permanent loss of use of one or more limbs resulting from spinal cord *injury* or disease, or from brain *injury* or disease. Included in this definition are paraplegia, tetraplegia, quadriplegia, diplegia, and hemiplegia.

Parkinson's disease

ET means unequivocal diagnosis of Parkinson's disease confirmed by a *specialist medical practitioner*.

TR KC means the unequivocal diagnosis of degenerative idiopathic Parkinson's disease as characterised by the clinical manifestation of one or more of the following: rigidity, tremor, akinesia, resulting from the degeneration of the nigrostriatal system, requiring regular dopamine replacement medication.

MT means Parkinson's disease that meets the TR definition above and causes you to be constantly and permanently *unable to perform* three or more of the numbered *activities of daily living*.

peripheral neuropathy

TR KC means irreversible loss of function of peripheral nerves diagnosed by a *specialist medical practitioner* causing you to be constantly and permanently *unable to perform* one or more of the numbered *activities of daily living*.

Peripheral neuropathy related to alcohol or drug use is specifically excluded.

MT means irreversible loss of function of peripheral nerves diagnosed by a *specialist medical practitioner* causing you to be constantly and permanently *unable to perform* three or more of the numbered *activities of daily living*.

Peripheral neuropathy related to alcohol or drug use is specifically excluded.

pneumonectomy

TR MT KC means the undergoing of surgery to remove an entire lung. The treatment must be considered medically necessary by a *specialist medical practitioner*.

pulmonary hypertension

ET means unequivocal diagnosis of pulmonary hypertension confirmed by a *specialist medical practitioner*.

TR KC TP means primary pulmonary hypertension associated with right ventricular enlargement established by medical investigations including cardiac catheterisation.

MT means the presence of irreversible raised pressure in the pulmonary arteries. The measurement reported must be the average level measured by cardiac catheterisation and be at least 30mmHG (mm of mercury) at rest. There must also be right ventricular dilatation or hypertrophy on echocardiogram with characteristic ECG changes.

repair or replacement of aorta

TR KC means surgery to correct any narrowing, dissection, or aneurysm of the thoracic or abdominal aorta.

MT means open surgery to correct any narrowing, dissection, or aneurysm of the thoracic or abdominal aorta.

repair or replacement of valves

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

This includes minimally invasive surgery, keyhole and all percutaneous valve replacement or repair procedures.

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

serious accidental injury

ET KC means *injury* that has resulted in you being confined to an authorised intensive care unit of a hospital for a period of 20 consecutive days (24 hours per day) under the *full-time care* of a *registered doctor*.

Injury which is directly or indirectly caused by alcohol or drug intake, or other intentional self-inflicted means, is excluded.

severe Crohn's disease

ET means the unequivocal diagnosis of Crohn's disease that requires permanent immunosuppressive medication.

severe osteoporosis

ET means:

- before the age of 50, you suffer at least two vertebral body fractures or a fracture of the neck or femur, due to osteoporosis, and
- you have a bone mineral density reading with a T-score of less than -2.5 (i.e. 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

severe peripheral vascular disease

TR MT KC means severe restriction of blood flow through the arteries below the knee resulting in amputation of the leg below the knee (transtibial) or higher.

severe rheumatoid arthritis

ET TP means the unequivocal diagnosis of severe rheumatoid arthritis by a *specialist medical practitioner*. The diagnosis must be supported by, and evidence, all of the following criteria:

- at least a six week history of severe rheumatoid arthritis, which involves three or more of the following joint areas:
  - proximal interphalangeal joints in the hands;
  - metacarpophalangeal joints in the hands; and
  - metatarsophalangeal joints in the foot, wrist, elbow, knee, or ankle; and
- simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone); and
- typical rheumatoid joint deformity; and
- at least two of the following criteria:
  - morning stiffness;
  - rheumatoid nodules;
  - erosions seen on x-ray imaging;
  - the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis.

Degenerative osteoarthritis and all other arthridities are excluded.

severe ulcerative colitis

ET means the unequivocal diagnosis of ulcerative colitis that requires permanent immunosuppressive medication.

significant cognitive impairment

TR TP KC means a permanent deterioration or loss of intellectual capacity that requires you to be under continual care and supervision by a third party for at least four hours per day.

MT means a permanent deterioration or loss of intellectual capacity that requires you to be under continual care and supervision by a third party for at least eight hours per day.

single loss of limb or eye

ET KC TP means the total and permanent loss of use of:

- one foot; or
- one hand; or
- sight in one eye whether aided or unaided (evidenced by visual acuity less than 6/60 in the eye after correction).

stroke

TR KC means the suffering of a stroke defined as an acute cerebrovascular event producing neurological deficit, with infarction of brain tissue or intracranial or subarachnoid haemorrhage, diagnosed by a neurologist. This requires clear evidence, supported by neuroimaging or other investigations.

Cerebral symptoms due to transient ischaemic attacks, migraine, and cerebral *injury* resulting from trauma or hypoxia and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

MT means the suffering of a stroke that meets the TR definition above and causes you to be constantly and permanently *unable to perform* three or more of the numbered *activities of daily living*.

systemic lupus erythematosus (SLE) with nephritis

ET TP means the unequivocal diagnosis of SLE by a *specialist medical practitioner*, according to internationally accepted criteria including the American College of Rheumatology revised criteria for the classification of SLE.

The following criteria apply:

A diagnosis of SLE in the clinical setting requires the presence of any four or more of the 11 criteria listed below.

In addition to the diagnosis of SLE, lupus nephritis must be confirmed by renal changes as measured by a renal biopsy, that it is grade 3 to 5 of the WHO classification of lupus nephritis, and be associated with persisting proteinuria (more than 2+).

Criteria:

1. Malar rash; 2. Discoid rash; 3. Photosensitivity; 4. Oral ulcers; 5. Arthritis; 6. Serositis; 7. Renal disorder; 8. Neurological disorder; 9. Hematologic disorder; 10. Immunologic disorder; 11. Antinuclear antibody

systemic sclerosis

ET means unequivocal diagnosis of systemic sclerosis confirmed by a *specialist medical practitioner*.

TR MT KC means an unequivocal diagnosis of systemic sclerosis by a *specialist medical practitioner* causing you to be constantly and permanently *unable to perform* one or more of the numbered activities of daily living.

terminal illness and terminally ill

LC KC means your life expectancy is, due to *sickness* and even with available medical treatment, not greater than 12 months. This must be:

- in the opinion of a *specialist medical practitioner*; and
- if we require, in the opinion of one of our approved *specialist medical practitioners*; and
- in our assessment, having considered medical or other evidence we may require.

Definitions of terms used in this policy

accident means a single, sudden, unintended, visible, external event that causes bodily *injury*.

accidental means caused by an *accident*.

accidental total and permanent disablement means total and permanent disablement (section 6) caused solely and directly by *injury*.

activities of daily living are:

1. bathing and showering
2. dressing and undressing
3. eating and drinking
4. maintaining continence with a reasonable level of personal hygiene
5. getting in and out of bed, a chair or wheelchair or moving from place to place by walking, wheelchair or walking aid.

bed confinement and ***confined to bed*** means it is medically necessary for the insured person to remain in or near a bed for a substantial part of each day. It is also necessary for the insured person to be under the continuous care of a registered nurse, other than a member of your immediate family.

If confinement is not at the insured person's usual place of residence, there must be reasonable grounds for this.

benefit period is the maximum period of time for which we will pay any benefits to you when the insured person is *disabled*. The *benefit period* is stated on the policy schedule.

chemotherapy means the use of drugs specifically designed to kill or destroy *cancer* cells.

commencement date is the date on which cover under a policy benefit begins. The commencement date is stated in the policy schedule.

criminal activity means any crime for which the insured person is convicted where they receive a jail sentence or sentence of home detention.

deferred cover start date means all *medical events* with a *deferred cover start date* are only covered if, as applicable:

- the first signs and symptoms occur
- they are diagnosed
- they are diagnosed as being required,

three months after the latest of:

- the *commencement date* of the applicable benefit or cover (as applicable)
- an increase to the applicable *sum insured* (for the increased portion only)
- the most recent reinstatement of the applicable benefit or cover (as applicable).

dependent relative means an immediate family member, living with the insured person at the time of claim, who is the mother, father, brother, sister, son, daughter, or legally adopted child; or a spouse or Civil Union partner. The *dependent relative* must be under the age of 65 at the time of claim.

disabled, ***disability*** or ***disablement*** means the criteria to determine if the insured person is *disabled* are explained in this policy document. These criteria are specific to:

- the cover or cover type shown on your policy schedule
- the insured person's situation when you claim.

estimated tax payable means the actual amount of tax paid on the income received or, when this information is not available, our estimate of the amount of tax payable if this income had been received each month over 12 consecutive months. No adjustments will be made to any benefit for any discrepancy between the actual tax paid and our estimate.

full-time means working at least 30 hours per week.

full-time care means care is medically required for 16 hours or more per day for the day-to-day care of someone who cannot safely take care of themselves without constant supervision.

gainful occupation means:

- being an employee, working for salary, wages, commission or other remuneration; or
- being self-employed, working in a business or professional practice in a way that is capable of generating income for the business or professional practice.

immediate family members; we consider any of the following to be a person's *immediate family members*:

- spouse
- civil union partner
- de facto spouse (including same sex partner)
- fiancé
- children (including step-children)
- parents
- siblings (including step-siblings).

important income-producing duties means those duties that generate 25% or more of your *pre-disability income*.

indexation factor is the percentage change in the Consumer Price Index (CPI) published by Statistics New Zealand or any body that succeeds it, in respect of the 12 month period finishing on 31 March.

The *indexation factor* is for the 12 month period finishing on 31 March. It will be determined at 31 May each year and applied from 1 August in the following 12 months. If the CPI is not published by 31 May, the *indexation factor* will be calculated based on a retail price index that we consider most nearly replaces it. If the percentage change in the CPI, or any substitute for it, is negative, the indexation factor will be taken as zero.

injury means physical *injury* caused solely and directly by an *accident* while cover for the applicable benefit was in force under this policy.

leave without pay means an employer-approved absence from work, with a formally agreed return to work date documented at the outset of the absence. *Leave without pay* includes but is not limited to *parental leave*, or sabbatical leave.

market value means the *monthly income* of a person with similar skills and abilities to you performing a similar role in a business of a similar nature and complexity.

material means all relevant information that we needed in order to decide the terms of your policy. *Material* includes, but is not limited to, information about the insured person's health, medical history, financial position, occupation, and leisure activities.

medical event(s) are the medical conditions or surgical procedures listed as covered under the applicable benefit and defined in section 13.

mental illness means a disability that occurs directly or indirectly by any mental disorder including, but not limited to, any of the following:

- anxiety disorders
- chronic fatigue syndrome, fatigue or exhaustion
- depression
- stress
- fibromyalgia
- drug or alcohol abuse
- psychiatric complications of physical disorders
- behavioural disorders
- any other mental or functional nervous disorder.

monthly benefit means the amount stated in the policy schedule, as adjusted from time to time under the policy or by agreement between you and us.

monthly income is the income earned each month by your own personal exertion, after deducting your share of expenses incurred in earning that income, but before tax.

Your *monthly income* includes:

- salary
- wages
- packaged fringe benefits
- commissions
- bonuses
- overtime payments
- superannuation contributions.

Monthly income also includes your share of the net profit (or loss) from any business, partnership, family trust or company, derived from your personal exertion (after deduction of all business expenses).

Business expenses will not include the cost of any person employed or otherwise contracted to perform the duties you would otherwise have performed, or any costs incurred in expanding the tasks of any existing employee or contractor to include those duties.

Monthly income does not include:

- income not reliant on your own personal exertion such as dividends, investment income, interest, rental income or proceeds from the sale of assets
- royalties.

If there is a delay between the time you generated your *monthly income* and when you actually receive it, we will deem you to have received it in the month you actually generated the income.

normal domestic duties are the domestic duties normally performed by a person who remains at home and is not working in regular employment for income.

Domestic duties include:

- cleaning the home, doing the washing, shopping for food, cooking meals
- when applicable, looking after children.

other income means any payments, entitlements or benefits you receive because of the *sickness* or *injury* causing your disablement, including payments by way of:

- disability compensation or other entitlement received from the Accident Compensation Corporation or any other form of compulsory insurance scheme for loss of income: you must use your best endeavours to pursue any entitlement you have
- other disability, group *sickness* or accident insurance cover, including cover under a mortgage *replacement policy* or through a superannuation fund.

parental leave means either maternity or paternity leave, and excludes extended leave; in each case as defined in the Parental Leave and Employment Protection Act.

policy anniversary means the anniversary of the date the policy began.

pre-disability income means income based on:

- For those self-employed, your highest average *monthly income* for any 12 consecutive months during the three years before the start of your *waiting period*.

For those not self employed, the highest of:

- your highest average *monthly income* for any 12 consecutive months during the three years before the start of your *waiting period*
- 12 times your *monthly income* earned in the month before any of the following:
  - the *commencement date* of your cover if the *commencement date* was during the three years before the start of your *waiting period*
  - the reinstatement date of your policy if the reinstatement date was during the three years before the start of your *waiting period*
  - the month before the start of your *waiting period*

In all options above:

- any overtime, bonuses, commission or similar non-base salary payments to be included will be the average monthly amount earned over the previous 12 months
- the three year periods will be extended by any period during which you receive a disability benefit from us under this policy, and these periods will be ignored for the purposes of determining *pre-disability income*
- when you are *disabled*, if the schedule states the Increasing claim benefit was chosen, your *pre-disability income* will be increased by the *indexation factor* every 12 months following the date you become *disabled*.

pre-existing condition is a *sickness* or *injury* for which:

- symptoms existed that would cause a reasonable and prudent person to seek diagnosis, care or treatment from a *registered doctor* or other healthcare professional
- medical advice or treatment was recommended by, or received from, a *registered doctor* or other healthcare professional.

profound deafness means an 91 dB or greater hearing threshold, averaged at frequencies 0.5, 1, 2, 4 kHz.

redundant means a situation where the employee's employment is terminated by the employer, wholly or mainly because the employer no longer needs the position filled by the employee. The employer no longer needs the position because the whole or any part of the employer's operation has ceased or the employee's job function is no longer required. Redundancy has a similar meaning.

registered doctor is a medical doctor who is legally and appropriately qualified and properly registered in either New Zealand or Australia. The doctor cannot be:

- you or the insured person
- a business partner of either you or the insured person
- an immediate family member or person who is otherwise related to you or the insured person.

We reserve the right to accept the advice of a medical practitioner if practising outside New Zealand or Australia. Where reasonable, we may require that the *registered doctor* is a specialist in a field relevant to your *sickness* or *injury*.

The medical practitioner must have qualifications equivalent to New Zealand or Australian standards.

replacement benefit means, in respect of cover on the insured person's life, a benefit that is effected to replace a previous benefit on their life which:

- has been in force for at least three months immediately before the *commencement date*; and
- includes similar terms and conditions as offered by the relevant benefit in this policy and for a *sum insured* which is the same or greater than the *sum insured* under this relevant benefit.

replacement policy means:

a) for cover on the insured person's life, a policy which is effected to replace a previous policy on their life that:

- has been in force for at least three months immediately before the *commencement date*; and
- includes benefits that offer the same or similar terms as the benefits in this policy and for a *sum insured* which is the same or greater than the *sum insured* under this policy.

b) for cover for an insured child under the Kids Cover (if applicable), a policy effected to replace a previous policy on the insured child that:

- has been in force for at least three months immediately before the *commencement date*; and
- included a benefit that offers the same or similar terms as our Kids Cover (section 11.2.3) and for a *sum insured* that is the same or greater than the Kids Cover *sum insured* under this policy.

sickness is an illness or disease the insured person suffers while cover for the applicable benefit was in force under this policy.

specialist medical practitioner means a *registered doctor* who is a Member or Fellow of an appropriately recognised Specialist College, and who has Medical Council of New Zealand vocational registration in the specialty that directly relates to the medical condition experienced by the insured person.

sum insured means the amount stated in the policy schedule as the *sum insured*, as adjusted from time to time under this policy or by agreement between you and us.

terminal illness and terminally ill means your life expectancy is, due to *sickness* and even with available treatment, not greater than 12 months.

This must be:

- in the opinion of a *specialist medical practitioner*; and
- if we require, in the opinion of one of our approved *specialist medical practitioner*s; and
- in our assessment, having considered medical or other evidence we may require.

trauma means the medical conditions and procedures listed in Section 5.

unable to perform means you are unable to perform one or more of the *normal domestic duties* or the numbered *activities of daily living* without the physical assistance of someone else. If you can perform the activity on your own by using special equipment, we will not treat you as *unable to perform* that duty or activity.

unemployed and ***unemployment*** means:

- we do not consider you to be employed or self-employed;
- the *unemployment* did not occur within six months of the later of:
  - the start of the policy
  - the most recent reinstatement of the policy.

usual occupation is the occupation in which the insured person was most recently engaged as their principal source of income from personal exertion before suffering a *sickness* or *injury* for which a claim is made.

waiting period is the period of time stated in the policy schedule for the applicable benefit. The *waiting period* will not start before the insured person consults a *registered doctor* for the *sickness* or *injury* giving rise to the relevant claim.

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