

# AIA CANCER CARE



Thank you for choosing **AIA Cancer Care**.

This is your insurance policy document. Please take the time to read it carefully and then keep it and *the schedule* in a safe place. If you have any questions, please call us on 0800 500 108.

## **What is AIA Cancer Care?**

If you or a member of your family were to be diagnosed with *cancer*, wouldn't you want access to expert care, when and where it suits you? **AIA Cancer Care** can give you that assurance as it is designed to cover the significant costs associated with *cancer* surgery and treatment.

## **Free look period for 15 days**

Please read this policy to ensure it provides the cover you are looking for. If you are unsure about anything, please contact your insurance adviser or us directly for assistance. Our contact details are set out on page 2.

If you decide you no longer wish to purchase this policy, you may cancel it within 15 days of it starting, or within 5 working days of receiving your policy (whichever is the later date) and you will receive a full refund of any *premium* you have already paid to us. If you decide to do this, you can never claim a benefit under the policy.

SAMPLE

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## How to contact AIA

### Online: [aia.co.nz](http://aia.co.nz)

For information about AIA's policies, an explanation of the benefits, frequently asked questions, terms and conditions and to apply for prior approval or make a claim please visit [aia.co.nz](http://aia.co.nz).

### Call us: 0800 500 108

For prior approval and claims enquiries, call us on 0800 500 108.

We are available 8am to 6pm Monday to Friday (excluding public holidays).

### General correspondence

The mailing address for AIA's head office is:

Freeport AIA  
Private Bag 92499  
Victoria Street West  
Auckland 1142

### Contact details:

Tel: +64 9 487 9963  
Freephone: 0800 500 108  
Email: [enquireNZ@aia.com](mailto:enquireNZ@aia.com)  
Chat online: [aia.co.nz/live-chat](http://aia.co.nz/live-chat)

### Physical address:

AIA House  
74 Taharoto Road  
Takapuna  
Auckland 0622

## A. About this policy

This document is the policy document. It explains what your policy covers. It should be read in conjunction with all the documents that form part of your policy.

Your **AIA Cancer Care** policy is a contract between the *policy owner(s)* and *AIA*.

If more than one person is named in *the schedule as policy owner*, the policy is owned by all of them jointly.

Any notice to us to do with your policy must be given by all *policy owners* unless we are satisfied that, after reasonable efforts have been made, a *policy owner* cannot be located. In that case we may act on notice given by the other *policy owner(s)* and, if we do, we will not be liable to any person for any consequences.

The terms of your policy are set out and contained in the following documents:

- > This policy document and any alterations made to it;
- > *The schedule* which states who the *policy owner(s)* and *lives assured* are, as well as setting out other important information such as the exclusions, endorsements and terms or conditions that apply to your policy.

Some words in this document are italicised indicating they are key terms that are defined in the section entitled 'Part J: Defined terms' on pages 19-21.

The headings in this policy document are for guidance only. They do not form part of the policy and they are not to be used when interpreting it.

### Who does your policy cover?

The *life* or *lives assured* named in *the schedule* are covered under your policy. If there are multiple *lives assured* each *life assured* is covered separately.

### When does your policy start?

Your policy starts on the *risk commencement date* stated in *the schedule*.

### What does your policy cover?

Your policy covers the benefits set out at 'Part H: Benefits – what you are covered for' on pages 9-16, subject to meeting the terms and conditions of your policy and any exclusions that may apply.

### What is not covered by this policy?

What you are not covered for is set out at 'Part I: Exclusions – what you are not covered for' on pages 17-18.

## B. Enhancement Pass Back Benefit

If at any time in the future, we make a change to a section and/or provision within a section of our **AIA Cancer Care** policy and the change is favourable to you, the enhanced section and/or provision will automatically be applied (passed back) to this policy, subject to the following:

- > At claim time *AIA* will compare the enhanced section and/or provision in the latest version of **AIA Cancer Care** with this policy and will apply the section and/or provision that is most favourable to you. *AIA* will not apply changes to sections and/or provisions set out in earlier versions of **AIA Cancer Care** which are not included in the latest version.
- > The enhanced section and/or provision will only be applied to this policy if it relates to a benefit for which you have cover under this policy.
- > The enhanced section and/or provision will be 'applied' to this policy with effect from the *pass back date*.
- > The enhanced section and/or provision will only apply if the *claim event* first occurs on or after the *pass back date*. Eligibility criteria for individual benefits will still apply.
- > If the *claim event* first occurred before the *pass back date*, then the claim will not be assessed or reassessed using the new wording.
- > Any underwriting exclusions or special terms that apply to this policy will not be altered by any enhanced section and/or provision.
- > Any associated increase in *premium* required will be applied when your *premiums* are next reviewed.
- > Enhancements will not be passed back to built-in benefit sections and/or provisions that no longer exist.

For the avoidance of doubt, where the definition of a provision or provisions is enhanced under this benefit, the enhancement will only be applied in respect of that provision or the provisions you are making a claim for.

If the nature of the change to a section and/or provision means that it cannot be determined at the time of submitting a claim whether the change will be clearly favourable to you or not, you will need to elect whether or not the change will apply to the claim. After you have made the election, this election cannot be changed.

## C. Cancellation of the policy

### You wish to cancel your policy

You can cancel your policy at any time by giving *AIA* notice in writing. You are liable for all *premiums* due up to the date of the cancellation. *AIA* will refund any unused part of the *premium* already paid for any period more than one month beyond the date of cancellation. Otherwise there is no refund of any *premiums*.

From the date *AIA* receives notice that you wish to cancel the policy, you will not be entitled to claim any benefits under this policy, other than for any health care service covered by this policy which was carried out prior to the date of cancellation, unless otherwise agreed to and confirmed in writing by *AIA*.

### When can *AIA* cancel your policy?

*AIA* can cancel this policy if the *premium* has not been paid within 31 days of the *premium due date*.

*AIA* can cancel this policy and decline liability for any claims made under this policy if you or any *life assured*, or anyone acting on your or any *life assured's* behalf, makes a claim under this policy that is false or fraudulent in any respect.

In the event that a false or fraudulent claim is established after payment of a claim, all amounts paid in relation to the false or fraudulent claim must be repaid by you to *AIA*.

### Cancellation due to Sanctions

We shall not provide cover for any risk and/or activity and shall not be liable to pay any claim or pay any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would be in respect of a person who is the subject of any sanction, prohibition or restriction under United Nations resolutions or trade or economic sanctions, laws or regulations of New Zealand, the European Union, United Kingdom or United States of America, or any of its states and/or any other applicable economic or trade sanction laws or regulations.

This provision applies without limitation not only to the *policy owner* or holder, but to the *life assured* and any assignee, other third party, related party or beneficiary of the policy.

Should we determine that the above is applicable, we may at our sole discretion terminate the policy with immediate effect.

### Non-disclosure or the provision of false or misleading information

Any information you or any *life assured* gives us, and any information given to us on your behalf, must be complete, true and correct.

If you or any *life assured*:

- > fails to disclose *material* information to *AIA* prior to inception of this policy or any variation or reinstatement of this policy; or

- > has made a *substantially incorrect* statement on the faith of which the policy was issued, renewed, varied or reinstated;

*AIA* may, at its complete discretion either:

- > subject to the Insurance Law Reform Act 1977, avoid this policy from its inception (this means the policy is deemed to have never existed); or
- > alter the terms upon which cover is provided under your policy (such alteration of terms will be effective from the *risk commencement date* or such date of our choosing, at our discretion); or
- > remove from cover any *life assured* from inception but leave the policy in force for the remaining *lives assured*.

If this policy is avoided or any terms altered or a *life assured* is removed from cover, we may retain all *premiums* paid in relation to the policy or that *life assured*.

## D. How to make a claim

### Prior approval

We recommend you seek prior approval as soon as you are aware that you will need to make a claim. We need at least five working days to issue a prior approval.

By seeking prior approval we are able to give you certainty of cover by addressing your eligibility prior to treatment taking place.

There are some benefits for which prior approval is mandatory. These are listed in 'Part H: Benefits – what you are covered for' on pages 9-16.

### Applying for prior approval

You can submit your prior approval request online or return the completed form to *AIA* as soon as you are aware that you will need to make a claim.

You will also need to ask your *registered medical practitioner* to complete the relevant section of the claim form or to provide you with a referral letter as well as any relevant clinical notes that may be useful to assist us to assess whether the medical treatment or procedure is *medically necessary* and falls within the terms of this policy.

The referral letter must include details of the initial consultation date, the history of the condition and details of any treatment received.

When you apply for prior approval we also need an estimate of the costs of treatment.

If your claim is pre-approved, *AIA* will allocate a claim number to your claim and will email, post or fax you or the *life assured* a letter confirming the claim has been pre-approved. Any costs that are not covered, including costs which exceed the *maximum cover* will be clearly shown and you will need to pay these amounts directly to the health service provider.

*AIA* will pay the health service provider directly upon receipt of the invoice or statement up to the *maximum cover*. Please

ensure that the claim number is quoted on all claims correspondence and any invoices or accounts relating to the pre-approved claim that are sent to AIA.

There may be certain costs, treatments or procedures that are not covered by this policy. Obtaining prior approval ensures you understand what will be covered and allows AIA an opportunity to negotiate costs with the health service provider or discuss alternatives with the *registered medical practitioner* or *specialist*.

### Reimbursement of treatment you have paid for

If you have not applied for prior approval and you have paid for your treatment you will need to complete the steps below for reimbursement. Ask your *registered medical practitioner* to complete the relevant section of the claim form or to provide you with a referral letter as well as any relevant clinical notes that may be useful to assist us to assess whether the medical treatment or procedure was *medically necessary* and falls within the terms of this policy.

Submit your claim to AIA online, by email, post or fax, with the referral letter and original invoices and receipts as proof of payment.

Please be aware that by paying for your treatment and seeking reimbursement afterwards there may be costs that are not covered by the policy including for example costs that exceed the *maximum cover*. If you seek prior approval we can let you know what these are before any treatment takes place.

### AIA's Healthcare Partnership Programme

If the *life assured's* treatment is being provided by one of AIA's Healthcare Partnership Programme providers there is no need for you to seek prior approval or send us any claims information, the provider will do this on your behalf. AIA will then pay the provider directly, who will advise you of any costs you need to pay to them directly (e.g. costs not covered by the policy or costs that exceed the *maximum cover*).

### For all claims

All claims must relate to a *life assured* under this policy. Unless expressly stated in the relevant benefit, the medical treatment or procedure must be *medically necessary*. AIA may request supporting evidence, including a second opinion, in order to satisfy itself that the treatment or procedure is *medically necessary*.

AIA will only pay the costs incurred for *medically necessary* treatments or procedures covered under this policy up to the respective benefit's *maximum cover*.

You are responsible for payment of any costs that are not covered by this policy.

Please submit all claims to AIA within 12 months of the medical treatment or procedure.

If this policy is cancelled for any reason and there are any outstanding claims relating to any medical treatment, procedure or other event covered under this policy that occurred prior to the date the policy ended, please submit

the relevant claim form and supporting information within 30 days of the date the policy ended.

All benefits, claims and *premiums* are paid in New Zealand dollars. All benefits and *premiums* are GST inclusive.

### What are 'reasonable charges'?

For benefits covered by your policy, AIA will pay the *reasonable charges* of health service providers, subject to the maximum amounts that apply for those benefits. We will not pay more than the *reasonable charges* in order to limit excessive or unreasonable charges by health service providers in private practice.

AIA determines *reasonable charges* by regularly reviewing:

- > Health service providers' charges for particular services.
- > AIA's own claims statistics.
- > AIA's experience of the New Zealand health market.
- > International benchmarks of the relative value of health services.

If the proposed cost of your medical treatment is greater than the *reasonable charges*:

AIA will negotiate with the health service provider on your behalf to facilitate a reduction in the proposed cost of the treatment or procedure where possible. By purchasing this policy you authorise AIA to do this.

AIA may request that you seek a second opinion for the treatment or procedure from an alternative health service provider. We can supply a list of providers near you that you can seek a second opinion from.

If AIA is unable to negotiate a reduction in the cost and you choose to continue with the treatment or procedure with the particular health service provider:

- > You will be responsible for any difference between the *reasonable charge* and the cost of your medical treatment or procedure, regardless of the relevant benefit's *maximum cover*.
- > You will be responsible to pay any costs that exceed the *reasonable charge* directly to your health service provider.

### Overseas treatment

This policy offers a number of overseas treatment options as listed in 'Part H: Benefits – what you are covered for' on pages 9-16. There are costs associated with having treatment overseas that may not be covered by this policy. You should consider comprehensive travel insurance before travelling overseas.

## E. Your Premiums

### Premium

- > To ensure that your policy remains in force, you must pay the *premium* on the regular basis as agreed with AIA.
- > The initial *premium* is shown in *the schedule*, the first payment is due to AIA on the first *premium due date*. Thereafter your *premium* is due annually, monthly, fortnightly or weekly as agreed with AIA.
- > The *premium* amount may change from time to time (as described below) and you will need to pay the new *premium* on the agreed regular basis. AIA will advise you of the new *premium* before the change.

### Method of paying premiums

You must pay all *premiums* to AIA directly. *Premiums* can be paid by direct debit, credit card, or debit card. Please contact us on 0800 500 108 if you want to discuss payment of your *premium*.

### What happens if you do not pay the premium on time?

You have 30 days' grace in respect of any *premium* due. AIA will be entitled to cancel your policy by written notice to you at your last known address if a *premium* remains outstanding 31 days after a *premium due date*.

If you want to have the policy reinstated, you must write to AIA. AIA does not have to reinstate the policy but may do so on any conditions it considers appropriate.

If AIA has to pay a benefit under the policy when a *premium* is overdue, the overdue *premium* may be deducted from the claim payment.

### Changes to the premium

Your *premium* will be recalculated at each *anniversary date* based on:

- > AIA's underlying *premium* rates at that time;
- > any eligible *premium* discounts calculated for the *life/lives assured* (see *premium* discounts); and
- > the age of the *life/lives assured*, the *premium* will increase at each *anniversary date* as each *life assured* grows older, except that:
  - All *lives assured* less than 21 years of age will pay the same *premium*.
  - At the first *anniversary date* after a *life assured* turns age 21, the benefits component of the *premium* increases with the *life assured's* age each year until they reach 70 years of age. The corresponding *premium* increase will take effect from the first *anniversary date* after a *life assured* turns age 21;
  - The *premium* does not increase with age from the first *anniversary date* after age 71.

### Premium discounts

The following *premium* discounts may reduce the *premium* (excluding any applicable *policy fee*) you pay.

#### > AIA Vitality discount

(if applicable) You may qualify for a *premium* discount on the *premiums* you pay for any *life assured* who has an AIA Vitality membership.

The amount of the *premium* discount the *life assured* is eligible to receive will be calculated on each *anniversary date* in accordance with the AIA Vitality Premium Adjustment Rules provided at [aia.co.nz/vitality](http://aia.co.nz/vitality) as at that date.

AIA reserve the right, at any time and at their sole discretion, to:

- > vary or restrict the qualifying benefits or products eligible for the abovenamed *premium* discount;
- > vary or withdraw the abovenamed *premium* discount based on business rules; or
- > cease offering the abovenamed *premium* discount by giving at least 90 days' notice in writing to the *policy owner(s)* (in which case they will cease across all AIA Cancer Care policies).

## F. Changes to your policy

### Adding and removing family members

You may apply at any time in writing to AIA to extend cover under this policy to:

- > The *policy owner*.
- > The spouse, civil or de facto partner of the *policy owner*.
- > A *child* under the age of 21.

AIA is not obliged to agree to cover any additional *life assured* unless it is satisfied that the *life assured* is in good health. The assessment of a *life assured's* good health is based on the health information provided about that *life assured* in the application for cover under this policy.

If AIA deems it necessary to obtain further information beyond that provided in the application form about a potential *life assured's* good health, AIA may require a report from a *registered medical practitioner* to confirm or clarify the extent of any existing health conditions.

If you add your *child* to this policy within the first three months after he or she is born, the *child* will be automatically accepted for cover under this policy without the need to satisfy AIA of the *child's* good health. If a *child* is added to the policy after the first three months after he or she is born, AIA will require health information about that *child*.

Your *premium* will increase for each *life assured* added to this policy.

You can remove a *life assured* from your policy at any time by giving AIA notice in writing.

## Suspension of cover

You may request a suspension of cover for a *life assured* under this policy:

- > for up to 24 months if they travel overseas for a period of up to twenty-four months; or
- > for up to 12 months if the *policy owner*:
  - becomes involuntarily unemployed;
  - goes on leave without pay for any reason;
  - experiences at least a 20% reduction in pay (comparing the most recent payslip against a previous payslip from the same year); or
  - if self-employed, experiences a 30% reduction in revenue (by comparing one month's revenue against the same month for the previous year),

provided that:

- > you notify AIA within three months of one of the above listed suspension events occurring and provide evidence to AIA of the suspension event; and
- > AIA acknowledges in writing receipt of that notification.

Where cover is suspended in one of the circumstances described above, no *premium* for the particular *life assured*, or for all *lives assured*, is payable during the period of suspension and no cover will be provided for any *claim event* for that *life assured* or *lives assured* during the period of suspension.

Cover for that *life assured* or the *lives assured* under this policy will be reinstated provided the *premium* is paid when the nominated period of suspension ends or within the maximum time periods described, whichever comes first.

## Transfer of ownership

You may transfer the ownership of your policy at any time. To be valid the transfer must be on a *transfer of ownership form* and registered with us. If ownership of your policy has been transferred, references in this policy document to you, your and the *policy owner(s)* are references to the most recent transferee(s).

A trust cannot be the *policy owner* of this policy. No charge is payable for a transfer of ownership of the policy.

## When can AIA change the terms of this policy?

It is AIA's business practice to review this policy over its lifetime. This is to ensure it continues to provide cover for current medical treatments for common medical conditions at the time. It is also to ensure the insurance product remains commercially viable for AIA.

Any changes to the terms of this policy will apply across all *lives assured* with the same policy. AIA will not make any changes to the terms of an individual *policy owner's* policy (except for age related *premium* increases based on the existing schedule of *premium* rates) without the *policy owner's* consent.

The following are examples of circumstances when AIA may wish to change the terms of this policy across all *policy owners*:

- > To increase the level of benefits under the policy or to add new benefits.
- > To move all *lives assured* to a refreshed policy document with a new drafting style/layout and similar levels of benefits.
- > To take account of changes in the laws in New Zealand.
- > To allow for an unexpected increase in the type or level of claims that will not be sustainable long term based on the current schedule of *premium* rates or at any *premium* rates (uninsurable).
- > To take account of a significantly escalated or new public health threat e.g. a pandemic.

AIA will give you at least 30 days' prior notice of any change to the terms of the policy (unless the changes are given effect as a result of the Enhancement Pass Back Benefit). The notice will include an updated policy document and highlight any change to the *premium* and/or to your entitlements under it. You always retain the right to cancel this policy at any time.

## G. General terms and conditions

### Your obligations

You and every *life assured* agrees to:

- > Provide complete and accurate information to AIA and comply with your duty of disclosure.
- > Provide all information reasonably required by AIA in relation to the policy, any claims and the *policy owner* and/or *life assured*.
- > Attend, at AIA's request, an examination or consultation with a *registered medical practitioner* or *specialist* of AIA's choosing and at AIA's cost. The *registered medical practitioner* or *specialist* will advise AIA of the results of the examination or consultation in order to assist AIA to determine the nature and extent of any medical condition and the cover available under the policy.
- > Pay *premiums* as and when they fall due to ensure that the policy is not cancelled.
- > Notify us as soon as possible of any change that might affect the policy. If in doubt, please call us to discuss.
- > Notify us if you change your contact details. All notices from AIA to you will be deemed delivered if we have sent them to you using the contact details you last provided us with.

## Claims on other insurers

It is your responsibility to advise AIA if there is another insurer, who is responsible under any contract of insurance or indemnity to pay for any costs for which you make a claim under this policy.

You must make every reasonable effort to make a claim or seek recovery of costs from that insurer for any expenses recoverable. Any expenses covered by another insurer in this way will not be covered by AIA under this policy. However, if there are other expenses that are not covered by your other insurer please send details of the level of payment to us along with your claim. We will deduct the payment made by your other insurer then reimburse you for the remaining costs in accordance with this policy.

If you have two or more policies with AIA you cannot claim for, or be reimbursed for, an amount higher than the total cost of your treatment.

## Claims involving ACC

This policy does not cover any costs arising from treatments or procedures including treatment injuries (medical misadventure) that ACC is legally responsible to pay.

## Subject to the laws of New Zealand

This policy is issued in New Zealand and is subject to the laws of New Zealand.

## No surrender value

This policy does not participate in the profits of AIA. This policy has no surrender or cash value if it is cancelled.

## Complaints

Your suggestions, compliments, queries and complaints are important to AIA, and help us to improve the service we provide to you. If you would like to make a complaint please send your complaint to AIA in writing or by email and we will investigate your complaint and respond to you.

If you are not satisfied with the outcome of your complaint you have the right to refer your complaint to the Insurance and Financial Services Ombudsman. The Insurance and Financial Services Ombudsman provides a free dispute resolution service. The Insurance and Financial Services Ombudsman can only deal with a complaint after you have referred your complaint to AIA and received a response from AIA confirming that AIA's internal complaints procedure has been exhausted. You can obtain more information about the Ombudsman from the website: [www.ifso.nz](http://www.ifso.nz)

The Ombudsman's address is:

Insurance and Financial Services Ombudsman  
PO Box 10-845  
Wellington 6143  
Phone: (04) 499 7612 or 0800 888 202

## Privacy

We take your and all *lives assureds'* right to privacy seriously. We will comply with the Privacy Act 2020 and the Health Information Privacy Code 2020 at all times.

For more information on what information we collect, how we will use it, security, access and correction of your and the *lives assureds'* personal information please see our Privacy Policy on our website at [aia.co.nz](http://aia.co.nz) or telephone us on 0800 500 108 to request a copy.

If you believe we have breached your or any *life assured's* right to privacy, please contact AIA and ask to speak with our Privacy Officer who will investigate this for you.

## Code of practice

This policy complies with the Health Funds Association of New Zealand Industry Code.

## H. Benefits – what you are covered for

Your **AIA Cancer Care** policy provides cover for each *life assured* for the *reasonable charges* of the following in relation to the treatment of *cancer* only:

Benefit	Benefit entitlement	Maximum cover
<b>CANCER SURGERY</b>	<p>Covers the costs associated with <i>cancer</i> surgery. <i>Cancer</i> surgery must be performed in an <i>approved facility</i> by a <i>specialist</i> or an <i>oral surgeon</i>.</p> <p>Cover is provided for the following costs:</p>	
Inpatient treatment costs	<ul style="list-style-type: none"> <li>&gt; Surgeon's fees</li> <li>&gt; Oral surgeon's fees</li> <li>&gt; Anaesthetist's fees</li> <li>&gt; Perfusionist's fees</li> <li>&gt; Radiologist's fees</li> <li>&gt; Hospital fees including:               <ul style="list-style-type: none"> <li>- Accommodation</li> <li>- Operating theatre fees</li> <li>- Intensive/coronary care unit fees</li> <li>- Ancillary hospital charges</li> <li>- Disposable laparoscopic equipment</li> <li>- Prostheses</li> </ul> </li> </ul>	Unlimited
Outpatient treatment support costs	<p>Consultations with a <i>specialist</i> or <i>oral surgeon</i> (including second opinions) and diagnostic imaging and tests referred by a <i>specialist</i> or <i>oral surgeon</i> directly relating to the approved <i>cancer</i> surgery, performed within twelve months before or after <i>cancer</i> surgery.</p> <p><i>Physiotherapy, occupational therapy</i> and prescription costs directly relating to the approved <i>cancer</i> surgery provided within six months after <i>cancer</i> surgery on the recommendation of a <i>specialist</i> or <i>oral surgeon</i>.</p>	

Benefit	Benefit entitlement	Maximum cover
<b>CANCER TREATMENT</b>	Covers the cost up to the <i>maximum cover</i> for this benefit of the following treatments, procedures, consultations, tests, diagnostic imaging, support and care once a diagnosis of <i>cancer</i> has been made by a <i>specialist</i> .	
Specialist consultations	Consultations with a <i>specialist</i> for treatment or procedures relating to the treatment of <i>cancer</i> .	
Diagnostic imaging and tests	<p>Diagnostic imaging and tests and procedures in connection with the treatment of <i>cancer</i> including:</p> <ul style="list-style-type: none"> <li>&gt; CT, PET/CT and MRI scans</li> <li>&gt; Ultrasounds</li> <li>&gt; X-rays, scintigraphy</li> <li>&gt; Mammography</li> <li>&gt; Colonoscopy</li> <li>&gt; Laboratory tests</li> <li>&gt; Tumour genetic testing</li> <li>&gt; Gastrointestinal endoscopy</li> <li>&gt; Cystoscopy</li> <li>&gt; Hysteroscopy</li> <li>&gt; Diagnostic laparoscopy</li> </ul>	
Chemotherapy/immunotherapy	<p>Chemotherapy and immunotherapy treatment including targeted therapy, oral, intravenous infusion, instilled, and intraoperative chemotherapy provided by or under the direction of a <i>specialist</i>, whether administered in an <i>approved facility</i> or at home.</p> <p>This covers the cost of Pharmac and non-Pharmac subsidised MedSafe indicated <i>cancer</i> chemotherapy and immunotherapy drugs, subject to <i>AIA criteria</i>.</p> <p>This also includes the cost of materials, hospital accommodation and <i>ancillary hospital charges</i>.</p> <p>Prior approval must be obtained before the treatment takes place.</p>	\$500,000 <i>per life assured per policy year</i> , subject to maximums for specific treatments or procedures
Radiotherapy	<p>Radiotherapy treatment provided by a <i>specialist</i> in an <i>approved facility</i> including planning, shielding and accessories, field setup and simulation, subject to <i>AIA criteria</i>.</p> <p>Prior approval must be obtained before the treatment takes place.</p>	
Prostate brachytherapy	Implantation of radioactive seeds for the treatment of malignancies of the prostate.	

Benefit	Benefit entitlement	Maximum cover
Prophylactic surgery following cancer	<p>Covers the cost of a prophylactic mastectomy and/or oophorectomy where the <i>life assured</i> has:</p> <ul style="list-style-type: none"> <li>&gt; been diagnosed with breast or ovarian <i>cancer</i>; and</li> <li>&gt; where the prophylactic surgery is directly related to an acceptable breast or ovarian <i>cancer</i> claim under the Cancer Surgery or Cancer Treatment Benefit of this policy, or where a claim for breast or ovarian <i>cancer</i> would have been acceptable had the treatment not taken place in a <i>public hospital</i>; and</li> <li>&gt; tested positive for the BRCA1 or BRCA2 gene mutation after the <i>risk commencement date</i>.</li> </ul> <p>The surgery does not need to be <i>medically necessary</i>.</p> <p>Prior approval must be obtained before the surgery takes place.</p> <p>Under no circumstances is a claim payable under this benefit where the <i>life assured</i> has an exclusion on this policy for either breast cancer and/or ovarian cancer, or where the <i>life assured</i> has an exclusion on this policy for any disease or disorder of the breast and/or female genital tract where this relates to a personal history and/or family history of breast or ovarian cancer.</p>	
Breast reconstruction following mastectomy	<p>Breast reconstruction:</p> <ul style="list-style-type: none"> <li>&gt; following a mastectomy for the treatment of diagnosed breast <i>cancer</i>; and/or</li> <li>&gt; following a prophylactic mastectomy which has been covered under the Prophylactic surgery following cancer benefit of this policy; or</li> <li>&gt; where a claim for prophylactic mastectomy would have been acceptable under the Prophylactic surgery following cancer benefit of this policy, had the procedure not taken place in a <i>public hospital</i>.</li> </ul> <p>Prior approval must be obtained before the procedure takes place.</p>	
Breast symmetry surgery following mastectomy	<p>Covers costs for procedures on the unaffected breast to achieve breast symmetry following a mastectomy of the affected breast.</p> <p>This will be available either during or following a mastectomy to treat diagnosed <i>cancer</i> of the affected breast, which has been covered by your <b>AIA Cancer Care</b> policy. Procedures covered under this benefit may include breast reduction surgery but does not include prophylactic mastectomy surgery on the unaffected breast following the mastectomy of the affected breast, or breast reconstruction following mastectomy.</p> <p>The procedures to achieve breast symmetry do not need to be <i>medically necessary</i>.</p> <p>Prior approval must be obtained before the procedure takes place.</p>	

Benefit	Benefit entitlement	Maximum cover
Post-cancer treatment care and support	<p>Covers support services following <i>cancer</i> treatment including:</p> <ul style="list-style-type: none"> <li>&gt; Psychologist consultations, therapy and counselling,</li> <li>&gt; Personal items such as wigs to cover hair loss and bras following a mastectomy,</li> <li>&gt; Lymphatic massage,</li> <li>&gt; Home help services including meal preparation, cleaning, showering and child care, provided by a suitably qualified person (employed in the provision of home help services).</li> </ul> <p>These support services and personal items do not need to be <i>medically necessary</i>.</p>	\$1,000 per <i>life assured</i> per <i>policy year</i>
Public hospital cancer treatment cash benefit	<p>If a <i>life assured</i> has treatment for <i>cancer</i> in a <i>public hospital</i> that would otherwise have been covered by the Cancer Surgery or Cancer Treatment Benefit in this policy, the Public hospital cancer treatment cash benefit will be paid to the <i>policy owner</i>.</p> <p>Treatment includes <i>cancer</i> surgery requiring an overnight stay in a <i>public hospital</i> or a course of chemotherapy and/or radiotherapy.</p>	\$5,000 per <i>life assured</i> per lifetime
Palliative, hospice and respite care	Covers the costs of palliative, hospice and respite care at an <i>approved facility</i> following <i>cancer</i> diagnosis.	\$1,500 per <i>life assured</i> per lifetime

Benefit	Benefit entitlement	Maximum cover
<b>CANCER DIAGNOSTICS</b>	Covers the cost up to the <i>maximum cover</i> for this benefit of the following <i>specialist</i> consultations and diagnostic imaging to confirm a <i>cancer</i> diagnosis:	
Specialist consultations	Consultation with a <i>specialist</i> to confirm a <i>cancer</i> diagnosis where the consultation is referred by a <i>registered medical practitioner</i> .	
Diagnostic imaging and tests	<p>Diagnostic imaging and tests required to confirm a <i>cancer</i> diagnosis at an <i>approved facility</i> when referred by a <i>registered medical practitioner</i> or a <i>specialist</i>:</p> <ul style="list-style-type: none"> <li>&gt; CT scans</li> <li>&gt; Capsule endoscopy</li> <li>&gt; Colonoscopy</li> <li>&gt; Colposcopy</li> <li>&gt; Cystoscopy</li> <li>&gt; Gastroscopy</li> <li>&gt; Laboratory tests</li> <li>&gt; Mammography</li> <li>&gt; MRI scans</li> <li>&gt; Myelogram</li> <li>&gt; PET/CT scans</li> <li>&gt; Scintigraphy</li> <li>&gt; Ultrasound</li> <li>&gt; X-rays</li> </ul> <p>Cover may be available for the cost of other diagnostic imaging and tests, subject to <i>AIA</i>'s approval.</p>	\$5,000 per <i>life assured</i> per <i>policy year</i>
<b>DENTAL EVALUATION AND TREATMENT PRIOR TO QUALIFYING TREATMENTS</b>	<p>Covers dental evaluation and treatment performed by an <i>oral surgeon</i> or a <i>dental practitioner</i>, on the recommendation of the treating <i>specialist</i> as a precursor to the following treatments where those treatments are covered by your <b>AIA Cancer Care</b> policy:</p> <ul style="list-style-type: none"> <li>&gt; Chemotherapy using antiresorptive drugs</li> <li>&gt; Radiotherapy treatment (head and neck)</li> </ul> <p>Prior approval must be obtained before any dental evaluation or treatment takes place.</p>	\$1,500 per <i>life assured</i> per <i>policy year</i>
<b>MENTAL HEALTH SUPPORT BENEFIT</b>	<p>Covers the cost of a Psychiatrist or Psychologist consultation and/or counselling where the support treatment and/or consultations directly relate to a claim under the Cancer Surgery or Cancer Treatment benefits.</p> <p>After referral from a <i>specialist</i> the support treatment and/or consultations must be received within six months of your claim being accepted.</p>	\$2,500 per <i>life assured</i> per <i>policy year</i>
<b>MINOR SURGERY BENEFIT</b>	Covers the cost of minor surgery at an <i>approved facility</i> for the diagnosis or treatment of <i>cancer</i> . The minor surgery or treatment must be carried out by a <i>general practitioner</i> or under the care of a <i>general practitioner</i> , such as a <i>registered nurse</i> .	\$3,000 per <i>life assured</i> per <i>policy year</i>

Benefit	Benefit entitlement	Maximum cover
<b>HOME NURSING</b>	Covers the cost of home nursing care up to the <i>maximum cover</i> for this benefit where the care is provided by a <i>registered nurse</i> following a surgical or medical procedure covered by this policy, and such care is recommended by a <i>specialist</i> or <i>registered medical practitioner</i> .	\$300 per day, up to \$5,000 per <i>life assured</i> per <i>policy year</i>
<b>WAIVER OF PREMIUM ON DEATH</b>	Upon the death of a <i>policy owner</i> (where the death is not caused by something excluded under this policy), <i>AIA</i> will provide cover under this policy for the surviving <i>lives assured</i> covered by the policy at the time of death, free of charge for a period of two years.	Two year's free cover
<b>TREATMENT AWAY FROM HOME IN NEW ZEALAND</b>	If a treatment covered by one of the other benefits of this policy is not available within 100km of your home or usual place of residence, <i>AIA</i> will pay up to the <i>maximum cover</i> for this benefit of transport and accommodation for the <i>life assured</i> to travel to obtain that treatment and/or a support person to accompany them.	\$3,000 per <i>life assured</i> per <i>policy year</i> , with a daily sub-limit of \$300 for accommodation costs.
<b>AMBULANCE TRANSFER BENEFIT</b>	<p>Covers the costs of ambulance transfer expenses incurred by the <i>life assured</i> for emergency transportation to or from hospital within New Zealand for the treatment of <i>cancer</i>.</p> <p>This Benefit is not payable in respect of any ambulance transfers provided for either personal or social reasons, or where the associated costs would be covered by <i>ACC</i> or any other benefit provision under this policy.</p>	\$200 per <i>life assured</i> per <i>policy year</i>
<b>VOLUNTARY TREATMENT OVERSEAS</b>	<p>All payments made under this benefit will be in New Zealand dollars and will be credited directly to the bank account nominated by the <i>policy owner</i>.</p> <p>We will not accept responsibility for costs associated with any complications during or following any treatment or procedure covered under this benefit that arise as a direct or indirect result of the treatment, procedure, consultation, test, diagnostic imaging, support or care.</p> <p>No Medical Misadventure benefit is payable in relation to any treatment, procedure, consultation, test, diagnostic imaging, support or care covered under this benefit.</p> <p>Prior approval must be obtained before the treatment, procedure, consultation, test, diagnostic imaging, support or care takes place.</p> <p><b>Treatment in Australia</b></p> <p>This benefit covers the costs for the approved treatment, procedure, consultation, test, diagnostic imaging, support or care, subject to the <i>maximum cover</i> under this policy for the applicable benefit in New Zealand dollars, at a health service facility approved by <i>AIA</i>.</p> <p><b>Treatment outside Australia</b></p> <p>This benefit covers the costs for the approved treatment, procedure, consultation, test, diagnostic imaging, support or care recommended by a New Zealand <i>specialist</i>.</p> <p>Cover is also provided for the cost of a single return economy class airfare for the <i>life assured</i> and one support person.</p> <p>The total amount payable under this benefit is 85% of the <i>reasonable charges</i>, subject to the <i>maximum cover</i> under this policy for the applicable benefit in New Zealand dollars, at a health service facility approved by <i>AIA</i>.</p> <p><b>Treatment in and outside Australia</b></p> <p>Following the treatment, procedure, consultation, test, diagnostic imaging, support or care, a receipt in English needs to be provided to <i>AIA</i>, together with any other information reasonably required by <i>AIA</i> from the health service provider. Where applicable, any translation services must be provided by an appropriate registered translator in New Zealand acceptable to <i>AIA</i>.</p>	<i>Maximum cover</i> for the applicable benefit, subject to the additional limits, exclusions and requirements set out in this section

Benefit	Benefit entitlement	Maximum cover
<b>TRANSLATION COSTS</b>	This benefit covers the cost of any translation services provided by an appropriate registered translator in New Zealand acceptable to AIA, where translation of any receipt or information into English is required by AIA to support a claim under the Voluntary Treatment Overseas Benefit	\$500 per <i>life assured</i> , per <i>policy year</i>
<b>TREATMENT OVERSEAS WHERE THE WAITING PERIOD FOR TREATMENT IN AN APPROVED FACILITY IN NEW ZEALAND IS GREATER THAN SIX MONTHS</b>	<p>When a <i>medically necessary</i> treatment or procedure covered by one of the other benefits of this policy is available in New Zealand but is unable to be carried out within six months in an <i>approved facility</i>, and so is carried out in an overseas facility approved by AIA, this benefit covers that treatment, procedure, consultation, test, diagnostic imaging, support or care up to the <i>maximum cover</i> stated for the applicable benefit in New Zealand dollars.</p> <p>Cover is also provided for the cost of two return economy class airfares for the <i>life assured</i> and a support person.</p> <p>Prior approval must be obtained prior to the treatment or procedure taking place.</p>	Benefit maximum for the applicable benefit applies
<b>TREATMENT OVERSEAS WHERE THE TREATMENT IS NOT AVAILABLE IN NEW ZEALAND</b>	<p>When a <i>medically necessary</i> treatment or procedure for the treatment of <i>cancer</i> is unable to be undertaken in New Zealand, this benefit covers the cost of that treatment or procedure up to the <i>maximum cover</i> stated for this benefit in New Zealand dollars. The treatment must be at an overseas facility acceptable to AIA and is only provided for those treatments, procedure, consultation, test, diagnostic imaging, support or care that a <i>specialist</i> has recommended.</p> <p>Cover is also provided for the cost of two return economy class airfares for the <i>life assured</i> and a support person. Cover for airfares is included within the <i>maximum cover</i> stated for this benefit.</p> <p>Prior approval must be obtained prior to the treatment or procedure taking place.</p>	\$30,000 per <i>life assured</i> per <i>policy year</i>
<b>PUBLIC HOSPITAL CREDIT</b>	Where a <i>life assured</i> has a publicly funded treatment or procedure for the treatment of <i>cancer</i> in a <i>public hospital</i> that would otherwise have been covered by a benefit in this policy and that treatment or procedure includes overnight admission of two or more nights' stay, AIA will credit the amount of the <i>life assured's premium</i> to this policy for 12 months in line with the <i>premium due date</i> . A copy of the hospital discharge summary must accompany the claim form.	One year's free cover
<b>PUBLIC HOSPITAL CASH GRANT</b>	Provides a lump sum payment up to the <i>maximum cover</i> for this benefit for any <i>life assured</i> who has an overnight admission of three or more nights in a <i>public hospital</i> for the treatment of <i>cancer</i> and where the hospitalisation is publicly funded. This benefit is payable from the third night of admission. A copy of the hospital discharge summary must accompany the claim form.	\$300 per day up to \$3,000 per <i>life assured</i> per <i>policy year</i>

Benefit	Benefit entitlement	Maximum cover
<b>MEDICAL MISADVENTURE</b>	<p>If, during the course of any medical procedure or treatment in connection with the treatment of <i>cancer</i> in an <i>approved facility</i>, a <i>life assured</i> should die directly as a consequence of any erroneous or negligent action, omission or failure to observe reasonable and customary standards by a care provider in that <i>approved facility</i>, the <i>maximum cover</i> of this benefit will be paid, provided:</p> <ul style="list-style-type: none"> <li>&gt; the death occurs within 30 days of such a recorded and proven incident</li> <li>&gt; the incident is verified and confirmed by the relevant Government authority, a court of law, coroner's inquest or the Medical Council of New Zealand</li> <li>&gt; the death is independent of any other cause other than the termination of the life support system after brain death has been established.</li> </ul>	\$30,000 per <i>life assured</i> per lifetime
<b>CANCER HEALTH SCREENING ALLOWANCE</b>	<p>Covers the cost up to the <i>maximum cover</i> for this benefit of the following procedures performed at an <i>approved facility</i>:</p> <ul style="list-style-type: none"> <li>&gt; bowel screening</li> <li>&gt; breast screening</li> <li>&gt; cervical screening</li> <li>&gt; prostate screening</li> <li>&gt; skin checks</li> </ul> <p>Cover under this <b>AIA Cancer Care</b> benefit is only available to a <i>life assured</i> after three years of <i>continuous cover</i>, or after two years of <i>continuous cover</i> if the <i>life assured</i> is a member of <i>AIA Vitality</i>.</p> <p>The cancer health screening test does not need to be <i>medically necessary</i> but the procedure must be performed by or referred by a <i>registered medical practitioner</i>.</p> <p>The <i>pre-existing conditions</i> exclusion and the congenital conditions exclusion do not apply to the Cancer Health Screening Allowance benefit.</p> <p>If as a result of a health screening test, a diagnosis is made for a condition requiring treatment or care that is covered under another benefit in this policy, the costs incurred for the screening will be covered under that benefit and the <i>maximum cover</i> for this benefit will be reinstated.</p>	\$300 per <i>life assured</i> for each three-year period or \$450 if the <i>life assured</i> is a member of <i>AIA Vitality</i>

## I. Exclusions – what you are not covered for

1. There is no cover under any of the benefits for costs that exceed the *reasonable charges* for the applicable treatment, procedure, consultation, test, diagnostic imaging, support or care.
2. There is no cover under any of the benefits for costs arising from, or related in any way to, any of the exclusions listed below.
3. There is no cover under the Waiver of Premium on Death, Public Hospital Credit, Public Hospital Cash Grant or Medical Misadventure benefits arising from, or related in any way to, any of the exclusions listed below.

EXCLUSION NAME	EXCLUSION WORDING
<b>Accommodation, Flights and/or Transport costs</b>	Any accommodation, flight and/or transport, except where expressly covered by a benefit in this policy.
<b>Acute care</b>	Care provided for a sign, symptom, condition or disease that requires immediate or same day hospital admission for treatment or monitoring.
<b>Additional surgery</b>	Any additional surgery performed during an operation, which is not directly related to the <i>cancer</i> for which cover is claimed under the terms of this policy.
<b>Allied health</b>	Any treatment by a physiotherapist, chiropractor, osteopath, naturopath, homeopath, acupuncturist, podiatrist, dietitian, counsellor or speech therapist except where expressly covered by a benefit in this policy.
<b>Breast reduction surgery and gynaecomastia</b>	Breast reduction surgery (except where expressly covered under a benefit in this policy) and gynaecomastia.
<b>Congenital conditions</b>	A health anomaly or defect which is present at birth and for which the <i>life assured</i> either had signs or symptoms prior to becoming a <i>life assured</i> or signs or symptoms within 3 months of birth.
<b>Condition other than cancer</b>	Any treatment, specialist consultations, diagnostic tests or medical services that are not directly related to <i>cancer</i> except where expressly covered under a benefit in this policy.
<b>Cosmetic</b>	Any elective or cosmetic procedure or any surgery, procedure or treatment that improves, alters or enhances appearance, whether or not undertaken for medical, physical, functional, psychological or emotional reasons except where expressly covered under a benefit in this policy.
<b>Criminal activities</b>	Any injury or condition arising from participation in a criminal activity.
<b>Dental/oral surgery</b>	Dental repair or implants, orthodontic treatment, orthognathic, periodontal, or endodontic procedures, implants and <i>related surgery</i> of any kind except where expressly covered under a benefit in this policy.
<b>Drugs</b>	The misuse of prescribed or non-prescribed drugs, including where they have not been taken in accordance with the manufacturer's or <i>registered medical practitioner's</i> directions.
<b>Equipment/appliances</b>	Any appliances, aids, implants or equipment including but not limited to implantable defibrillators, nerve appliances, hearing aids, cochlear implants, braces, crutches, mouthguards, orthotics, insulin pumps, CPAP machines and any other appliances or equipment (surgical, medical or dental).
<b>Illness arising from drugs/alcohol</b>	Any, illness or condition arising from, caused or contributed by, drug taking, intoxication or misuse of alcohol.

<b>Mental illness</b>	Psychiatric, psychological and/or neurodevelopment disorders including treatment or counselling for but not limited to pre-senile dementia, senile illness or dementia, geriatric care including geriatric in-patient care and disability support services, intellectual disability (intellectual development disorder), autism spectrum disorder, attention deficit/hyperactivity disorder, specific learning disorders, motor disorders (including but not limited to Tourette's disorder) or dyslexia.
<b>New treatments and techniques</b>	New medical treatments and procedures including any prescription drugs, medical devices, treatment techniques and/or procedures, tests and/or other healthcare services that have not been approved by AIA in its sole discretion.
<b>Nuclear contamination</b>	Any illness or condition arising from nuclear contamination.
<b>Nursing</b>	Nursing care, except where expressly covered under a benefit in this policy.
<b>Organ donation</b>	Organ donation and receipt.
<b>Out of scope treatment</b>	Treatments or procedures not provided by a <i>registered medical practitioner</i> practising within his or her scope of practice except where expressly covered under a benefit in this policy.
<b>Palliative care</b>	Palliative care, except where expressly covered by a benefit in this policy.
<b>Pre-cancerous condition</b>	Any pre-cancerous condition such as cervical, vaginal or prostatic intraepithelial neoplasia (dysplasia).
<b>Pre-existing conditions</b>	Any <i>pre-existing condition</i> , unless the symptom or condition was disclosed to AIA at the time of your application and accepted as covered by AIA in writing.
<b>Prescriptions</b>	Prescriptions, except where expressly covered by a benefit in this policy.
<b>Preventative treatment and routine screening</b>	Preventative treatment, health surveillance screening or treatment or investigation (including as a result of family history) where the <i>life assured</i> has no medical symptoms or where the condition will not cause significant problems for the health of the <i>life assured</i> if medical treatment is not received, except where expressly covered by a benefit in this policy.
<b>Public hospital treatment</b>	Treatment provided in a <i>public hospital</i> , except where expressly covered by a benefit in this policy or approved by AIA prior to receipt of the treatment.
<b>Reconstructive surgery relating to previous surgery</b>	Reconstructive or reparative treatment associated with a surgical procedure performed before the <i>risk commencement date</i> .
<b>Treatment outside of New Zealand</b>	Treatment carried out outside of New Zealand, except where expressly covered by a benefit in this policy.
<b>War/terrorism</b>	Injuries of war or resulting from any terrorist act (whether war is declared or not).

## J. Defined terms

DEFINED TERM	DEFINITION
<b>ACC</b>	The Accident Compensation Corporation of New Zealand (or any organisation or agency executing or administering ACC law).
<b>AIA</b>	Means AIA New Zealand Limited, also referred to in this policy as 'we', 'our' or 'us'.
<b>AIA criteria</b>	<p>A set of criteria AIA uses to consider and approve chemotherapy or radiotherapy treatments under the Cancer Treatment benefit in order to ensure the treatment falls within <i>reasonable charges</i>.</p> <p>The criteria is determined by reference to:</p> <ul style="list-style-type: none"> <li>&gt; Whether the medicine is recommended for public funding by the Pharmaceutical Therapeutics Advisory Committee (or its successor);</li> <li>&gt; The medical advice of the treating oncologists;</li> <li>&gt; International evidence of clinical effectiveness;</li> <li>&gt; Other factors that AIA reasonably assesses as relevant.</li> </ul>
<b>AIA Vitality</b>	Means AIA Vitality, a health and wellbeing programme offered by AIA.
<b>ancillary hospital charges</b>	Anaesthetic supplies, dressings, pathology tests, ECG, intravenous fluids and irrigating solutions, post-operative physiotherapy, medication prescribed and taken while in hospital (except for drugs that are not subsidised by Pharmac).
<b>approved facility</b>	<p>Any one of the following:</p> <ul style="list-style-type: none"> <li>&gt; A privately owned hospital; or</li> <li>&gt; A <i>public hospital</i> which allows privately funded treatment to be carried out; or</li> <li>&gt; A private medical or diagnostic facility, where minor surgery, treatments, consultations or diagnostic procedures are carried out; or</li> <li>&gt; Otherwise a medical facility approved by AIA.</li> </ul>
<b>anniversary date</b>	The anniversary of the <i>risk commencement date</i> of this policy.
<b>cancer</b>	<p>Disease caused by the uncontrolled growth of abnormal cells which is histologically diagnosed and characterised by a <i>specialist</i> as cancer.</p> <p>Pre-cancerous conditions, such as cervical, vaginal or prostatic intraepithelial neoplasia (dysplasia) of any grade, are not considered cancer for the purposes of this policy.</p>
<b>child/children</b>	<p>Any biological child/children, adopted child/children or child/children under the legal guardianship of:</p> <ul style="list-style-type: none"> <li>&gt; the policy owner(s); or</li> <li>&gt; the spouse or de facto partner of the <i>policy owner</i> (if that person is a <i>life assured</i>).</li> </ul>
<b>claim event</b>	The treatment, procedure, specialist consultation or diagnostic tests that you are claiming for under your <b>AIA Cancer Care</b> policy.
<b>continuous cover</b>	A continuous period of cover from the <i>risk commencement date</i> during which the <i>premium</i> is paid for the <i>life assured</i> .
<b>dental practitioner</b>	A recognised health professional, who is registered with the Dental Council of New Zealand (or its successor).
<b>general practitioner</b>	A recognised health professional, who holds a current annual practising certificate and is a member of the Medical Council of New Zealand (or its successor).

<b>Government authority</b>	A Government agency, department or organisation including without limitation, ACC and Work and Income New Zealand (or its successor).
<b>life/lives assured</b>	The person or people insured for the benefit(s) as named in <i>the schedule</i> .
<b>material</b>	A statement is material only if that statement would have influenced the judgment of a prudent insurer in fixing the <i>premium</i> or in determining whether he/she would have taken or continued the risk upon the same terms.
<b>maximum cover</b>	The maximum amount AIA will pay for each benefit or combination of benefits, as specified for the benefit(s).
<b>medically necessary</b>	<p>A service or supply provided by a <i>registered medical practitioner</i> or <i>specialist</i> that AIA deems on reasonable grounds is necessary for the diagnosis, care or treatment of <i>cancer</i>.</p> <p>Under no circumstances will the following services or supplies be considered medically necessary:</p> <ul style="list-style-type: none"> <li>&gt; those services or supplies that do not require the skills or services of a <i>registered medical practitioner</i> or <i>specialist</i>;</li> <li>&gt; those services or supplies furnished mainly for the comfort or convenience of the <i>life assured</i>.</li> <li>&gt; those services or supplies that do not relate to the medical treatment being provided (for example alcohol, toiletries, pay TV, car parking and take away meals).</li> </ul>
<b>occupational therapy</b>	<p>Treatment provided by a registered occupational therapist who is:</p> <ul style="list-style-type: none"> <li>&gt; in private practice and holds a current annual practicing certificate; and</li> <li>&gt; a member of the Occupational Therapy Board of New Zealand (or its successor).</li> </ul>
<b>oral surgeon</b>	An oral surgeon, oral medicine specialist or oral and maxillofacial surgeon registered with the Dental Council of New Zealand (or its successor) or a <i>specialist</i> vocationally registered in Oral Maxillofacial surgery.
<b>pass back date</b>	The date that the relevant change to <b>AIA's Cancer Care</b> policy comes into effect, as determined by AIA.
<b>physiotherapy</b>	Treatment by a physiotherapist registered with the Physiotherapy Board of New Zealand (or its successor).
<b>policy fee</b>	The administration fee charged by AIA as detailed in the policy illustration or in any communication to you containing information about your policy.
<b>policy owner(s)</b>	The person or people named as 'policy owner' in <i>the schedule</i> , also referred to in this policy as 'you' or 'your'.
<b>policy year</b>	The 12-month period from the <i>risk commencement date</i> to (but excluding) the first <i>anniversary date</i> and each successive 12-month period from an <i>anniversary date</i> to (but excluding) the next <i>anniversary date</i> .
<b>premium(s)</b>	The amount payable by you to AIA, comprising the cost of the benefits chosen by you, plus any applicable <i>policy fee</i> , less any eligible <i>premium</i> discounts if any.
<b>premium due date</b>	The date on which the <i>premium</i> is payable under this policy, as agreed with AIA.
<b>pre-existing condition</b>	Any disease, injury or medical condition for which, prior to the <i>risk commencement date</i> , the <i>life assured</i> knew they had or ought on reasonable grounds to have known they had, or for which they had experienced a symptom, consulted a <i>registered medical practitioner</i> , received treatment or services from a <i>registered medical practitioner</i> or took prescribed drugs or medication.

<b>prostheses</b>	The artificial parts used to replace body parts when specific types of surgery are undertaken.
<b>public hospital</b>	A "hospital care institution" as defined by section 58 of the Health and Disability Services (Safety) Act 2001 (or its amendment or replacement), that is directly or indirectly owned or funded by the New Zealand Government.
<b>reasonable charges</b>	Charges, costs and fees that <i>AIA</i> has determined are reasonable for the treatment, procedure, consultation, test, diagnostic imaging, support or care when carried out or taking place in New Zealand (irrespective of whether the treatment, procedure, consultation, test, diagnostic imaging, support or care is in fact carried out or takes place in New Zealand or overseas).  For further details about how these charges are calculated and how they impact on your claims see the section 'Part D: How to make a claim' on pages 4–5.
<b>registered medical practitioner</b>	A person, acceptable to <i>AIA</i> , who holds a current practising certificate in compliance with the Health Practitioners Competence Assurance Act 2003 (or its successor) and who is registered and practising as a medical practitioner in New Zealand or Australia, other than: <ul style="list-style-type: none"> <li>&gt; The <i>policy owner(s)</i>;</li> <li>&gt; The <i>life assured</i>;</li> <li>&gt; A family member of the <i>life assured</i> or <i>policy owner(s)</i>;</li> <li>&gt; The business partner or associate of the <i>life assured's</i> or <i>policy owner(s)</i>.</li> </ul> <p><i>AIA</i> reserves the right to accept the advice of a medical practitioner practising outside New Zealand or Australia with qualifications equivalent to New Zealand or Australian standards</p>
<b>registered nurse</b>	A person who holds a current practicing certificate in compliance with the Health Practitioners Competence Assurance Act 2003 (or its successor) and is a member of the Nursing Council of New Zealand (or its successor).
<b>risk commencement date</b>	The risk commencement date stated in <i>the schedule</i> .
<b>substantially incorrect</b>	A statement is substantially incorrect only if the difference between what was stated and what is actually correct would have been considered <i>material</i> by a prudent insurer.
<b>specialist</b>	A <i>registered medical practitioner</i> who is a member of an appropriately recognised specialist college; and <ul style="list-style-type: none"> <li>&gt; has authority granted under the Health Practitioners Competence Assurance Act 2003 (or its successor) to perform that health service; and</li> <li>&gt; has Medical Council of New Zealand (or its successors) vocational registration for that health service.</li> </ul> <p>For the purpose of this definition, this excludes <i>general practitioners</i> (who are covered under this policy as <i>registered medical practitioners</i>).</p>
<b>the schedule</b>	The most recent schedule for your policy, which confirms the <i>policy owner(s)</i> , the <i>lives assured</i> , important policy details about the policy and any specific endorsements or exclusions that <i>AIA</i> has applied to the policy and: <ul style="list-style-type: none"> <li>&gt; any notice of a change to <i>premiums</i>; and</li> <li>&gt; any policy alteration or endorsement documents recording a change to your policy.</li> </ul>
<b>transfer of ownership form</b>	<i>AIA's</i> standard form for an assignment of a policy by way of ordinary transfer.