

## Personal Cover - Trauma Cover

### SECTION A - DEFINED TERMS

#### DEFINED TERMS

In this **Policy** certain words have particular meanings. These words are in **Bold** and the meanings set out below.

#### **Interpretation**

Throughout this **Policy** 'We', 'Our', 'Us' or 'AIA New Zealand' means AIA International Limited - New Zealand Branch, and/or any related and/or authorised companies and/or agents (including company officers acting in the scope of their authority). 'You' or 'Your' means the **Policy Owner(s)**.

#### **Accelerated Benefit**

Means the Trauma Cover or Total Permanent Disability Cover taken out on an accelerated basis with Life Cover as set out in **Your Policy Schedule**. Payment of this **Benefit** will lead to a proportional reduction in the amount of the Life Cover.

#### **Activities of Daily Living** are:

Type of activity	Description
1. Washing	the ability to wash in the bath or shower (including getting into or out of the bath or shower) or wash satisfactorily by other means.
2. Dressing	the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
3. Feeding	the ability to feed oneself once food has been prepared and made available.
4. Toileting	the ability to use the lavatory or otherwise manage bowel and bladder function so as to maintain a satisfactory level of personal hygiene.
5. Mobility	the ability to move from place to place by walking, wheelchair or with assistance of a walking aid.

#### **Adoption**

Means **Adoption** as defined in the Adoption Act 1955.

#### **Benefit(s)**

Means the **Benefit** specified in the **Policy Schedule** (and subject to the terms and conditions of this **Policy**).

#### **Child or Children**

Any person under the age of twenty-one (21) who is either, the natural or legally adopted son/daughter of, or is under the legal guardianship of, a **Life Assured**.

#### **Civil Union**

Means a **Civil Union** as defined in the Civil Union Act 2004.

#### **Consumer Price Index Increase**

Means any increase in the index published by the Statistics Department of New Zealand for "All Groups" as at 30 September each year (or the nearest equivalent index should this index be replaced).

**Employment and/or Usual Occupation**

The occupation, business or **Employment** which the **Life Assured** was engaged in immediately before the injury or illness, and from which he or she was remunerated.

**Full-Time Care**

Means having primary responsibility and actively undertaking, whether shared or alone, the day-to-day care of persons who cannot safely take care of themselves without supervision.

**Life Assured**

Means the **Life Assured** or **Lives Assured** listed in **Your Policy Schedule**.

**Manifested**

Means that symptoms have arisen which cause an ordinarily prudent person to seek **Diagnosis**, care or treatment, or that medical advice or treatment has been recommended by or received from a **Medical Practitioner**.

**Marriage**

Means a **Marriage** as defined in the Marriage Act 1955.

**Medical Practitioner**

Shall mean any person approved by **Us** and registered with the Medical Council of New Zealand to render medical or surgical services, who holds an Annual Practising Certificate. For **Diagnoses** made outside New Zealand, this definition covers any appropriately qualified medical professional approved by **Us**. This definition excludes any person who is himself/herself the **Life Assured**, the **Policy Owner**, the spouse, de facto spouse, **Civil Union** partner, lineal relative, or business partner/associate of the **Life Assured** or **Policy Owner**.

**Policy**

Means this contract of insurance between **You** and **Us**. It includes the following parts:

- **Your** application for insurance; and
- this **Policy** wording; and
- the **Policy Schedule**; and
- any addendum to the **Policy Schedule**; and
- any other written notice that **We** give **You**; and
- any written notice that **You** give **Us**.

**Policy Anniversary Date**

Means the anniversary of the **Policy Commencement Date**.

**Policy Commencement Date**

Means the commencement date of the **Policy** as specified in **Your Policy Schedule**.

**Policy Owner**

Means the **Policy Owner** identified in the most recent **Policy Schedule** issued to **You** by **Us**.

**Policy Schedule**

Means the most recent **Policy Schedule** issued to **You** by **Us**, including any endorsements or special conditions.

**Policy Year**

Means the twelve (12) month period which starts from the **Policy Commencement Date** and ends on the **First Anniversary Date**. Each subsequent **Policy Year** is from **Policy Anniversary Date** to **Policy Anniversary Date**.

**Premium**

Means the **Premium** specified in **Your Policy Schedule** or in any subsequent notice issued to **You** by **Us**.

**Premium Guarantee Period**

Means the period of time specified in **Your Policy Schedule** during which the **Premium Rates** applicable to **Your Policy** are guaranteed not to increase. Assuming **Your** cover doesn't change, **Your Premiums** will remain the same for each renewal period as specified in **Your Policy Schedule**.

**Premium Rates**

Means the underlying **Premium Rates** **We** use to calculate **Your Premium** based on factors including the age, health, occupation and circumstances of the **Life Assured**.

**Radical Surgery**

Means surgery to remove an entire diseased organ.

**Receipt of Application**

Means the date stamped on **Your** application, request for increase, or request for **Policy** reinstatement received by **Us**. The application submitted by **You** to **Us** must be totally completed for the **Receipt of Application** date to apply. If the submitted application is incomplete, **We** will delay issuing the **Receipt of Application** until **We** receive all the information required to complete the submitted application.

**Registered Medical Specialist**

A medical specialist in an appropriate discipline who is a member of a 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 **Registered Medical Practitioners**). For **Diagnoses** made outside New Zealand, this definition covers any appropriately qualified medical professional approved by **Us**. This definition excludes any person who is himself/herself the **Life Assured**, the **Policy Owner**, the spouse, de facto spouse, **Civil Union** partner, lineal relative, or business partner/associate of the **Life Assured** or **Policy Owner**.

**Sum Assured**

Means the **Sum Assured** for the **Benefit(s)** as set out in **Your Policy Schedule**.

**Total Premium**

Means the sum of the **Premium** and policy fee together with any applicable GST as specified in **Your Policy Schedule**.

## SECTION B - TRAUMA COVER BENEFIT FEATURES

<b>JURISDICTION AND CURRENCY</b>	<b>1</b>	The laws of New Zealand apply to this <b>Policy</b> . The New Zealand courts have exclusive jurisdiction. All monetary amounts referred to in this <b>Policy</b> are expressed and payable in New Zealand dollars and include GST.
<b>RESPONSIBILITY FOR TRUTHFULNESS</b>	<b>2</b>	<b>A</b> When <b>You</b> apply for insurance with <b>AIA New Zealand</b> and when <b>You</b> make a claim on the <b>Policy</b> , <b>You</b> have a legal duty of disclosure to <b>AIA New Zealand</b> .

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:
  - a. the application;
  - b. any claim made by **You**; and
  - c. 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:
  - a. to accept **Your** application for insurance, on what terms **AIA New Zealand** will accept it and how much it will cost; or
  - b. 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:
  - a. the **Policy Commencement Date** or the date **AIA New Zealand** accepts **Your** application for insurance, whichever is later; or
  - b. **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:

1. Decline any claim that **You** make;
2. Alter the terms of any **Benefits** under the **Policy**;
3. Remove any **Benefits** under the **Policy**;
4. Void **Your Policy** from the **Policy Commencement Date**;
5. Retain all **Premiums**, policy fees and recover any **Benefits** paid;
6. 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.**

		<b>B</b>	If the age of the <b>Life Assured</b> was misstated in the application, the amount payable under this <b>Policy</b> will be adjusted to the amount that the <b>Premiums</b> would have purchased if the correct age had been disclosed.
<b>PREMIUM RATES</b>	<b>3</b>		No increase in <b>Premium Rates</b> will apply to this <b>Policy</b> as a result of change in the health, occupation or circumstances of the <b>Life Assured</b> . However, <b>We</b> have the right to review at any time and from time to time the <b>Premium Rates</b> and handling fees applicable to all Trauma Cover policies and to apply the reviewed rates and fees to this <b>Policy</b> at the commencement of the next <b>Premium Guarantee Period</b> .
<b>PREMIUM PAYMENTS</b>	<b>4</b>		With <b>Our</b> agreement the annual <b>Total Premium</b> may be paid by equal fortnightly, monthly, quarterly or half-yearly instalments but with such handling fees as <b>We</b> shall determine from time to time. <b>We</b> may cancel this arrangement at any time in respect of future <b>Total Premiums</b> . <b>You</b> may apply to <b>Us</b> to change the <b>Premium</b> or <b>Benefits</b> attributable to this <b>Policy</b> . Subsequent to this, <b>We</b> may change the <b>Premium</b> and/or alter any <b>Benefits</b> under this <b>Policy</b> in accordance with this instruction.
<b>POLICY FEE</b>	<b>5</b>		<b>We</b> will charge <b>You</b> a policy fee, which forms part of <b>Your Total Premium</b> . The policy fee is used to pay the ongoing administration costs of this <b>Policy</b> . The policy fee is specified in <b>Your Policy Schedule</b> . <b>We</b> may change this policy fee from time to time. If this occurs any such change will be notified to <b>You</b> in writing.
<b>PERIOD OF ASSURANCE</b>	<b>6</b>		The term of this <b>Policy</b> and the period of assurance covered by each annual <b>Total Premium</b> , or instalment of annual <b>Total Premium</b> , terminate on the due date of the next annual <b>Total Premium</b> or instalment. A thirty (30) day grace period is allowed after the due date for payment of each <b>Total Premium</b> . This <b>Policy</b> will automatically terminate if the <b>Total Premium</b> is not paid before the expiration of the grace period. In such an instance this <b>Policy</b> can be reinstated subject to: <ul style="list-style-type: none"> <li>• <b>Our</b> consent; and</li> <li>• such evidence of continued good health of the <b>Life Assured</b> as <b>We</b> may require; and</li> <li>• the payment of all <b>Total Premiums</b> in arrears together with such interest thereon as <b>We</b> may decide.</li> </ul> <b>We</b> may vary <b>Your Benefits</b> , charge additional <b>Premiums</b> or not allow <b>You</b> to reinstate the <b>Policy</b> if the health, occupation, financial position or pastimes of the <b>Life Assured</b> have changed.
<b>TERMINATION</b>	<b>7</b>		Unless previously terminated, this <b>Policy</b> shall terminate on the earliest of: <ul style="list-style-type: none"> <li><b>A</b> The anniversary of the <b>Policy Commencement Date</b> following the <b>Life Assured</b> attaining the age of seventy five (75).</li> <li><b>B</b> Payment of the Trauma Cover <b>Benefit</b>.</li> <li><b>C</b> Written notification of cancellation from <b>You</b> to <b>Us</b> at any time.</li> <li><b>D</b> Non-payment of <b>Total Premium</b> as set out in Clause 6 "Period of Assurance" above.</li> <li><b>E</b> Death of the <b>Life Assured</b>.</li> </ul>

<b>CLAIMS</b>	<b>8</b>	Written notice of a claim must be given to <b>Us</b> within ninety (90) days after the <b>Diagnosis</b> of any <b>Critical Illness</b> . Notice can be given by <b>You</b> or on <b>Your</b> behalf.
<b>PROOF OF POSITIVE DIAGNOSIS</b>	<b>9</b>	Written proof of <b>Diagnosis</b> of any <b>Critical Illness</b> must be furnished to <b>Us</b> within ninety (90) days after the date of such <b>Diagnosis</b> . Any expense incurred in providing due proof of a claim shall be borne by <b>You</b> . <b>We</b> shall have the right and opportunity to call for an examination of the <b>Life Assured</b> at <b>Our</b> expense when and as often as <b>We</b> may reasonably require during the assessment of a claim.
<b>FORFEITURE OF PREMIUMS</b>	<b>10</b>	If this <b>Policy</b> is avoided or is terminated under any of the terms and conditions of this <b>Policy</b> , all <b>Total Premiums</b> paid shall be absolutely forfeited to <b>Us</b> .
<b>WORLDWIDE COVER</b>	<b>11</b>	Cover under this <b>Policy</b> applies twenty-four (24) hours a day, anywhere in the world. If you are overseas during the period of a claim, <b>Benefits</b> will be paid in New Zealand currency.
<b>ENTIRE CONTRACT</b>	<b>12</b>	This <b>Policy</b> is the entire contract of insurance between <b>You</b> and <b>AIA New Zealand</b> . It comprises the following parts: <ul style="list-style-type: none"> <li>• <b>Your</b> application for insurance; and</li> <li>• this <b>Policy</b> wording; and</li> <li>• the <b>Policy Schedule</b>; and</li> <li>• any other written notice that <b>AIA New Zealand</b> gives <b>You</b>; and</li> <li>• any written notice that <b>You</b> give <b>Us</b>.</li> </ul>
<b>TAX CHANGES</b>	<b>13</b>	In the event of any changes in taxation after the <b>Policy Commencement Date</b> which affects the <b>Benefits</b> or <b>Our</b> liability, <b>We</b> may make such amendments or modifications to the <b>Premium</b> and <b>Benefits</b> and this <b>Policy</b> as <b>We</b> consider appropriate.
<b>TRAUMA COVER BENEFITS PAYABLE WHERE MORE THAN ONE (1) LIFE ASSURED</b>	<b>14</b>	If there is more than one (1) <b>Life Assured</b> shown on the <b>Policy Schedule</b> , <b>We</b> will pay the Trauma Cover <b>Benefits</b> for each <b>Life Assured</b> . The amount of the <b>Benefit</b> payable for a <b>Critical Illness</b> will be the <b>Benefit</b> payable for that person under this <b>Policy</b> . The Trauma Cover <b>Benefit</b> will end when all <b>Lives Assured's</b> have suffered a <b>Critical Illness</b> , and to the extent a Trauma Cover <b>Benefit</b> is payable in respect to each of them, that <b>Benefit</b> has been paid.
<b>GENERAL</b>	<b>15</b>	<p><b>A</b> This <b>Policy</b> does not participate in bonus distributions or acquire a cash surrender, loan or maturity value.</p> <p><b>B</b> Where this <b>Policy</b> refers to an Act of Parliament, this includes any Regulations made under it. It also includes any Act or Regulations enacted in substitution.</p> <p><b>C</b> <b>Your</b> life insurance <b>Policy</b> is part of the <b>AIA New Zealand</b> Statutory Fund, effective 1<sup>st</sup> September 2013. This is a requirement under the Insurance (Prudential Supervision) Act 2010, for policyholder protection.</p>

**FREE LOOK PERIOD**    **16**            To enable **You** to consider the **Policy** in detail **You** will have a free look period of fourteen (14) days after **You** receive **Your Policy** document. During this period, if **You** decide that the **Policy** does not suit **Your** needs then **You** may return it to **Us** and receive a full refund of all **Total Premiums** paid and the **Policy** will be cancelled.

**NOTICES**                            **17**            Should **You** write to **Us** about this **Policy**, **You** must send the letter to **Our** head office in New Zealand as notified by **Us** to **You** from time to time.

The postal address of **AIA New Zealand's** head office is:

**AIA New Zealand**  
Private Bag 300981  
Albany  
AUCKLAND CITY 0752

The street address of **AIA New Zealand's** head office is:

**AIA New Zealand**  
Level 15  
5-7 Byron Avenue  
Takapuna  
AUCKLAND CITY 0622

SAMPLE

## SECTION C - TRAUMA COVER BENEFITS

### BENEFIT

- 1 If the **Life Assured** is **Diagnosed** (as defined below) to be suffering from a **Critical Illness**, **We** will pay the Trauma Cover **Benefit** specified on the **Policy Schedule** (adjusted in accordance with this **Policy**) provided that:
- A** The Trauma Cover **Benefit Total Premium** has been paid.
- B** For those conditions underlined in paragraph D below, **We** will pay the **Benefit** after the **Policy Commencement Date** shown in the **Policy Schedule** provided that the **Life Assured** first suffers that condition at any time after ninety (90) days from the **Receipt of Application**, including any reinstatements and/or increases (other than **Consumer Price Index Increases**) of the **Policy**. To be covered, the **Critical Illness** condition must have first **Manifested** itself at least ninety (90) days from the **Receipt of Application**, including reinstatements and/or a commencement of a **Benefit**, or increase (other than **Consumer Price Index Increases**) of the **Policy**.  
This provision is always subject to Clause 13 "Survival For At Least Fourteen (14) Days" below.
- C** For those conditions not underlined in paragraph D below, **We** will pay the **Benefit** provided the **Life Assured** is still alive fourteen (14) days after the event causing the claim subject to the terms under Clause 13 "Survival For At Least Fourteen (14) Days" below. To be covered, the **Critical Illness** condition must have first **Manifested** itself after the **Policy Commencement Date** shown in the **Policy Schedule**, or the date of any reinstatement, commencement of a **Benefit**, or increase (other than **Consumer Price Index Increases**) of the **Policy**.
- D** The **Critical Illness** is one (1) of the following illnesses included within the definition of **Critical Illness** set out in Clause 3 "**Critical Illness**" under Section D "Trauma Cover **Benefit** Definitions":
- Accidentally Acquired HIV
  - Advanced Diabetes
  - Alzheimer's Disease
  - Angioplasty
  - Aplastic Anaemia
  - Benign Brain Tumour
  - Blindness
  - Cardiomyopathy
  - Chronic Liver Failure
  - Chronic Lung Disease
  - Cognitive Impairment
  - Coma
  - Coronary Artery Bypass Surgery
  - Creutzfeldt-Jakob Disease
  - Critical Cancer
  - Dementia
  - Encephalitis
  - Heart Attack
  - Heart Valve Replacement
  - Heart Valve Surgery
  - Intensive Care Treatment
  - Kidney Failure
  - Loss of Independence
  - Loss of one limb



- Loss of use of Limbs and Sight of one eye
- Major Head Trauma
- Major Organ Transplant
- Malignant Melanoma
- Meningitis and/or Meningococcal Disease
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Out of Hospital Cardiac Arrest
- Paralysis (Quadriplegia, Paraplegia, Diplegia, Hemiplegia)
- Parkinson's Disease
- Percutaneous Repair of the abdominal aorta
- Peripheral Neuropathy
- Permanent Loss of Hearing
- Permanent Loss of Speech
- Pneumonectomy
- Prostate Cancer
- Pulmonary Arterial Hypertension (Primary)
- Rheumatoid Arthritis
- Serious Burns
- Severe Burns
- Severe Inflammatory Bowel Disease
- Severe Osteoporosis
- Stroke
- Surgery to Aorta
- Systemic Lupus Erythematosus
- Systemic Sclerosis
- Terminal Illness
- Triple Vessel Angioplasty

The maximum Trauma Cover **Benefit** that **We** will pay per **Life Assured** is \$2,000,000 irrespective of the number of **Policies** held.

**MEDICAL  
ADVANCEMENTS**

2

If the medical diagnostic techniques and investigations used in **Critical Illness** definitions have been superseded due to medical advancements, we will consider other appropriate and medically recognised methods or tests that conclusively **Diagnose** the condition to at least the same severity.

The following requirements must be met for a claim to be considered:

- The new diagnostic techniques and investigations are not experimental and are medically necessary and medically equivalent or superior to the original diagnostic technique or investigation.
- Any new diagnostic techniques and investigations must be deemed medically acceptable based on medical standards and medically recognised in Australia or New Zealand by a **Registered Medical Specialist**.

**PREMIUM**

3

The annual **Total Premium** (or instalment) is payable for the entire duration of the **Benefit**.

If the **Policy Schedule** shows **You** have selected a Level **Premium** option for the first three (3) years from the **Policy**

**Commencement Date, We** will guarantee not to increase **Your Premium Rates**.

After the three (3) year **Premium Guarantee Period** ends, **Your Policy** may be subject to any increase in **AIA New Zealand's** underlying **Premium Rates**.

At the end of the selected Level **Premium** period the **Premium** will be recalculated based on the age of the **Life Assured**.

Subsequent Level **Premiums** will be recalculated at each **Policy Anniversary Date** based on the age of the **Life Assured**.

Or

If the **Policy Schedule** shows that you have selected a one (1) Year **Premium Step** option, **Your Trauma Cover Benefit** Premium specified in the **Policy Schedule** will be recalculated at the expiration of the initial and subsequent **Premium Guarantee Periods**, based on the age next birthday of the **Life Assured**.

**INFLATION  
ADJUSTED BENEFIT  
OPTION**

4

If the **Policy Schedule** shows **You** have selected the Inflation Adjusted **Benefit** option, the Trauma Cover **Benefit** will increase on each anniversary of the **Policy Commencement Date** by an amount equal to the **Consumer Price Index Increase** for the year ended 30 September for which figures are available at the date the **Sum Assured** is to be increased. **You** may decline any **Consumer Price Index Increase**.

This option expires upon termination of the **Policy** in accordance with Clause 7 "Termination" under Section B above. This option will cease once the maximum total **Sum Assured** of \$2,000,000 has been reached.

**LEVEL BENEFIT  
OPTION**

5

If the **Policy Schedule** shows that **You** have selected the Level **Benefit** option, the Trauma Cover **Benefit** will remain at the amount specified on the **Policy Schedule**.

**LEVEL INDEXED  
BENEFIT OPTION**

6

If the **Policy Schedule** shows that **You** have selected the Level Indexed **Benefit** option, the Trauma Cover **Benefit** will increase on each anniversary of the **Policy Commencement Date** by the percentage amount shown on the **Policy Schedule**.

This option expires upon termination of the **Policy** in accordance with Clause 7 "Termination", Section B. This option will cease once the maximum total **Sum Assured** of \$2,000,000 has been reached.

This **Benefit** will expire on the **Policy Anniversary Date** after the **Life Assured** reaches seventy (70) years old.

**CHILDREN'S  
TRAUMA TOP UP  
BENEFIT**

7

This **Benefit** includes Children's Trauma Top Up **Benefit** and Pregnancy Complications **Benefit**, as follows:

**CHILDREN'S TRAUMA TOP UP BENEFIT**

If the **Policy Schedule** shows that **You** have selected the **Children's Trauma Top Up Benefit**, **We** will pay **You**, \$75,000 if an **Insured Child** (as defined below) is first **Diagnosed** (defined in Section D of this Policy) as suffering from any one (1) of the **Critical Illnesses** defined in Clause 3 of Section D of this **Policy**, during the term of the **Policy**.

**Insured Child** means a **Child** who:

1. has been nominated by **You** on the application form for this **Policy**; and
2. has never been the subject of a **Children's Trauma Top Up Benefit** or **Children's Benefit** claim under an **AIA New Zealand Trauma Cover Benefit**.

The **Children's Trauma Top Up Benefit** will only be payable once for each **Insured Child**. A claim paid under the **Children's Trauma Top Up Benefit** will not affect the amount of any Trauma Cover **Benefit** which may be claimed in respect of the relevant **Life Assured**.

The **Children's Trauma Top Up Benefit** does not increase with the **Consumer Price Index**.

#### **Exclusions**

The **Children's Trauma Top Up Benefit** is not payable for any **Insured Child's Critical Illness**, which directly or indirectly, was caused by, resulted from or was in any way connected to:

1. a pre-existing condition; and/or
2. a condition that has **Manifested** prior to the commencement date of the **Children's Trauma Top Up Benefit**; and/or
3. a congenital condition or defect whether known or unknown; and/or
4. an injury caused by **You**, a parent of the **Child** and/or a guardian.

#### **PREGNANCY COMPLICATIONS BENEFIT**

If the **Policy Schedule** shows that **You** have selected the **Children's Trauma Top Up Benefit**, **We** will pay **You** \$10,000 if **You** suffer for the first time and at least 12 months after the **Policy Commencement Date** one of the defined pregnancy complication conditions:

- **Disseminated Intravascular Coagulation.**
- **Eclampsia.**
- **Hydatidiform Mole.**

Payment of the Pregnancy Complications **Benefit** will not reduce the Trauma Cover **Benefit**.

**We** will not pay this **Benefit** if the **Life Assured** suffers the pregnancy complication condition or has any symptom(s) or signs leading to the pregnancy complication condition (whether or not a **Registered Medical Specialist** has been consulted) within 12 months after the **Policy Commencement Date**.

**Disseminated intravascular coagulation (DIC)** means over activation of the coagulation and fibrinolytic system resulting in microvascular thrombosis and consumption of platelets and coagulation factors.

DIC complicating pregnancy may follow any major haemorrhage, pre-eclampsia, amniotic fluid embolism, endotoxic shock, and when foetal death occurs after 20 weeks.

**Eclampsia** means the occurrence of grand mal seizures in the presence of hypertension, proteinuria and oedema complicating a pregnancy, and not being due to other causes such as epilepsy.

**Hydatidiform Mole** means development of multiple fluid filled cysts in the uterus after the degeneration of the placenta which results in the death of the embryo as confirmed by a **Registered Medical Specialist**.

The Reinstatement Option under Clause 17 does not apply for the Children's Trauma Top Up **Benefit**.

**CHILDREN'S  
BENEFIT (INBUILT)**

8

We will pay **You**, the lesser of fifty thousand dollars (\$50,000) or 20% of the **Life Assured's Sum Assured**, if an **Insured Child** (as defined below) is first **Diagnosed** (defined in Section D of this Policy) as suffering from any one (1) of the **Critical Illnesses** defined in Clause 3 of Section D of this **Policy**, during the term of the **Policy**.

**Insured Child** means a **Child** who has never been the subject of a **Children's Benefit** or **Children's Trauma Top Up Benefit** claim under an **AIA New Zealand Trauma Cover Benefit**.

The **Children's Benefit** will only be payable once for each **Insured Child** irrespective of the number of **Trauma Cover Benefits** the **Insured Child's** parent(s) or legal guardian(s) hold with **AIA New Zealand**. A claim paid under the **Children's Benefit** will not affect the amount of any **Trauma Cover Benefit** which may be claimed in respect of the relevant **Life Assured**.

The **Children's Benefit** does not increase with the **Consumer Price Index**.

**Exclusions**

The **Children's Benefit** is not payable for any **Insured Child's Critical Illness**, which directly or indirectly, was caused by, resulted from or was in any way connected to:

1. a pre-existing condition; and/or
2. a condition that has **Manifested** prior to the commencement date of the **Children's Benefit**; and/or
3. a congenital condition or defect whether known or unknown; and/or
4. an injury caused by **You**, a parent of the **Child** and/or a guardian.

**CHILDREN'S  
BENEFIT  
CONVERSION  
OPTION**

9

A

The **Children's Benefit** can be converted to Standalone Trauma Cover with a maximum **Sum Assured** of Fifty Thousand dollars (\$50,000) or 20% of the **Life Assured's original Sum Assured** whichever is the lesser, or where the **Life Assured's Sum Assured** has reduced the conversion will be calculated on the reduced **Sum Assured** without further medical evidence. Once converted an applicable premium will be payable.

B

If the **Policy Schedule** shows **You** have selected the **Children's Trauma Top Up Benefit** this can be converted to Standalone Trauma Cover with a maximum **Sum Assured** of (\$75,000), without further medical evidence. Once converted an applicable premium will be payable.

- The conditions that apply to the **Children's Benefit** Conversion Option are as follows:
- Conversion cannot occur if the **Insured Child** has claimed or was eligible to claim under the **Children's Benefit** and/or **Children's Trauma Top Up Benefit**; and
  - **Your** request for conversion must be received by **AIA New Zealand** in writing; and
  - **Your** request must be received by **AIA New Zealand** within sixty (60) days of the **Policy** anniversary after the **Insured Child's** twenty first (21st) birthday.

**OPTIONAL WOMAN'S  
ADDITIONAL  
CANCER BENEFIT** 10

If the **Policy Schedule** shows that **You** have selected the Woman's Additional Cancer **Benefit** option a Woman's Additional Cancer **Benefit** may be paid to **You** in respect of the **Life Assured**. Such a **Benefit** will be limited to 25% of the **Sum Assured** or \$75,000 whichever is the lesser.

Payment of this **Benefit** will result in an equal reduction in the Trauma Cover **Benefit** under this **Policy**. This **Benefit** provides cover for carcinoma-in-situ of the cervix, vagina, vulva, fallopian tubes and ductal carcinoma-in-situ of the breast as defined in Clause 4 "Optional Woman's Additional Cancer **Benefit**" under Section D of this **Policy**.

**We** will pay the **Benefit** provided the **Life Assured** first suffers that condition at any time after one hundred and eighty (180) days from the **Policy Commencement Date** shown in the **Policy Schedule**, or the date of any reinstatement or increase (other than **Consumer Price Index Increases**). This is always subject to Clause 13 "Survival For At Least Fourteen (14) Days".

**RENEWAL** 11

The Trauma Cover **Benefit** may be renewed up to the anniversary of the **Policy Commencement Date** following the **Life Assured** attaining age seventy five (75).

**FUNERAL BENEFIT** 12

**We** will pay **You** a Funeral **Benefit** of \$15,000 if the **Life Assured** dies during the term of this **Policy** and no Trauma Cover **Benefit** is payable.

Payment shall not be made if the death was a result of suicide whether the **Life Assured** was sane or insane, within thirteen (13) months from the **Policy Commencement Date** or date of the last reinstatement or increase (other than **Consumer Price Index Increases**) of this **Policy**. A Funeral **Benefit** shall not be paid if the **Policy Schedule** shows that you have selected an **Accelerated Benefit**.

**SURVIVAL FOR AT  
LEAST FOURTEEN  
(14) DAYS** 13

A Trauma Cover **Benefit** will not be paid if the **Life Assured** dies as a result of a **Critical Illness** event within the fourteen (14) day period following the date of **Diagnosis** of the **Critical Illness** event.

**PAYMENT OF  
STANDALONE  
BENEFIT** 14

If the **Policy Schedule** shows that **You** have selected a Standalone **Benefit**, this **Benefit** will be cancelled when **We** make payment of the Trauma Cover **Benefit**.

**PAYMENT OF  
ACCELERATED  
BENEFIT** 15

If the **Policy Schedule** shows that you have selected an **Accelerated Benefit** Your Life Cover **Benefit** will be reduced by the amount of the **Accelerated Benefit** paid. Any other **Accelerated Benefit** on Your **Policy Schedule** will be

reduced to the new Life Cover **Benefit**. If as a result of the payment of the **Accelerated Benefit** the Life Cover **Benefit** is reduced to nil the Life Cover **Benefit** and any remaining **Accelerated Benefits** on **Your Policy Schedule** will be terminated.

**BUYBACK LIFE  
COVER BENEFIT**

16

If the **Policy Schedule** shows that **You** have selected an Accelerated Trauma Cover **Benefit** and a claim has been paid for any of the following covered conditions, the relevant wait period is six (6) months from the date the Accelerated Trauma Cover claim was paid • Paraplegia, Quadriplegia, Diplegia and Hemiplegia • Parkinson's Disease • Alzheimer's Disease • Dementia • Blindness • Loss of use of Limbs and Sight of one eye • Multiple Sclerosis • Permanent loss of hearing.

If a claim has been paid for any of the other covered conditions set out (in Section D, Clause 3), the relevant wait period is twelve (12) months from the date the Accelerated Trauma Cover claim was paid.

After the relevant wait period **You** may effect Life Cover with **Us** under a **Policy** or **Policies**, without needing to provide evidence of health of the **Life Assured**, for a sum not exceeding the claim amount paid under the Accelerated Trauma Cover **Benefit**. The Life Cover will be based on the age of the **Life Assured** and **Our Premium Rates** at the time, and will be subject to any loadings or restrictions (if any) which apply to this **Policy**. The Life Cover will not be eligible for the Inflation Adjusted Benefit option, Special Events Increase Option or the Level Indexed **Benefit** Option.

The option must be exercised within sixty (60) days of the relevant wait period of the payment of the Trauma Cover claim, failing which, the option to effect such covers shall lapse.

This option is also available in the event of an Angioplasty claim being made.

In order to exercise this option, the **Policy Owner(s)** must make the request in writing to **Us**.

**REINSTATEMENT  
OPTION**

17

If the **Policy Schedule** shows **You** have selected the Reinstatement Option, on the first anniversary of the payment of a Trauma Cover claim, **You** may reinstate the Trauma Cover with **Us** under a **Policy** or **Policies**, without needing to provide evidence of health of the **Life Assured**, for a sum not exceeding 100% of the claim amount paid under the Trauma Cover **Benefit**. The Trauma Cover will be based on the age of the **Life Assured** and **Our Premium Rates** at the time and will be subject to any loadings or restrictions (if any) which apply to this **Policy**. The option must be exercised within sixty (60) days of the first anniversary of the payment of the Trauma Cover claim, failing which, the option to effect such cover on that anniversary shall lapse. The reinstated cover will not be subject to the Inflation Adjusted **Benefit** Option, Special Events Increase Option or the Level Indexed **Benefit** Option.

**You** cannot exercise this Reinstatement Option where a Trauma Claim payment has been made for any partial or **Advance Payment**.

In order to exercise this option, **You** must make the request in writing to **Us**.

**We** will pay a claim under the reinstated cover if the **Life Assured** suffers from a **Critical Illness**, and if:

- a) the **Life Assured** has not claimed under the same or a **Related Critical Illness Event** (refer below for definition of a **Related Critical Illness Event**); or
- b) it is not a condition that has occurred as a direct or indirect result of the original **Critical Illness** event; or
- c) it is not a stroke (including paralysis as a result of a cerebrovascular accident) and the original claim was for a cardio-vascular related condition; or
- d) the **Critical Illness** event occurs after the cover has been reinstated.

If the original Trauma Cover claim was for either **Critical Cancer**, (as defined in Clause 3 "**Critical Illness**" under Section D "Trauma Cover **Benefit** Definitions" below) or cardio-vascular related condition, a discount will apply to the **Premium** on the reinstated cover.

#### **Definition of a Related Critical Illness Event**

- Paralysis (as defined in Clause 3 "**Critical Illness**" under Section D "Trauma Cover **Benefit** Definitions" below).
- Cardio-Vascular - Heart Attack, Coronary Artery Surgery, Heart Valve Replacement, Surgery to Aorta, Pulmonary Arterial Hypertension, Triple Vessel Angioplasty or Cardiomyopathy (as defined in Clause 3 "**Critical Illness**" under Section D "Trauma Cover **Benefit** Definitions" below).

#### **SPECIAL EVENTS INCREASE**

18

**You** may at any time prior to the **Life Assured** reaching age sixty-five (65) increase the **Sum Assured** for the Trauma Cover **Benefit** under this **Policy** on the occurrence of any of the **Special Events** (A-J) listed below without further evidence of health.

Requests for increases must be made within twelve (12) months of a **Special Event** except where the request relates to a **Mortgage** covering a residential investment property which must be made within ninety (90) days of taking out the **Mortgage**. **You** can make more than one Special Events increase during each **Policy Year**. **You** may increase the **Sum Assured** more than once in respect of each Special Event (A-J) listed below during the term of the **Policy**. Evidence will need to be provided as specified below, together with any further evidence that **We** may request.

A Special Events increase is NOT available if the **Life Assured**:

- a. Has been accepted under the **Trauma** or **Total and Permanent Disability Cover Benefit** on special terms and/or with additional exclusions

- and/or with a **Premium** loading; and/or
- b. Has made a claim or is eligible to claim under any **Disability Income, Total and Permanent Disability Cover, Trauma Cover** and/or **Life Cover Policy** with **AIA New Zealand**. For the sake of clarity this includes any claim currently under assessment.

The increase in respect of each **Special Event** is up to 50% of the original **Sum Assured** up to a maximum of \$300,000. The minimum increase in respect of each **Special Event** is 10% of the original **Sum Assured**.

The **Premium** for the increased cover will be based on the age of the **Life Assured** and **Our Premium Rates** at the time the option is exercised.

In the event of the increase being for a salary increase for the **Life Assured**, the amount of increase will be restricted to the lesser of:

1. \$300,000; or
2. 50% of the original **Sum Assured**; or
3. Five (5) times the increase in wage or salary on an annualised basis.

In the event of the increase being for a mortgage, the amount of increase will be restricted to the lesser of:

1. \$300,000; or
2. 50% of the original **Sum Assured**; or
3. The mortgage amount or increase in mortgage amount.

The total increase in the **Sum Assured** in respect of the aggregate of all **Special Events** is limited to \$600,000 across all policies for each **Life Assured**.



## SPECIAL EVENTS

- A MARRIAGE or CIVIL UNION of the Life Assured**  
A copy of the Marriage Certificate or Copy of Particulars of Civil Union must be provided to **Us** confirming the date of **Marriage or Civil Union**.
- B DIVORCE or LEGAL SEPARATION of the Life Assured**  
A copy of the Dissolution Order or Separation Order must be provided to **Us** confirming the date of the **Divorce or Legal Separation**.
- C BIRTH of a Child of the Life Assured**  
A copy of the Birth Certificate showing the relationship to the **Life Assured** must be provided to **Us**.
- D ADOPTION by the Life Assured**  
A copy of the **Adoption** papers showing the relationship to the **Life Assured** must be provided to **Us**.
- E SALARY INCREASE for the Life Assured**  
Evidence of the increase in wage or salary must be provided in a form that is acceptable to **Us**. This option is not available if the **Life Assured** is a controlling director, self-employed or if the **Life Assured** can control their level of wage or salary.
- F TAKING FULL-TIME CARE OF A DEPENDANT of the Life Assured**  
The **Life Assured** becoming responsible for the **Full-Time Care** of a relative who is the mother, father, brother, sister, son, daughter, grandfather or grandmother of the **Life Assured**. Evidence must be provided that is acceptable to **Us**.
- G TERTIARY EDUCATION of a Child of the Life Assured**  
The commencement of a first course of full-time tertiary education by a **Child of the Life Assured**. The course must commence within three (3) years of the **Child** leaving secondary education, and must be of at least twelve (12) months duration. The course must directly lead to a qualification that is approved by the New Zealand Ministry of Education, and must take place at a tertiary education institution approved by the New Zealand Ministry of Education within New Zealand. Supporting evidence must be provided that is acceptable to **Us**.
- H MORTGAGE**  
The taking out or increasing of a mortgage for the purchase of, or making extensions to, a residential property or residential investment property to be owned by the **Life Assured**, or **Child of the Life Assured** where the **Life Assured** is acting as a guarantor for the mortgage. A copy of the appropriate mortgage documentation must be provided to **Us**.
- I CHILD OF THE LIFE ASSURED STARTING SECONDARY EDUCATION**  
The commencement of secondary school for the first time by a **Child of the Life Assured**. A copy of the **Child's** birth certificate and enrolment form must be provided to **Us**.
- J DEATH OF SPOUSE OR PARTNER**  
Death of spouse or partner of the **Life Assured** as defined in the Property (Relationships) Act 1976. A copy of the death certificate for the **Life Assured's** spouse or partner must be provided to **Us**.

**GUARANTEED  
PASS BACK OF  
BENEFIT  
ENHANCEMENTS**

19

If **We** make future enhancements to **Our Policy** wordings that do not result in a **Premium** increase, **We** will pass back the enhanced benefit, feature and/or condition automatically to **You**.

The enhanced benefit, feature and/or condition will only apply to claimable events which occur after the date **We** pass back the enhanced benefit, feature and/or condition to **You**.

Any underwriting exclusion or special terms that apply to this **Policy** will not be altered by any enhanced benefit, feature and/or condition.

This **Benefit** is to ensure that **You** are not disadvantaged as a result of the enhanced benefit, feature and/or condition. If **You** are inadvertently disadvantaged in anyway then the previous **Policy** wording will apply.

**SUSPENSION OF  
PREMIUM BENEFIT**

20

**You** can apply for a Suspension of Premium **Benefit**. The request must be made in writing by **You** to **Us** and, if accepted by **Us**, will end on premium payments resuming or six months (6) has elapsed (whichever is sooner). Valid reasons for the Suspension of Premium **Benefit** are listed below:

- Employer approved leave without pay; or
- Overseas travel; or
- Employer approved parental leave; or
- Tertiary Education; or
- Redundancy; or
- Any other event **We** agree to, at **Our** sole discretion.

Whilst this **Benefit** is in force no claim is payable by **Us** to **You** under this **Policy**. When **Premium** payments resume, no claim will be considered in respect of any events, symptoms or conditions which first **Manifested** itself during the period of **Premium** suspension regardless of whether any medical advice was sought and/or whether a condition was **Diagnosed** or not.

**TOTAL AND  
PERMANENT  
DISABILITY  
BENEFIT OPTION**

21

If the **Policy Schedule** shows that **You** have selected the Total and Permanent Disability **Benefit** option, then one (1) of the following conditions will be covered under this **Benefit**.

**A**

If the **Policy Schedule** shows **You** have selected the "any occupation" option the definition is:

The **Life Assured** being absent from his or her immediate pre-disability **Employment** as a result of injury or illness for a period of three (3) consecutive months and is so disabled that in **Our** opinion, after consideration of medical evidence satisfactory to **Us**, that he or she is unlikely ever to engage in work in any occupation for reward that he or she is reasonably qualified by education, training or experience which would remunerate at a rate greater than 25% of his or her earnings over the last twelve (12) consecutive months period of **Employment**.

Or

**B**

If the **Policy Schedule** shows **You** have selected the "own occupation" option the definition is:

The **Life Assured** being absent from his or her immediate pre-disability **Employment** as a result of injury or illness for a period of three (3) consecutive months and is so disabled that in **Our** opinion, after consideration of medical evidence satisfactory to **Us**, is unlikely to ever resume work in or ever attend to his or her **Usual Occupation**.

This Total and Permanent Disability **Benefit** expires on the **Life Assured's** sixty-fifth (65th) birthday.

**RETURN TO HOME  
BENEFIT**            22

**We** will pay a Return To Home **Benefit** if the **Life Assured** is outside of New Zealand and suffers, for the first time, a **Critical Illness** .

The Return To Home **Benefit** will reimburse the cost of a standard economy flight back to New Zealand for the **Life Assured** and one (1) support person.

**You** will need to provide evidence of the transport costs satisfactory to **Us** before a claim under the Return To Home **Benefit** will be paid.

In total the maximum **We** will pay over the life of the **Policy** under the Return To Home **Benefit** is \$10,000. A Return To Home **Benefit** is paid in addition to the Trauma Cover **Benefit**.

No payment will be made if the **Life Assured** is covered for the same event with a travel insurance provider.

**STANDALONE  
CONVERSION  
OPTION**            23

**You** may convert Stand Alone Trauma Cover to Accelerated Trauma Cover with an equal amount of Life Cover without any further medical evidence provided that:

- a. The **Life Assured** was not accepted on special terms and/or with additional exclusions and/or with a **Premium** loading; and
- b. This option is exercised at least five (5) years prior to the expiry date of this **Policy**; and
- c. The age of the **Life Assured** does not exceed sixty 60 years of age at the **Date of Conversion**; and
- d. The **Life Assured** has not made a claim and is not eligible to claim under their Stand Alone Trauma policy. For the sake of clarity this includes any claim currently under assessment; and
- e. The Accelerated Trauma **Sum Assured** does not exceed the Stand Alone Trauma **Sum Assured**; and
- f. The Life Cover **Sum Assured** does not exceed the Accelerated Trauma Cover **Sum Assured**.

The **Premium** for the conversion will be based on the age of the **Life Assured** and **Our Premium Rates** at the time this option is exercised.

If a claim is payable under the Accelerated Trauma Cover **Benefit**, this is subject to Section C, Clause 13 "Survival For At Least Fourteen (14) Days".

If the death of the **Life Assured** occurs within three (3) months of the **Date of Conversion**, other than by **Accidental Death**, then this conversion is void and the Stand Alone Trauma Cover **Benefit** will be reinstated from the **Date of Conversion**.

**Date of Conversion** means the later of the effective date or the actual date from which **We** receive the increased **Premium** for the Life Cover and Accelerated Trauma cover.

**Accidental Death** means death which is the result of external or internal bodily injury caused directly by violent external visible means, not attributable to any other event.

The BuyBack Life Cover **Benefit** does not apply to Life Cover issued under the Stand Alone Conversion Option.

This option is not available for a **Life Assured** under the age of sixteen (16).

<b>CONVERSION OPTION</b>	<b>24</b>	<p><b>You</b> may at any time prior to the <b>Life Assured</b> reaching age sixty five (65):</p> <p><b>A</b> Convert all or part of the Trauma Cover <b>Benefit</b> from the <b>Premium</b> specified in <b>Your Policy Schedule</b> to a Level <b>Premium</b> structure. The Trauma Cover <b>Benefit</b> under this <b>Policy</b> will be reduced by the amount of insurance so converted; or</p> <p><b>B</b> Convert a Level <b>Premium</b> Term to a further Level <b>Premium</b> Term, of which duration may be the same or less than current Level <b>Premium</b> term.</p> <p><b>We</b> will not require <b>You</b> or the <b>Life Assured</b> to produce further medical evidence at the time of conversion. The terms and conditions of the new <b>Policy</b> will be those which are then offered by <b>Us</b> to the general public. <b>Premiums</b> will be calculated on the current age of the <b>Life Assured</b>. Any loading(s) and/or exclusion(s) that applied to <b>Your</b> existing Trauma Cover <b>Benefit</b> will apply to <b>Your</b> new Trauma Cover <b>Benefit</b>.</p>
<b>FINANCIAL PLANNING AND LEGAL BENEFIT</b>	<b>25</b>	<p>Upon payment of a full Trauma Cover <b>Benefit</b>, <b>We</b> will pay an additional lump sum of \$1,000 to the <b>Policy Owner</b> for the purposes of seeking financial planning and/or legal advice. Only one (1) Financial Planning and Legal <b>Benefit</b> payment per <b>Life Assured</b> will be made regardless of the number of additional <b>Policies</b> held with <b>Us</b>.</p> <p>The Financial Planning and Legal <b>Benefit</b> is not payable for a claim for a <b>Child</b> of the <b>Life Assured</b> under the Children's Trauma Top Up <b>Benefit</b>, Children's <b>Benefit</b> or the Newborn Children's <b>Benefit</b>.</p>
<b>PARENTS GRIEVING BENEFIT</b>	<b>26</b>	<p>If during the term of this <b>Policy</b>, a <b>Life Assured's Child</b> dies, then <b>We</b> will pay a Parents Grieving <b>Benefit</b> immediately upon receiving written notification of the death of the <b>Child</b> subject to the following:</p> <ul style="list-style-type: none"><li>• The amount of the <b>Benefit</b> is limited to:</li><li>• \$2,000 if the <b>Child</b> is under ten (10) years of age, and</li><li>• \$15,000 if the <b>Child</b> is ten (10) years of age or older.</li><li>• <b>We</b> will only pay one (1) Parents Grieving <b>Benefit</b> per <b>Child</b> under this policy irrespective of how many <b>Lives Assured</b> are under this <b>Policy</b>, or any other policy containing the Parents Grieving <b>Benefit</b>.</li><li>• This Parents Grieving <b>Benefit</b> ceases when the youngest <b>Child</b> reaches age twenty one (21).</li></ul>
<b>EXCLUSIONS</b>	<b>27</b>	<p>The Trauma Cover <b>Benefit</b> will not be paid if the <b>Critical Illness</b> directly or indirectly was caused by or resulted from self-inflicted injury, whether the <b>Life Assured</b> is sane or insane.</p> <p>Exclusions specific to the optional Women's Additional Cancer <b>Benefit</b>:</p> <ul style="list-style-type: none"><li>• Lobular Carcinoma-in-situ (LCIS) of the breast is specifically excluded.</li><li>• No <b>Benefit</b> will be paid if the condition is first <b>Diagnosed</b> within the first six (6) months of <b>Benefit</b> inception.</li></ul>

- Prophylactic breast surgery, for instance, as a result of family history of breast cancer, is excluded.
- Tumours that are a reoccurrence or a metastasis of a tumour that first occurred within the one hundred and eighty (180) day qualifying period.

**NEWBORN  
CHILDREN'S  
BENEFIT**

28

**We** will pay **You** the Newborn Children's **Benefit** if a biological child of a **Life Assured** is born with one of the following conditions (defined below) and survives for thirty (30) days after birth:

- **Cleft Palate**;
- **Down's Syndrome**;
- **Spina Bifida**;
- **Total Blindness**;
- Absence of two or more **Limbs**.

In order for **Us** to pay a claim under this **Benefit**, **We** will require medical information from a **Registered Medical Specialist** acceptable to **Us** that conclusively evidences the condition. In circumstances where a conclusive **Diagnosis** cannot be made at birth, **We** will defer **Our** assessment of the claim until sufficient evidence can be supplied. For example, this might apply in the case of **Total Blindness**, where a conclusive **Diagnosis** may not be possible until later in the child's life. In these cases, the claims assessment will be based on the child's sight at the date that conclusive **Diagnosis** is first possible.

A claim is only payable under the Newborn Children's **Benefit** if cover remains in effect for the **Life Assured** up to the date that the conclusive **Diagnosis** for the child occurs.

The **Benefit** payable is the lower of \$50,000 or 20% of the **Sum Assured** across all Trauma Cover **Benefit** policies for the **Life Assured**.

**We** will pay a maximum of one claim per **Child** under either the Newborn Children's **Benefit**, Children's **Benefit** or the Children's Trauma Top Up **Benefit**, across all **AIA New Zealand Policies**. The Newborn Children's **Benefit** is only payable where the birth of the child with one of the applicable conditions occurs at least twelve (12) months after the **Policy Commencement Date**.

This requirement applies to all added cover from the date the cover commences, including cover added using the Built-in Trauma Cover **Benefit** or the Special Events Increase option.

**Cleft Palate** means fissure of the palate at birth associated with possible separation of the lip extending into the nose. Clefts can occur on one or both sides of the upper lip. The **Benefit** will only be paid for those cases with cleft palate, or cleft lip and palate. No **Benefit** is payable for hare lip alone.

**Down's Syndrome** means genetic disorder caused by trisomy of chromosome twenty one (21). **Diagnosis** must be confirmed through a confirmatory blood test evidencing the disorder.

**Spina Bifida** means congenital defective closure of the bone encasement of the Spinal cord through which the cord and

meninges may or may not protrude. Only Spina Bifida associated with a meningeal cyst (meningocele) or a cyst containing both meninges and spinal cord (meningomyelocele) or only spinal cord (myelocele) shall be covered.

**Total Blindness** means visual impairment in both eyes (whether reversible or irreversible) evidenced by:

- visual acuity of 6/36 or less in both eyes;
- field of vision reduced to 10 degrees or less of arc in the better eye;
- a combination of visual defects resulting in the same degree of visual impairment as either of the points above; or
- other evidence from a **Registered Medical Specialist** or a specialist acceptable to **AIA New Zealand** that confirms that the above requirements are likely to be satisfied.

**Limb(s)** means an arm, leg, hand or foot. In respect of this definition:

- the arm starts from the shoulder joint and ends at the wrist joint;
- the hand starts from the wrist joint;
- the leg starts from the hip joint and ends at the ankle joint;
- the foot starts from the ankle joint.

**COUNSELLING  
BENEFIT**

29

Upon payment of a full Trauma Cover **Benefit**, and after referral by a **Registered Medical Specialist**, **We** will reimburse up to \$2,500 to cover the cost of a Psychiatrist or Psychologist consultation and/or counselling where the support treatments and/or consultations directly relates to a claim, subject to the following conditions:

- **You** must pay for the consultation and/or counselling within three (3) months following **AIA New Zealand** paying the Trauma Cover **Benefit** claim;
- **You** must provide **Us** with a receipt for the consultation and/or counselling **You** are claiming.

Only one (1) Counselling **Benefit** payment per **Life Assured** will be made regardless of the number of additional **Policies** held with **Us**. This is in addition to the **Sum Assured**.

**SEVERE ILLNESS OR  
INJURY**

30

If the **Life Assured** suffers a medical condition that does not satisfy any condition leading to either a full or partial claim under this **Policy** and it is deemed medically necessary to:

- undergo **Major Invasive Surgery**; or
- be treated using **Major Interventional Treatment**;

which results in hospital admission to:

- > an intensive care unit for a period greater than 48 continuous hours; or
- > a **High Dependency Unit** for a period greater than 96 continuous hours;

and unable to perform at least one (1) **Activity of Daily Living** for a continuous period of Ninety (90) days from being discharged from hospital as certified by a **Registered Medical Specialist**.

A medical condition arising from alcohol or drug abuse or other self-inflicted means is specifically excluded.

This **Benefit** does not apply to any condition specifically excluded in this **Policy** or where an underwriting exclusion has been applied.

**Major Invasive Surgery** – an invasive procedure occurring in a hospital operating theatre involving the incision, excision, manipulation, or suturing of tissue, under general anaesthesia, spinal anaesthesia or epidural. Elective cosmetic procedures are excluded.

**Major Interventional Treatment** – non-surgical procedures or treatments initiated to treat the claimed medical condition including but not limited to: stereotactic radiosurgery, laser therapy, ultrasonic aspiration, chemotherapy, or radiotherapy. Pharmaceutical therapies administered outside of a clinical setting are excluded.

**High Dependency Unit** - A specially staffed and equipped section of an intensive care complex that provides a level of care intermediate between intensive care and general ward care. Patients may be admitted to the high dependency unit:

- from the intensive care unit as a step-down prior to transfer to the ward; or
- directly from the ward, recovery or emergency areas.

## SECTION D - TRAUMA COVER BENEFIT DEFINITIONS

<b>DIAGNOSIS &amp; DIAGNOSED</b>	1	<p>Shall mean the first definitive <b>Diagnosis</b> made in writing by a <b>Registered Medical Specialist</b>, based upon such specific evidence, as referred to in Clause 3 "<b>Critical Illness</b>" below in the definition of the relevant <b>Critical Illness</b> or, in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to <b>Us</b>. Where specified in the definition of a <b>Critical Illness</b>, specialist <b>Diagnosis</b> must be obtained.</p> <p>In the event of any doubt regarding the appropriateness or correctness of the <b>Diagnosis</b>, <b>We</b> shall have the right to call for an examination at <b>Our</b> expense, of either the <b>Life Assured</b> or the evidence used in arriving at such <b>Diagnosis</b>, by an independent acknowledged expert in the field of medicine concerned selected by <b>Us</b> and the opinion of such expert as to such <b>Diagnosis</b> shall be binding on <b>You</b>, the <b>Life Assured</b> and <b>Us</b>.</p>
<b>ADVANCE PAYMENT</b>	2	<p>For some of the <b>Critical Illnesses</b> referred to Clause 3 "<b>Critical Illness</b>", <b>We</b> will pay the lesser of 25% or \$75,000 if the <b>Life Assured</b> meets the <b>Advance Payment</b> criteria. The <b>Advance Payment</b> criteria are specified under the sub-heading <b>Advance Payment</b> below the applicable <b>Critical Illness</b>.</p> <p>Payment of this <b>Advance Payment</b> will result in an equal reduction in the Trauma Cover <b>Benefit</b> under this <b>Policy</b>. No <b>Advance Payment</b> will be paid for the same <b>Critical Illness</b> for which the <b>Life Assured</b> has already been paid a <b>Benefit</b>, unless specifically included.</p>
<b>CRITICAL ILLNESS</b>	3	<p>Shall mean any illnesses, as defined below:</p> <p><b>ACCIDENTALLY ACQUIRED HIV</b></p> <p><b>Accidental HIV Infection</b> means infection with the human immunodeficiency virus (HIV) acquired by accident or violence during the course of the <b>Life Assured's</b> normal occupation or through the medium of a blood transfusion, transfusion of blood products, organ transplant, assisted reproduction technique or other medical procedure or operation performed by a doctor or at a recognised medical facility. Sero-conversion evidence of the HIV infection must occur within six (6) months of the accident. HIV infection transmitted by any other means, including but not limited to sexual activity or non-medical intravenous drug use, is not Accidental HIV Infection under the <b>Policy</b>.</p> <p>Any accident giving rise to a potential claim must be reported to <b>Us</b> within thirty (30) days and be supported by a negative HIV antibody test taken within seven (7) days after the accident. <b>We</b> must be given access to test independently all blood samples used, if <b>We</b> require. <b>We</b> retain the right to take further independent blood tests or other medically accepted HIV tests.</p> <p><b>ADVANCED DIABETES</b></p> <p>The <b>Life Assured</b>:</p> <ol style="list-style-type: none"><li>1. Has been unequivocally <b>Diagnosed</b> for the first time as suffering from insulin dependent Diabetes mellitus Type 1 after the age of thirty (30) by a <b>Registered Medical Specialist</b>; or</li></ol>



2. Suffers severe diabetes mellitus, either insulin or non-insulin dependent, as certified by a **Registered Medical Specialist** and resulting in at least one of the following:
  - Severe Diabetic retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes; or
  - Severe neuropathy causing motor and/or autonomic impairment; or
  - Diabetic gangrene leading to surgical intervention; or
  - Severe Diabetic nephropathy causing chronic irreversible stage 4 renal impairment.

#### **ALZHEIMER'S DISEASE**

**Alzheimer's Disease** means the unequivocal **Diagnosis** of Alzheimer's disease due to failure of the brain function with significant cognitive impairment for which no other recognisable cause has been identified as confirmed by a Consultant Neurologist and resulting in the continual supervision of the **Life Assured** or the **Life Assured** is unable to perform one (1) or more **Activities of Daily Living**. Significant cognitive impairment means deterioration or loss of intellectual capacity as measured by clinical evidence and standardised testing.

**Advance Payment** will be made on the unequivocal **Diagnosis** of Alzheimer's disease by a Consultant Neurologist.

#### **ANGIOPLASTY**

A **Benefit** in respect of **Angioplasty** may be paid to **You** in respect of the **Life Assured**. Such **Benefit** will be limited to 25% of the **Sum Assured** or \$75,000, whichever is the lesser.

Payment of this **Benefit** will result in an equal reduction in the Trauma Cover **Benefit** under this **Policy**.

**Angioplasty** means the actual undergoing of coronary artery angioplasty that is considered necessary by a cardiologist to correct a narrowing or blockage of one (1) or more coronary arteries. Each subsequent coronary artery angioplasty procedure must occur at least six (6) months after the previous coronary artery angioplasty procedure in order for a claim to be made.

#### **APLASTIC ANAEMIA**

**Aplastic Anaemia** means permanent bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment by at least one (1) of the following:

- blood product transfusions; or
- marrow stimulating agents; or
- immunosuppressive agents; or
- bone marrow transplantation.

#### **BENIGN BRAIN TUMOUR**

Means a non-cancerous tumour in the brain, cranial nerves or meninges which produces neurological damage and functional impairment which an appropriate **Registered Medical Specialist** considers to be permanent or requires surgery for its removal or it is deemed medically necessary to be:

- treated using major interventional treatment such as chemotherapy, radiotherapy, laser therapy, ultrasonic aspiration or any other major invasive neurological techniques necessary for the therapeutic management of the tumour; or
- removed through surgery (whether it is able to be removed or not).

The presence of the underlying tumour must be confirmed by CT Scan, MRI or other imaging studies. Excluded are cysts, granulomas, cholesteatomas, malformations in or of the arteries or veins of the brain, haematomas, tumour in the pituitary gland unless it is sufficiently large that:

- it requires open craniotomy to remove it; or
- in the opinion of an appropriate **Registered Medical Specialist**, there is significant and permanent neurological damage such as visual field defects.

### **BLINDNESS**

**Blindness** means that as a result of disease or accident and certified by an ophthalmologist, the:

- a. visual acuity on the Snellen Scale after correction by suitable lenses is less than 6/60 in both eyes; or the
- b. field of vision is constricted to 20 degrees or less of arc around central fixation in the better eye irrespective of corrected visual activity (equivalent to 1/100 white test object); or the
- c. combination of visual defects results in the same degree of vision impairment as that occurring in (a) or (b) above.

**Advance Payment** will be made on the unequivocal **Diagnosis** that all sight is likely to be lost within the next twelve (12) months by an appropriate **Registered Medical Specialist** or the total and irreversible loss of all sight in one eye.

### **CARDIOMYOPATHY**

**Cardiomyopathy** means a condition of impaired ventricular function of variable aetiology resulting in permanent physical impairment to the degree of at least Class III (three) of the New York Heart Association classification of cardiac impairment.

**Advance Payment** will be made on the unequivocal **Diagnosis** of Cardiomyopathy by an appropriate **Registered Medical Specialist**.

### **CHRONIC LIVER FAILURE**

**Chronic Liver Failure** means an unequivocal **Diagnosis** of end stage liver failure as certified by an appropriate **Registered Medical Specialist**, together with one (1) of the following conditions:

- permanent jaundice; or
- ascites; or
- hepatic encephalopathy.

**Advance Payment** will be made on the unequivocal **Diagnosis** of irreversible Chronic Liver Failure by an appropriate **Registered Medical Specialist**.

### **CHRONIC LUNG DISEASE**

**Chronic Lung Disease** means irreversible chronic lung disease as confirmed by a **Registered Medical Specialist** on the basis of respiratory function tests and which satisfies any one of the following criteria:

1. Type I respiratory failure defined as O<sub>2</sub> <60mm hg; or
2. Type 2 respiratory failure defined as CO<sub>2</sub> >45 mm hg; or
3. the provision of home oxygen therapy according to clinical practice guidelines for hypoxia O<sub>2</sub> <55 mm hg (or 60 mm hg in the presence of pulmonary hypertension); or
4. FEV<sub>1</sub> <35% predicted; or
5. DLCO (diffusing capacity or gas transfer) < 40% predicted; or

As a result of **Chronic Lung Disease** the total and irreversible inability of the **Life Assured** to perform at least one (1) of the **Activities of Daily Living** without the assistance of another adult person as certified by an appropriate **Registered Medical Specialist**.

### **COGNITIVE IMPAIRMENT**

**Cognitive Impairment** means a permanent deterioration or loss of intellectual capacity that requires the **Life Assured** to be under continual care and supervision by someone else for at least 4 hours per day, as certified by an appropriate **Registered Medical Specialist**.

### **COMA**

**Coma** means a definite **Diagnosis** of a state of unconsciousness resulting in the following for at least seventy-two (72) hours:

- A documented Glasgow Coma Score of 7 or less; and
- The use of a life support system.

**Coma** as a result of alcohol, drug or substance abuse is excluded.

### **CORONARY ARTERY BYPASS SURGERY**

**Coronary Artery Bypass Surgery** means the actual undergoing of surgery to correct the narrowing or blockage of one (1) or more coronary arteries with bypass grafts for the first time, due to disease of those arteries. The operation must be considered necessary by a Specialist Cardiologist. Non-surgical techniques such as **Angioplasty**, catheter based techniques, laser or other intra-arterial procedures are excluded.

### **CREUTZFELDT-JAKOB DISEASE**

Means the unequivocal **Diagnosis** of **Creutzfeldt-Jakob Disease** by an appropriate **Registered Medical Specialist**, with signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasm, tremor and athetosis resulting in the requirement for permanent and continual medical supervision.

## **CRITICAL CANCER**

**Critical Cancer** means the presence of one (1) or more malignant tumours, characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue, provided the **Diagnosis** is unequivocal as confirmed by histopathology.

This includes leukaemia, lymphomas, Hodgkin's disease, malignant bone marrow disorders but excludes the following tumours:

- Malignant Melanoma which are less than 1.0mm maximum thickness as determined by histological examination based on Breslow thickness unless the melanoma is graded higher than Clark Level 2 depth of invasion or has evidence of ulceration as determined by histological examination; or All other types of skin cancers unless there is evidence of metastases; or
- Intraepithelial neoplasia (including CIN, VIN, PIN, and AIN of the urogenital tract); or
- Low grade dysplasia and high grade dysplasia (including LSIL cervix, HSIL cervix and dysplastic lesions of other organs); or
- CIS or Carcinoma in Situ, including intraepithelial carcinoma, non-infiltrating carcinoma, non-invasive carcinoma and pre-invasive carcinoma; unless treated by **Radical Surgery**, chemotherapy or radiotherapy. This procedure must be the appropriate and necessary treatment as recommended by an appropriate **Registered Medical Specialist** and undertaken specifically to arrest the spread of malignancy. chemotherapy means the use of drugs specifically designed to kill or destroy cancer cells. Adjuvant endocrine manipulation therapy, hormonal manipulation therapy and non-endocrine adjuvant therapy are excluded: or

All tumours of the prostate histologically classified as having a Gleason score less than 6 or less than TMN classification T2. **We** will allow cover for Prostate tumour classified as TNM classification T1 (all categories) or of an equivalent classification if the tumour is confirmed by histological examination and requires the **Life Assured** to undertake major interventionist therapy including radiotherapy, brachytherapy, chemotherapy, biological response modifiers or any other major treatment, or if the tumour is completely untreatable.

## **DEMENTIA**

**Dementia** means the unequivocal **Diagnosis** of Dementia due to failure of the brain function with significant cognitive impairment for which no other recognisable cause has been identified as confirmed by a Consultant Neurologist and resulting in the continual supervision of the **Life Assured** or the **Life Assured** is unable to perform one (1) or more **Activities of Daily Living**.

Significant cognitive impairment means deterioration or loss of intellectual capacity as measured by clinical evidence and standardised testing.

**Advance Payment** will be made on the unequivocal **Diagnosis** of Dementia by a Consultant Neurologist.

### **ENCEPHALITIS**

**Encephalitis** means the severe inflammatory disease of the brain resulting in neurological deficit causing:

- At least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 6th edition, or an equivalent guide to impairment approved by **Us**; or
- A total and irreversible inability to perform at least one (1) **Activity of Daily Living** without the assistance of another adult person.

### **HEART ATTACK**

**Heart Attack** (myocardial infarction) means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The **Diagnosis** must be confirmed by a cardiologist and evidenced by typical rise and/or fall of cardiac biomarker blood test (Troponin T, Troponin I or CK-MB) with at least one level above the 99<sup>th</sup> percentile of the upper reference limit PLUS:

- a. Acute cardiac symptoms and signs consistent with myocardial infarction; or
- b. New serial ECG changes with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block (LBBB); or
- c. 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.

The following are excluded:

- Other acute coronary syndromes including but not limited to angina pectoris; or
- A rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease.

### **HEART VALVE REPLACEMENT**

A **Benefit** in respect of **Heart Valve Replacement** may be paid to **You** in respect of the **Life Assured**. Such **Benefit** will be limited to 25% of the **Sum Assured** or \$75,000 whichever is the lesser.

Payment of this **Benefit** will result in an equal reduction in the Trauma Cover **Benefit** under this **Policy**.

**Heart Valve Replacement** means the actual undergoing of thoracoscopic, laparoscopic, valvotomy, catheter or minimally invasive surgery to treat or repair a cardiac valve as a consequence of heart valve defects or abnormalities. Each surgery to treat or repair the cardiac valve must occur at least six (6) months after the previous cardiac surgery.

Investigative or diagnostic procedures are specifically excluded.

### **HEART VALVE SURGERY**

**Heart Valve Surgery** means the undergoing of surgery to replace or repair a cardiac valve or valves as a consequence of heart valve defects or abnormalities but does not include **Angioplasty**, intra-arterial procedures or other non-surgical techniques.

### **INTENSIVE CARE TREATMENT**

**Intensive Care Treatment** means that an Accident or Illness has resulted in the **Life Assured** requiring continuous mechanical ventilation by means of tracheal intubation for at least three (3) consecutive days (24 hours per day) or to be admitted to the intensive care ward of a registered medical hospital for at least five (5) consecutive days (24 hours per day) at the recommendation of an appropriate **Registered Medical Specialist**.

### **KIDNEY FAILURE**

**Kidney Failure** means end stage renal failure, which presents as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplantation carried out.

### **LOSS OF INDEPENDENCE**

**Loss of Independence** means the **Life Assured** is constantly and permanently unable to perform at least two (2) of the **Activities of Daily Living** without the physical assistance of someone else (if the **Life Assured** can perform the activity on **their** own by using special equipment, **We** will not treat the **Life Assured** as unable to perform that activity).

### **LOSS OF ONE LIMB**

A **Benefit** in respect of a **Loss of one Limb** may be paid to **You** in respect of the **Life Assured**. Such **Benefit** will be limited to 25% of the **Sum Assured** or \$75,000, whichever is the lesser.

Payment of this **Benefit** will result in an equal reduction in the Trauma Cover **Benefit** under this **Policy**.

### **LOSS OF USE OF LIMBS AND SIGHT OF ONE EYE**

The total and irrecoverable loss by disease or trauma of any of:

- the use of both hands; or
- the use of both feet; or
- the use of one (1) hand and one (1) foot; or
- the use of one (1) hand and the sight of one (1) eye (to the extent of 6/60 or less); or
- the use of one (1) foot and the sight of one (1) eye (to the extent of 6/60 or less).

### **MAJOR HEAD TRAUMA**

**Major Head Trauma** means an injury to the head causing:

- At least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 6th edition, or an equivalent guide to impairment approved by **Us**; or
- To be constantly and permanently unable to perform at least two (2) of the **Activities of Daily Living** without the physical assistance of someone else (if the **Life Assured** can perform the activity on their own by using special equipment, **We** will not treat the **Life Assured** as unable to perform that activity).

### **MAJOR ORGAN TRANSPLANT**

**Major Organ Transplant** means the **Life Assured** undergoes, or has been placed on a New Zealand or Australian waiting list approved by **Us** for an organ transplant from a human donor to the **Life Assured** for one or more of the following organs:

- Kidney
- Heart
- Lung
- Liver
- Pancreas
- Small bowel
- The transplant of bone marrow.

The transplantation of all other organs or parts of any organ or of any other tissue or stem cell transplant is excluded. A transplant must be considered medically necessary and the condition affecting the organ deemed untreatable by any means other than organ transplant, as confirmed by a **Registered Medical Specialist**.

### **MALIGNANT MELANOMA**

A **Benefit** in respect of **Malignant Melanoma** will be paid to **You** in respect of the **Life Assured**. Such **Benefit** will be limited to 25% of the **Sum Assured** or \$75,000 whichever is the lesser.

Payment of this **Benefit** will result in an equal reduction in the Trauma Cover **Benefit** under this **Policy**.

**Malignant Melanoma** means a malignant melanoma that is determined by histological examination to be:

- less than 1.0mm maximum thickness as measured using the Breslow method; and
- less than Clark Level 3 depth of invasion; and
- showing no evidence of ulceration.

### **MENINGITIS AND/OR MENINGOCOCCAL DISEASE**

**Meningitis and/or Meningococcal Disease** means the unequivocal **Diagnosis** of Meningitis and/or meningococcal disease including meningococcal septicaemia causing either:

- A 25% impairment of whole person function that is permanent; or
- The total and irreversible inability to perform at least one (1) of the **Activities of Daily Living** without the assistance of another adult person.

### **MOTOR NEURONE DISEASE**

**Motor Neurone Disease** means the unequivocal **Diagnosis** of a progressive form of debilitating motor neurone disease, as confirmed by a **Registered Medical Specialist** who is a consultant neurologist.

### **MULTIPLE SCLEROSIS**

Multiple Sclerosis means a disease characterised by demyelination in the brain and spinal cord.

Multiple Sclerosis must be unequivocally **Diagnosed** by a **Registered Medical Specialist**.

There must be more than one (1) episode of well-defined neurological deficit with persisting neurological abnormalities.

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.

#### **MUSCULAR DYSTROPHY**

**Muscular Dystrophy** means the unequivocal **Diagnosis** by a **Registered Medical Specialist** of muscular dystrophy.

#### **OUT OF HOSPITAL CARDIAC ARREST**

**Out of Hospital Cardiac Arrest** means cardiac arrest that is the sudden breakdown of the heart's pumping function where it:

- is due to asystole or ventricular fibrillation; and
- is not associated with any clinical procedure; and
- is documented by Electrocardiographic (ECG) changes; and
- occurs outside a hospital, ambulance or other medical facility.

**Out of Hospital Cardiac Arrest** requires resuscitation and treatment or investigation in a hospital.

#### **PARALYSIS**

**Paralysis** means the Permanent and Total Loss of function as a result of injury to or disease of the spinal cord or brain as defined below:

- Quadriplegia - loss of function of both arms and legs
- Paraplegia - loss of function of both legs
- Diplegia - loss of function of both sides of the body
- Hemiplegia - loss of function of one side of the body

#### **PARKINSON'S DISEASE**

**Parkinson's Disease** means unequivocal **Diagnosis** of Idiopathic Parkinson's as confirmed by a **Registered Medical Specialist**.

#### **PERCUTANEOUS REPAIR OF THE ABDOMINAL AORTA**

A **Benefit** in respect of **Infrarenal Abdominal Aortic Aneurysms** may be paid to **You** in respect of the **Life Assured**. Such **Benefit** will be limited to 25% of the **Sum Assured** or \$75,000, whichever is the lesser. Payment of this **Benefit** will result in an equal reduction in the Trauma Cover **Benefit** under this **Policy**. **Infrarenal Abdominal Aortic Aneurysms** means undergoing for the first time endoluminal stent graft repair that is considered necessary by an appropriate **Registered Medical Specialist** approved by **Us**.

#### **PERIPHERAL NEUROPATHY**

Means the irreversible inflammation or degradation of a peripheral nerve as **Diagnosed** by an appropriate **Registered Medical Specialist** causing the **Life Assured** to have sustained a neurological deficit causing at least 25% permanent impairment of whole person functioning or inability to perform at least one (1) of the **Activities of Daily Living**.



### **PERMANENT LOSS OF HEARING**

**Loss of Hearing** means severe hearing impairment in both ears as a result of accident or sickness, whether aided or unaided, resulting in an average hearing threshold in both ears of 91db or greater as measured at 500, 1000 and 1500 Hz, as certified by an appropriate **Registered Medical Specialist**.

**Advance Payment** will be made on the unequivocal **Diagnosis** by an appropriate **Registered Medical Specialist** that all hearing of both Ears is likely to be lost within the next twelve (12) months or the total and irreversible loss of hearing in one (1) ear.

### **PERMANENT LOSS OF SPEECH**

**Loss of Speech** means the complete and irrecoverable loss of the ability to speak as a result of accident or sickness, which must be established and the unequivocal **Diagnosis** reaffirmed after a continuous period of three (3) months of such loss by an appropriate **Registered Medical Specialist**.

### **PNEUMONECTOMY**

**Pneumonectomy** means the undergoing of surgery to remove an entire lung. The treatment must be considered medically necessary by a **Registered Medical Specialist**.

### **PROSTATE CANCER**

A **Benefit** in respect of Prostate Cancer may be paid to **You** in respect of the **Life Assured**. Such **Benefit** will be limited to 25% of the **Sum Assured** or \$75,000, whichever is the lesser.

Payment of this **Benefit** will result in an equal reduction in the Trauma Cover **Benefit** under this **Policy**.

**Prostate Cancer** means the presence of one or more malignant tumours characterised by uncontrolled growth and spread of malignant cells, with the invasion and destruction of normal tissue. The tumour must be histologically described as TNM Classification T1 (all categories) or having a Gleason Score of equal to or less than five(5) or equivalent histological classification and where major interventionist therapy is not required.

### **PULMONARY ARTERIAL HYPERTENSION (PRIMARY)**

**Pulmonary Arterial Hypertension (Primary)** means primary idiopathic pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation.

### **RHEUMATOID ARTHRITIS**

A **Benefit** in respect of **Rheumatoid Arthritis** may be paid to you in respect of the **Life Assured**. Such **Benefit** will be limited to 25% of the **Sum Assured** or \$75,000, whichever is the lesser.

Payment of this **Benefit** will result in an equal reduction in the Trauma cover **Benefit** under this **Policy**.

Rheumatoid Arthritis means the unequivocal **Diagnosis** of severe rheumatoid arthritis by an appropriate **Registered Medical Specialist**.

The **Diagnosis** must confirm all of the following:

- Morning stiffness of the joints; and

- Swelling and pain in the joints of at least three (3) joint groups, involving the corresponding joints in both sides of the body. One (1) of these groups must be joints on the fingers or toes, the knuckles of the hand or the wrist; and
- Small nodular swelling beneath the skin; and
- A positive rheumatoid factor test or serological markers consistent with the **Diagnosis** of severe rheumatoid arthritis; and
- X-ray evidence showing multiple and extensive changes to joints typical of rheumatoid arthritis.

#### **SERIOUS BURNS**

**Serious burns** means full thickness burns to:

- Both hands, requiring surgical debridement and grafting; or
- The face, requiring surgical debridement and grafting.

Such **Benefit** will be limited to 25% of the **Sum Assured** or \$75,000, whichever is the lesser.

Payment of this **Benefit** will result in an equal reduction in the Trauma Cover **Benefit** under this **Policy**.

#### **SEVERE BURNS**

**Severe Burns** means full thickness burns to at least:

- 20% of the body surface as measured by the The Rule of Nine (9) or the Lund and Browder Surface Chart; or
- 25% of the face requiring surgical debridement and/or grafting; or
- 50% of the total combined area of both hands requiring surgical debridement and/or grafting.

#### **SEVERE INFLAMMATORY BOWEL DISEASE**

**Severe Inflammatory Bowel Disease** means a **Diagnosis** of Crohns disease and/or ulcerative colitis by an appropriate **Registered Medical Specialist** that has failed conventional medical intervention and requires indefinite immunosuppressive therapy or surgical removal of the complete bowel.

#### **SEVERE OSTEOPOROSIS**

**Severe Osteoporosis** means the **Life Assured** has been unequivocally **Diagnosed** by a **Registered Medical Specialist** as suffering from severe osteoporosis. The **Diagnosis** must confirm that the **Life Assured**:

- suffers at least two (2) vertebral body fractures or a fracture of the neck of the femur, due to osteoporosis; and
- has 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 (2) sites by dual energy x-ray absorptiometry (DEXA).

No **Benefit** is payable in cases where there are spontaneous fractures or minimal traumas that are due to an accident but where coincidental osteoporosis exists.

The **Benefit** payable is:

- 25% of the **Sum Assured** up to a maximum of \$75,000

across all **AIA New Zealand Policies** if the unequivocal **Diagnosis** occurs before the **Life Assured** is fifty (50) years of age; or

- 25% of the **Sum Assured** up to a maximum of \$10,000 across all **AIA New Zealand Policies** if the unequivocal **Diagnosis** occurs after the **Life Assured** is fifty (50) years of age.

### **STROKE**

**Stroke** means a cerebrovascular event as evidenced by a CT, MRI or similar scan that a stroke has occurred and evidence of:

- infarction of brain tissue; or
- intracranial or subarachnoid haemorrhage; or
- embolisation.

Cerebral symptoms due to transient ischaemic attacks, migraine, cerebral injury resulting from trauma or hypoxia, and vascular disease affecting the eye or optic nerve or vestibular functions are excluded.

### **SURGERY TO AORTA**

**Surgery to Aorta** means surgical repair to the aorta to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta but does not include **Angioplasty**, intra-arterial procedures or other non-surgical techniques.

### **SYSTEMIC LUPUS ERYTHEMATOSUS**

**Systemic Lupus Erythematosus (SLE)** with lupus nephritis  
The following conditions must be met:

- A **Diagnosis** of systemic lupus erythematosus in the clinical setting is the presence of any four (4) or more of the eleven (11) criteria listed below by an appropriate **Registered Medical Specialist**, and
- In addition to the **Diagnosis** of systemic lupus erythematosus, lupus nephritis must be confirmed by renal changes as measured by a renal biopsy that it is grade 3 to 5 of the World Health Organisation classification of lupus nephritis and be associated with persisting proteinuria (more than 2+).

#### **Definition**

##### **1. Malar rash**

Fixed erythema, flat or raised, over the malar eminences, tending to spare the nasolabial folds.

##### **2. Discoid rash**

Erythematosus, raised patches with adherent kerotic scaling and follicular plugging, atrophic scarring may occur in older lesions.

##### **3. Photosensitivity**

Skin rash as a result of unusual reaction to sunlight, evidenced by patient history or physician's report.

##### **4. Oral ulcers**

Oral or nasopharyngeal ulceration reported by physician.

##### **5. Arthritis**

Non-erosive arthritis involving two or more peripheral joints, characterised by tenderness, swelling, or effusion.

##### **6. Serositis**

Pleuritis - convincing history of pleuritic pain or pleuritic rub heard by a physician or evidence of pleural effusion;

or

pericarditis - documented by ECG or rub or evidence of pericardial effusion.

**7. Renal disorder**

Persistent proteinuria greater than 0.5 grams per day; or greater than 2+ if quantitation not performed; or tubular casts - may be red cell, haemoglobin, granular, cellular or mixed.

**8. Neurological disorder**

Seizures - in the absence of offending drugs or known metabolic derangements, e.g. uraemia, ketoacidosis; or electrolyte imbalance.

**9. Hematologic disorder**

Hemolytic anaemia - with reticulocytosis; or leucopenia - less than 3,500/mm<sup>3</sup> on two (2) or more occasions; or thrombocytopenia - less than 100,000/mm<sup>3</sup> in the absence of offending drugs.

**10. Immunologic disorder**

Positive LE cell preparation; or anti-DNA: antibody to native DNA in abnormal titre; or anti-Sm: presence of antibody to Sm (Smooth Muscle) nuclear antigen; or false positive serologic test for syphilis known to be positive for at least six (6) months and confirmed by Treponema pallidum immobilisation or fluorescent treponemal antibody absorption test.

**11. Antinuclear antibody**

An abnormal titre of antinuclear antibody by immunofluorescence or an equivalent assay at any point in time and in the absence of drugs known to be associated with 'drug-induced lupus' syndrome.

**SYSTEMIC SCLEROSIS**

Means a **Diagnosis of Systemic Sclerosis** by an appropriate **Registered Medical Specialist**, causing the **Life Assured** to be totally and irreversibly unable to perform any one (1) of the **Activities of Daily Living** without assistance of another adult person.

**TERMINAL ILLNESS**

Terminal illness means the **Diagnosis**, by an appropriate **Registered Medical Specialist**, that the **Life Assured** has an injury or sickness, which is likely to result in the death of the **Life Assured** within the following twelve (12) months. This **Benefit** is only available if the words "Standalone Trauma Cover" appears in **Your Policy Schedule**.

**TRIPLE VESSEL ANGIOPLASTY**

**Triple Vessel Angioplasty** means the actual undergoing of **Coronary Artery Angioplasty** to correct a narrowing or blockage of three (3) or more coronary arteries within one or more procedures performed within a period of sixty (60) days that is considered necessary by a cardiologist on the basis of angiographic evidence indicating obstruction of at least three (3) coronary arteries.

Repeat procedures to the same coronary artery are not covered.

**OPTIONAL  
WOMAN'S CANCER  
BENEFIT**

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**Carcinoma-in-situ** means a focal autonomous new growth of cancer cells which has not yet resulted in the invasion of normal tissue beyond the basement membrane. "Invasion" shall mean an infiltration and/or active destruction of tissue or surrounding tissue. The **Diagnosis** of Carcinoma-in-situ must always be positively **Diagnosed** upon the basis of a microscopic examination of fixed tissue (histology). In the case of the uterine cervix the tissue must be provided from a cone biopsy or colposcopy with cervical biopsy, before a claim is considered. A clinical or radiological **Diagnosis** will not be sufficient.

The following criteria for the tumour of the covered organs must be satisfied:

**Breast.** Ductal Carcinoma-in-situ (DCIS): The tumour is characterised by cells that resemble those seen in invasive cancer, but that have not invaded through the basement membrane into the surrounding tissues and thus lack the histological feature that is the hallmark of invasive breast cancer. DCIS is an example of Stage 0 breast cancer, and is classified as TisN0M0 according to the TNM classification. DCIS is covered to a **Benefit** payment of 100% of the total Trauma Cover sum assured if it results directly in the removal of the entire breast. The procedure must be performed specifically to arrest the spread of malignancy, and must be considered the appropriate and necessary treatment.

**Cervix.** Dysplastic cell changes affecting the full thickness of the cervix. The tumour should be classified as Squamous Carcinoma-in-situ or Adenocarcinoma-in-situ (AIS), FIGO Stage 0, or TisN0m0 according to the TNM classification. Cervical Intra epithelial Neoplasia (CIN) classification including CIN-1, CIN-2, and CIN-3 (severe dysplasia without CIS) are specifically excluded.

**Vagina.** The tumour should be classified as vaginal Carcinoma-in-situ, FIGO Stage 0, or TisN0M0 according to the TNM classification.

**Vulva.** The tumour should be classified as vulvar Carcinoma-in-situ, FIGO Stage 0, or TisN0M0 according to the TNM classification.

**Fallopian Tubes.** The tumour should be classified as Carcinoma-in-situ, FIGO Stage 0, or TisN0M0 according to the TNM classification.

*(INSIGHT 34.0.0) – March 2019*