

Cancer Treatment Benefit

Welcome to AIA

You are now covered with AIA. In addition to your *Policy Schedule*, this document sets out the terms and conditions of your Policy.

Your Cover

Cancer Treatment Benefit

We will reimburse up to \$500,000 per *Life Assured* per *Policy Year* for the *Usual, Customary and Reasonable* expenses incurred in an *Approved Facility* where the *Life Assured* has been treated for cancer. All cancer treatments are subject to our prior approval and must meet our criteria.

Cancer treatment includes but is not limited to:

- Surgery
- Oncologist consultations
- Diagnostic imaging and tests
- Chemotherapy
- Radiotherapy
- Prostate brachytherapy
- Breast Reconstruction following a mastectomy performed by a *Registered Medical Specialist* in an *Approved Facility*.

We may approve additional cancer treatments at Our sole discretion.

PHARMAC Medicines and *Non PHARMAC Chemotherapy Medicines* (including *Cancer Immunotherapy Medicines*) are covered in New Zealand, subject to our prior approval, meeting our criteria and Benefit maximums.

Prescription medicines for the *Life Assured's* stay at an *Approved Facility* and that are administered during the admission are covered, as well as 30 days' worth of take home approved medicine after discharge from an *Approved Facility*.

When Your Cancer Treatment Benefit Ends

Unless you have cancelled your *Policy*, the Cancer Treatment Benefit will end:

- on the *Anniversary Date* following the *Life Assured's* 75th birthday; or
 - if you cancel all *Qualifying Benefits* or have less than the required minimum cover amount on the *Qualifying Benefits*; or
 - if the *Life Assured* dies; or
 - if you do not pay outstanding *Premiums* within the grace period.
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Children's Conversion Benefit

If the *Life Assured* under this *Policy* is a child (i.e. under 21 years of age), that child may convert their existing Child Cancer Treatment Benefit under this *Policy* into an Adult Cancer Treatment Benefit upon reaching 21 years of age, without providing additional medical evidence.

Cover under the new Cancer Treatment Benefit is subject to the conditions below and would take effect from the *Anniversary Date* after the child's twenty first birthday. The new Cancer Treatment Benefit will be subject to questions about the *Life Assured's* smoking status.

The conditions that apply to the Children's Conversion Benefit are as follows:

- Conversion cannot occur if the *Life Assured* has claimed or was eligible to claim under the existing Cancer Treatment Benefit; and
- The *Life Assured's* existing Cancer Treatment Benefit can only be converted if the *Life Assured* has one or more of the *Qualifying Benefits* (underwriting may apply); and
- Your request for conversion must be received by AIA New Zealand in writing within sixty days after the first *Anniversary Date* after the *Life Assured's* twenty first birthday.

Specialists and Tests Benefit
(Optional)

If the *Policy Schedule* shows you have selected the Specialists and Tests Benefit, we will cover the *Usual, Customary and Reasonable* fees charged for *Registered Medical Specialist* consultations and *Diagnostic Procedures* which have been referred by a *Registered Medical Practitioner* or *Registered Medical Specialist*, if they do not relate to a claim for treatment in an *Approved Facility*.

Diagnostic Procedures including but not limited to:

- Allergy Testing
- Audiology Tests (Performed by Audiologists)
- Colposcopy
- EEG
- ECG
- EMG
- Holter monitoring
- Laboratory tests
- Mammogram
- Urodynamic testing
- Ultrasound
- X-rays

Preventative and Routine Screening tests and hearing aids are excluded.

Psychiatrist consultations for an initial assessment of mental health are covered for the first consultation only.

We will reimburse you for the *Usual, Customary and Reasonable* fees of up to \$5,000 per *Policy Year* on each *Life Assured* on the *Policy Schedule*.

Optional Specialist and
Tests Loyalty Benefits

Specialists and Tests Loyalty Health Screening Benefit

If the *Policy Schedule* shows you have selected the Specialists and Tests Benefit, we will cover up to \$500 per *Life Assured* after every three years of continuous cover, for tests or procedures for the following:

- Prostate screening
- Cervical screening
- Mammogram
- Blood glucose screening
- Bowel screening

Health screening tests do not have to be medically necessary, but must be performed by a *Registered Medical Practitioner* or *Registered Medical Specialist* in an *Approved Facility*.

Specialists and Tests Loyalty Family Allowance

If the *Policy Schedule* shows you have selected the Specialists and Tests Benefit, we will cover up to \$750 per *Life Assured* after two years of continuous cover and every year thereafter for pregnancy scans, fertility treatment, birth care accommodation post-delivery at an *Approved Facility*.

This benefit does not apply to any person who does not qualify for publicly funded health services in New Zealand.

Specialists and Tests Loyalty Sterilisation Benefit

If the *Policy Schedule* shows you have selected the Specialists and Tests Benefit we will cover the *Usual, Customary and Reasonable* charges of a vasectomy or tubal ligation procedure performed by a *Registered Medical Specialist* after two years of continuous cover.

Reversals of previous sterilisation procedures are excluded. Vasectomies carried out by a *Registered Medical Practitioner* will be covered.

What You're Not Covered For

We won't make any payment under the Cancer Treatment Benefit if a claim results from:

- Any illness, injury or condition caused by or traceable to any medical condition of which you were aware or the *Life Assured* was aware, or displayed symptoms of, or for which treatment or medical advice had been sought prior to the *Cover Start Date*, which should have been disclosed to us in the application (as per your disclosure & declaration outlined in our application and in this *Policy* wording).
- Any illness, injury, condition or disability arising from, caused or contributed by, drug taking, intoxication or misuse of alcohol or the misuse of prescribed or non-prescription drugs, including where they have not been taken in accordance with the manufacturer's or *Registered Medical Practitioner's* directions.
- Surgery and any surgical procedure that is not related to a cancer treatment and/ or we have not approved in advance.
- Any Cancer Medicine and *Cancer Immunotherapy Medicine* administered outside of New Zealand.
- *Congenital Conditions*.
- *Preventative and Routine Screening*, (including as a result of family history), where there is no current medical condition (except where cover is stated in this *Policy*).
- Expenses recovered or recoverable from a third party or under any other contract of indemnity or insurance, including ACC.
- Where the Ministry of Health has declined the *Life Assured* free access of the full Public Health Services, we will not cover the *Life Assured* under this *Policy*, as our *Policy* is designed to complement Ministry of Health and Disability services provided in the public sector.
- New or experimental medical technologies, treatments or procedures that have not been approved of in writing by us.
- Ancillary public or *Private Hospital* charges of personal convenience nature.

We reserve the right to claim expenses from any other source, including other insurers, wherever you may have additional coverage in respect to any claim made under this *Policy*.

General Policy Information

Jurisdiction and Currency	The laws of New Zealand govern this <i>Policy</i> . The New Zealand courts have exclusive jurisdiction. All monetary amounts referred to in this <i>Policy</i> are expressed and payable in New Zealand dollars and include GST where applicable.
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Duty of Disclosure	When you apply for insurance with AIA New Zealand and when you make a claim on the <i>Policy</i> , You have a legal duty of disclosure to AIA New Zealand.
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The duty of disclosure means that:

1. All the statements that you or any *Life Assured* make to AIA New Zealand (both written and oral), including the answers in:

- the application;
- any claim made by you; and
- any other communication by you or any *Life Assured* with AIA New Zealand;

must be complete, true and correct.

2. You and any *Life Assured* must disclose everything that you or any *Life Assured* know, or could reasonably be expected to know, that is relevant to AIA New Zealand's decision whether:

- to accept your application for insurance, on what terms AIA New Zealand will accept it and how much it will cost; or
- to accept your claim on the *Policy*.

3. This duty of disclosure in relation to your application for insurance continues from the time you complete the application until either:

- the *Cover Start Date* or the date AIA New Zealand accepts your application for insurance, whichever is later; or
- AIA New Zealand declines your application for insurance.

4. You and any *Life Assured* also have the same duty of disclosure to AIA New Zealand throughout the term of the *Policy* whenever you or any *Life Assured* communicate with AIA New Zealand and whenever you extend, vary or reinstate your insurance.

IMPORTANT

If you or any *Life Assured* do not comply with your duty of disclosure, AIA New Zealand may at its discretion do any or all of the following:

- Decline any claim that you make;
- Alter the terms of any Benefits under the *Policy*;
- Remove any Benefits under the *Policy*;
- Void your *Policy* from the *Cover Start Date*;
- Retain all *Premiums*, policy fees and recover any Benefits paid;
- Terminate this *Policy*.

If you are not sure whether you are required to disclose a particular fact, please ask AIA New Zealand or your insurance adviser.

If the age of the *Life Assured* was misstated in the application, the amount payable under this *Policy* will be adjusted to the amount that the *Premiums* would have purchased if the correct age had been disclosed.

Free Look Period	We will refund any <i>Premium</i> payment made if you change your mind and cancel your <i>Policy</i> within fourteen days of the <i>Cover Start Date</i> .
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Cancellation Outside of the free look period referred to above, you can cancel your *Policy* at any time in writing but your *Premium* payments will not be refunded. The *Policy* has no cash value if cancelled.

Premium Payments We will determine your *Premium* at the *Cover Start Date* based on your age, health, and other factors, and at the end of each *Anniversary Date* based on your age.

The cover is renewed yearly on each *Anniversary Date* and your cover will continue if *Premiums* are up-to-date. We reserve the right to review your *Premium* and *Policy Fee*, and make changes at the start of each *Anniversary Date*.

We allow a sixty day grace period for late *Premium* payments. The *Policy* will automatically terminate if the outstanding *Premium* is not paid before the end of the grace period.

If you want to restart your *Policy*, you have to go through a reinstatement process which may include a medical/health assessment where we may change your *Cover Amount*, change the acceptance terms, charge additional *Premiums* or not allow you to reinstate the *Policy*.

How to claim If you need to claim against your *Policy*, you should contact AIA New Zealand as soon as possible to request a claim form. You will need to fully complete the claim form and return it to us along with any supporting documents that we may require.

Any medical information supplied needs to be provided by a *Registered Medical Specialist* and must be approved by AIA New Zealand. Any medical information supplied is at your own expense and will not be reimbursed, other than for any claim relating to the cancer treatment benefit.

We may require additional information, including information from your doctor and/or for any claim we are entitled to request and/or obtain a second opinion which we will pay for.

Prior approval (as described below) is required for any claim relating to the Cancer Treatment Benefit. Claims cannot be assessed until all the information required has been received by us.

Prior Approval

To have your cancer treatment claim pre-approved:

- Call us on 0800 800 242 for a claim application form or log on to our website www.aia.co.nz or email us nz.claims@aia.com
 - On acceptance of your claim, we will send you a pre-approval advice. You can then forward the hospital's or specialist's account to us and we will settle the claim with the service provider directly. Any shortfall in payment is your responsibility. In order for a claim to be paid where we have provided you with pre-approval advice, your *Policy* must be in force on the date you have the medical treatment or procedure.
 - Pre-approval requires five working days to be processed provided all requested information is submitted. Please be aware it may be necessary to request further information before completing the assessment of your claim.
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Notices

If you wish to contact us for any reason, you can call, email or write to us as follows:

Telephone: 0800 800 242
Email: nz.service@aia.com
Postal address: AIA New Zealand
Private Bag 300981
Albany
Auckland 0752

You can also visit our website at www.aia.co.nz

SAMPLE

Definitions

We have made this *Policy* document as easy and simple to read as possible, though we do need to define some of our terms to give you a better understanding of the *Policy's* terms and conditions.

Throughout this document, We/Our/Us or AIA New Zealand means AIA International Limited – New Zealand Branch. You or Your means the *Policy Owner(s)* (as applicable). *Italicised* words or phrases have the following meaning:

<i>Anniversary Date</i>	The yearly anniversary of the <i>Cover Start Date</i> .
<i>Approved Facility</i>	<i>Private Hospital</i> or medical facility approved by AIA New Zealand.
<i>Cancer Immunotherapy Medicines</i>	<i>PHARMAC Medicines</i> or <i>Non PHARMAC Chemotherapy Medicines</i> for the proven treatment of cancer which stimulate or restore the ability of the immune (defense) system to fight this disease.
<i>Congenital Condition</i>	Health anomalies or conditions present at birth whether known or unknown.
<i>Cover Amount</i>	The <i>Cover Amount</i> as shown in your <i>Policy Schedule</i> .
<i>Cover Start Date</i>	The date the <i>Policy</i> starts as shown in your <i>Policy Schedule</i> .
<i>Diagnosis/Diagnosed</i>	Means the first definitive <i>Diagnosis</i> made in writing by a <i>Registered Medical Specialist</i> , based upon specific evidence, as referred to under the critical illness definitions for each relevant critical illness condition, or in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to us. Where specified in the definition of a critical illness, specialist <i>Diagnosis</i> must be obtained. In the event of any doubt regarding the appropriateness or correctness of the <i>Diagnosis</i> , we shall have the right to call for an examination at our expense, of either the <i>Life Assured</i> or the evidence used in arriving at the <i>Diagnosis</i> , by an independent acknowledged expert in the field of medicine concerned selected by <i>us</i> and the opinion of the expert as to the <i>Diagnosis</i> shall be binding on the <i>Life Assured</i> , and <i>us</i> .
<i>Diagnostic Procedures</i>	Investigative medical procedures to determine the presence or cause of a sign, symptom or condition performed by a <i>Registered Medical Practitioner</i> or <i>Registered Medical Specialist</i> who holds a current annual practising certificate
<i>Life Assured</i>	Any person who is eligible for cover under the <i>Policy</i> and is listed on the <i>Policy Schedule</i> .
<i>Medsafe</i>	<i>Medsafe</i> is the New Zealand Medicines and Medical Devices Safety Authority. <i>Medsafe</i> is responsible for the regulation of medicines and medical devices in New Zealand.
<i>Non PHARMAC Chemotherapy Medicines</i>	These are chemotherapy medicines that have been registered by <i>Medsafe</i> , and are used according to <i>Medsafe</i> indications, but are not funded by <i>PHARMAC</i> for use in a private facility.
<i>PHARMAC</i>	The Pharmaceutical Management Agency is the New Zealand government agency that decides which pharmaceuticals to publicly fund.

<i>PHARMAC Medicines</i>	These medicines are funded by <i>PHARMAC</i> for use in a private facility, and meets <i>PHARMAC</i> 's required special authority or conditions in order to be subsidised for community use.
<i>Policy</i>	This contract of insurance between you and us and includes your application for insurance; this <i>Policy</i> wording; the <i>Policy Schedule</i> ; any addendum to the <i>Policy Schedule</i> ; and any other written notice that we give you and vice versa.
<i>Policy Fee</i>	Charge for ongoing administration costs of this <i>Policy</i> which forms part of the <i>Premium</i> .
<i>Policy Owner</i>	The <i>Policy Owner</i> named in your <i>Policy Schedule</i> .
<i>Policy Schedule</i>	The most recent <i>Policy Schedule</i> issued to you by us, including any endorsements or special conditions.
<i>Policy Year</i>	The twelve month period which starts from the <i>Cover Start Date</i> and continues through to the end of the twelve month period.
<i>Premium(s)</i>	The amount(s) you pay us for cover under your <i>Policy</i> as shown in your <i>Policy Schedule</i> or in any other notice issued to you by us.
<i>Preventative and Routine Screening</i>	A diagnostic investigation or procedure undertaken when the <i>Life Assured</i> has no symptoms and is undertaken as a preventative measure to screen for early detection of diseases.
<i>Private Hospital</i>	A privately owned hospital approved by us which is licensed as a private provider of hospital care in accordance with the Health and Disability Services (Safety) Act 2001.
<i>Qualifying Benefits</i>	Means the insurance cover you must have in place to qualify for the Cancer Treatment Benefit, namely: <ul style="list-style-type: none"> • Life Cover of at least \$300,000; and/or • Trauma Cover of at least \$100,000; and/or • Total Permanent Disability Cover of at least \$300,000
<i>Registered Medical Practitioner</i>	Any person acceptable to us, who is registered with the Medical Council of New Zealand and holds an annual practising certificate. The medical practitioner cannot be you, your spouse, de facto spouse, civil union partner, relative or business partner/associate. For <i>diagnoses</i> made outside New Zealand, this definition covers any appropriately qualified medical professional approved by us.
<i>Registered Medical Specialist</i>	A medical specialist who is a member of an appropriately recognised specialist college and vocationally registered with the Medical Council of New Zealand in that speciality. This excludes general practitioners (who are considered to be <i>Registered Medical Practitioners</i>).
<i>Usual, Customary and Reasonable</i>	Charges and fees that are based on our estimate of what are <i>Usual, Customary and Reasonable</i> charges and fees for services provided under similar circumstances by persons or providers with equivalent experience or qualification.