

OPTIONAL BENEFIT APPENDIX

Essential Living Assurance Benefit

This *appendix* only applies if cover under the policy *schedule* includes the Essential Living Assurance Benefit (standalone or accelerated). This *appendix* forms part of and is incorporated into *your* TotalCareMax policy, the terms of which apply to this *appendix*.

Details of the benefit and the names of the people insured for the benefit (called the life or lives assured) are shown in *the schedule*.

1. When will Sovereign pay an Essential Living Assurance Benefit?

Sovereign will pay *you* (subject to the provisions of this policy) a Living Assurance Benefit if the life assured suffers for the first time after the *risk commencement date* any of the following *conditions* and survives for at least 14 days thereafter.

Medical Advancements Provision

If the medical diagnostic techniques and investigations used in our definitions of medical conditions have been superseded due to medical advancements, we will consider other appropriate and medically recognised methods or tests that conclusively diagnose the condition to at least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 specialist medical practitioners.

	Three month stand down period	Full payment	Partial payment	Children's Trauma Benefit
Cancer				
Carcinoma-in-situ	✓	-	✓	-
Carcinoma-in-situ radical surgery	✓	✓	-	✓
Malignant tumours	✓	✓	-	✓
Prostate Cancer	✓	✓	-	✓
Heart				
Angioplasty	✓	-	✓	-
Aortic surgery	✓	-	✓	-
Cardiomyopathy	-	-	✓	-
Coronary artery bypass surgery	✓	✓	-	✓
Heart attack	✓	✓	-	✓
Heart valve surgery	✓	-	✓	-

	Three month stand down period	Full payment	Partial payment	Children's Trauma Benefit
Out-of-hospital cardiac arrest	-	-	✓	-
Pulmonary hypertension	-	-	✓	-
Major neurological disease				
Alzheimer's disease	-	-	✓	-
Benign brain tumour	-	-	✓	-
Coma	-	-	✓	-
Creutzfeldt-Jakob disease	-	-	✓	-
Dementia	-	-	✓	-
Encephalitis	-	-	✓	-
Idiopathic Parkinson's disease	-	-	✓	-
Major head trauma	-	-	✓	-
Meningitis	-	-	✓	-
Motor neurone disease	-	-	✓	-
Multiple sclerosis	✓	-	✓	-
Muscular dystrophy	-	-	✓	-
Peripheral neuropathy	-	-	✓	-
Stroke	✓	✓	-	✓
Paralysis and loss of functionality				
Diplegia	-	✓	-	✓
Hemiplegia	-	✓	-	✓
Loss of independent existence	-	-	✓	-
Paraplegia	-	✓	-	✓
Permanent blindness	✓	-	✓	-
Permanent loss of hearing	-	-	✓	-
Permanent loss of speech	-	-	✓	-
Permanent loss of use of limbs	-	-	✓	-
Quadriplegia / Tetraplegia	-	✓	-	✓
Other key conditions				
Aplastic anaemia	-	-	✓	-

	Three month stand down period	Full payment	Partial payment	Children's Trauma Benefit
Chronic liver failure	✓	-	✓	-
Chronic lung disease	✓	-	✓	-
Chronic renal failure	-	✓	-	✓
HIV	-	-	✓	-
Intensive care benefit	-	-	✓	-
Major transplant surgery	-	✓	-	✓
Severe burns	-	-	✓	-

(Refer to Section 15 for a full description of these *conditions*.)

If *you* receive a full payment claim for a life assured under this Living Assurance Benefit, cover will cease for that life assured.

If *you* receive a partial payment of this Living Assurance Benefit for a life assured, cover will continue for that life assured with the sum assured being reduced by the amount of the partial payment amount. The *premium* will reduce with the reduction in sum assured.

What stand down periods apply?

If, within the first three months after the *risk commencement date*, any of the *conditions* marked in the above table as having a three month stand down period occur, or symptoms or signs which lead to any of those *conditions* (whether or not a *registered medical practitioner* has been consulted) occur, then Sovereign will not pay a benefit for the life assured or any *child* of the life assured covered by the Children's Trauma Benefit.

Cover added under the Essential LAB Future Insurability Benefit or the Special Events Increase Facility

A six month stand down period applies to increases made under the Essential LAB Future Insurability Benefit or the Special Events Increase Facility, except where the claim is due to an *accident*, as outlined in Sections 10 and 11. Where the claim is due to an *accident*, the stand down period is waived on such increases provided the life assured has already served the three month stand down period on the original Essential Living Assurance Benefit policy.

Cover added under the Special Events TPD/Trauma Facility

A six month stand down period applies to any accelerated Living Assurance Benefit cover added for the life assured using the Special Events TPD/Trauma Facility under the Life Cover Benefit, except where the claim is due to an *accident*, as outlined in the Life Cover Benefit *appendix*. Where the claim is due to an *accident*, the three month stand down period applies to the added cover from the date the added cover commences, for any of the *conditions* marked in the above table as having a three month stand down period.

Newborn Children's Benefit

A twelve month stand down period applies to the Newborn Children's Benefit, meaning that Sovereign will only pay a claim for a biological child of a life assured where the birth of the child with one of the applicable *conditions* occurs at least twelve months after the *risk commencement date*.

This stand down period applies anew to all added cover from the date the added cover commences, including cover added using the Essential LAB Future Insurability Benefit, the Special Events Increase Facility, or the Special Events TPD/Trauma Facility under the Life Cover Benefit.

2. What effect does payment of an accelerated Essential Living Assurance Benefit have on the Life Cover Benefit?

This section applies only if an accelerated Living Assurance Benefit is shown in *the schedule*.

When Sovereign pays an accelerated Living Assurance Benefit, the Life Cover Benefit for the life assured will decrease by the same amount. Any accelerated benefits relating to that Life Cover will be reduced, if necessary, so that those accelerated benefits do not exceed the decreased Life Cover Benefit. If the Life Cover Benefit is reduced to nil, all accelerated benefits relating to that Life Cover Benefit will be removed.

The maximum combined amount payable under the Life Cover Benefit, Specified Terminal Conditions Benefit, Terminal Illness Benefit, Parents Grieving Benefit, Repatriation Benefit, accelerated Living Assurance Benefit, and, if applicable, the accelerated Progressive Care Benefit and the accelerated Total Permanent Disablement Benefit is the amount of the Life Cover Benefit for that life assured.

3. Financial and Legal Advice Benefit

If Sovereign pays a full payment claim under this Living Assurance Benefit for a *condition* suffered by a life assured, then Sovereign will reimburse *you* for fees up to \$2,500 including GST (in total) that *you* pay for financial planning *you* receive from an *accredited Adviser* or legal advice received from a legal professional approved by Sovereign, subject to the following *conditions*:

- > *You* must pay for the financial planning or legal advice within the three months following Sovereign paying the Living Assurance Benefit claim.
- > *You* must provide Sovereign with a completed claim form and a receipt satisfactory to Sovereign for the fees *you* are claiming.
- > Sovereign will only pay one Financial and Legal Advice Benefit per life assured across all *Sovereign policies*. This is in addition to the sum assured.

4. Children's Trauma Benefit

What is the Children's Trauma Benefit?

Sovereign will pay a Children's Trauma Benefit if a *child* of a life assured suffers one of the applicable *conditions* listed in Section 1 of this *appendix*.

This Benefit is only payable if the *child* of the life assured:

- > first suffers a *condition* after the *risk commencement date*, subject to the three month stand down period provisions where these apply;

- > is aged between two years and 21 years at the time he or she first suffers from that *condition*; and
- > survives for at least 14 days after suffering from the *condition*.

Sovereign will pay this Benefit a maximum of once per *child* across all *Sovereign policies*.

What are the applicable conditions and how much will Sovereign pay?

Payments under this Benefit apply for those *conditions* where the criteria for a full payment are met as detailed in Section 15 below. For these *conditions*, the Benefit payable is the lower of \$20,000 or 50% of the sum assured across all Essential Living Assurance Benefit policies for the life assured.

No payments are made under this Benefit for those *conditions* where a partial payment applies.

Sovereign will pay a maximum of one claim per *child* under either the Children's Trauma Benefit or the Newborn Children's Benefit across all *Sovereign policies*.

Payment of the Children's Trauma Benefit will not affect the amount of any Living Assurance Benefit payable for the life assured.

5. Newborn Children's Benefit

What is the Newborn Children's Benefit?

Sovereign will pay a Newborn Children's Benefit if a biological child of a life assured is born with one of the following *conditions* and survives for thirty days after birth:

- > Cleft palate;
- > Down's syndrome;
- > Spina bifida;
- > Total blindness; or
- > Absence of two or more *limbs*.

Please refer to Section 16 for the definitions of these *conditions*.

In order for Sovereign to pay a claim under this Benefit, we will require medical information from a *registered medical practitioner* 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.

How much will Sovereign pay?

The Benefit payable is the lower of \$20,000 or 50% of the sum assured across all Essential Living Assurance Benefit policies for the life assured.

Sovereign will pay a maximum of one claim per *child* under either the Newborn Children's Benefit or the Children's Trauma Benefit, across all *Sovereign 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 months after the *risk commencement date*. This requirement applies anew to all added cover from the date the cover commences, including cover added using the Essential LAB Future Insurability Benefit, the Special Events Increase Facility, or the Special Events TPD/Trauma Facility under the Life Cover Benefit.

Payment of the Newborn Children's Benefit will not affect the amount of any Living Assurance Benefit payable for the life assured.

6. Built-in Children's Trauma Conversion Facility

The Built-in Children's Trauma Benefit can be converted to a standalone Essential Living Assurance Benefit with a maximum sum assured of \$20,000 or 50% of the life assured's original sum assured whichever is the lesser. Where the life assured's sum assured has reduced, the conversion will be calculated on the reduced amount, without further medical evidence.

The following conditions are applicable:

- > A conversion cannot occur if the *child* has claimed or was eligible to claim under the Built-in Children's Trauma Benefit; and
- > *Your* request for conversion must be received by Sovereign within 60 days of the *anniversary date* after the *child's* 21st birthday; and
- > *Your* request must be received in writing.

An applicable *premium* will be payable on converted cover.

7. Built-in Standalone Conversion Facility

If *the schedule* shows Essential Living Assurance Benefit as standalone *you* can convert this to Accelerated Essential Living Assurance Benefit with an equal amount of Life Cover without any further medical evidence subject to the following:

- > The life assured was accepted with standard

underwriting terms (e.g. there are no special terms, exclusions or *premium* loadings applicable to the life assured);

- > The life assured is only eligible for the Standalone Conversion Option where the conversion occurs before age 60;
- > The life assured has not made a claim, with Sovereign or any other insurer, and is not eligible to make a claim under their Standalone Essential Living Assurance Benefit. This includes any claim currently under assessment; and
- > The life assured is not terminally ill or suffering from a terminal illness; and
- > The *premiums* for their standalone Essential Living Assurance Benefit are paid up to date; and
- > The standalone Essential Living Assurance Benefit sum assured must be equal to the accelerated Essential Living Assurance sum assured; and
- > The Life Benefit sum assured does not exceed the accelerated Essential Living Assurance sum assured.

The *premium* for the conversion will be based on the age of the life assured and our *premium* rates at the *date of conversion*.

If the death of the life assured occurs within three months of the *date of conversion*, other than by *accidental death*, then this conversion is void and the standalone Essential Living Assurance Benefit will be reinstated from the *date of conversion*.

8. Built-in Premium Conversion Facility

You may at any time prior to the life assured reaching age sixty five:

- > Convert all or part of *your* Essential Living Assurance Benefit from the *premium* shown in *the schedule* to a Level *premium* structure. The Essential Living Assurance Benefit under *your* policy will be reduced by the sum assured amount converted; or
- > Convert a Level *premium* Term to a further Level *premium* Term, of which duration may be the same or less than current Level *premium* term.

We will not require *you* or the life assured to produce further medical evidence at the time of conversion. The terms and conditions of the new policy will be those which are then offered by us to the general public. *Premiums* will be calculated on the current age of the life assured. Any loading(s) and/or exclusion(s) that applied to *your* existing Essential Living Assurance Benefit will apply to *your* new Essential Living Assurance Benefit.

9. Built-in Suspension of Premium Benefit

If a life assured goes on parental leave, or goes on leave without pay for any reason, *you* may suspend cover under this Essential Living Assurance Benefit for the life assured provided that:

- > *you* notify Sovereign within three months from the commencement of leave and provide evidence to Sovereign of the parental leave or leave without pay; and
- > Sovereign acknowledges in writing receipt of that notification.

Cover for the life assured will be suspended from the date set out in Sovereign's written acknowledgment.

No *premium* will be payable during the period that the cover is suspended.

No claim under this Essential Living Assurance Benefit will be payable for any *condition* that occurs during, the period that the cover is suspended.

Cover under this Essential Living Assurance Benefit *appendix* may be reinstated after it has been suspended in accordance with this Section without the need to provide further medical evidence, provided that:

- > the benefit has been suspended for no longer than 12 months from commencing the leave; and
- > *you* notify Sovereign to reinstate this benefit.

If Sovereign does not receive notification to reinstate the suspended benefit before the end of the 12 months of suspension, the benefit will be automatically reinstated.

Cover for the life assured will be reinstated from the date set out in Sovereign's written acknowledgement.

The *premium* payable for the reinstated benefit will be based on Sovereign's premium rates at the time of the reinstatement.

10. Special Events Increase Facility

What is the Special Events Increase Facility?

On each occasion when one of the following circumstances occurs for a life assured on the Essential Living Assurance Benefit:

- > having a *child* (by birth or legal adoption);
- > becoming married or entering into a civil union;
- > becoming divorced or the dissolution of the life assured's civil union;
- > financially supporting a dependent *child* through a first course of full-time tertiary education;

- > the commencement of secondary school for the first time by a *child* of the life assured;
- > taking out or increasing a home loan because the life assured has purchased a new home, a new residential investment property, a vacation home, or a bare block of land zoned as residential, or is making extensions to a residential property or residential investment property owned by the life assured;
- > becoming responsible for the *full-time care* or payment for long term care of a *close relative*;
- > receiving an *annual salary* increase. This special event is not available to a life assured who is self-employed; or
- > experiencing the death of a spouse or de facto partner, *you* may write to Sovereign asking us to increase the Essential Living Assurance Benefit for that life assured.

What is the maximum cover that can be added?

The maximum increase for each special event cannot exceed the lower of:

- > 50% of the original Essential Living Assurance Benefit for the life assured; or
- > \$250,000.

The total of all increases made under this Facility cannot exceed the lower of:

- > 100% of the original Essential Living Assurance Benefit for the life assured; or
- > \$750,000.

In the case of taking out or increasing a home loan, the individual increase cannot exceed the amount of the home loan or the increase in the home loan.

In the case of an *annual salary* increase, the individual increase cannot exceed five times the *annual salary* increase.

The maximum increases outlined above each apply in respect of all Living Assurance Benefits, Progressive Care Benefits, and similar benefits for that life assured across all *Sovereign policies*.

Both of the following maximum sum assured limits also apply across all *Sovereign policies* for each life assured:

- (a) the total of the sum assured for all Living Assurance Benefits, Progressive Care Benefits, and similar trauma benefits (combined), including increases under this Facility must not exceed \$2,000,000; and
- (b) the total of the sum assured for all trauma benefits combined must not exceed \$2,000,000 and the total sum assured for all trauma and Total Permanent Disablement Benefits (and similar benefits) combined must not exceed \$5,000,000.

What are the other conditions applying to this Facility?

You do not need to produce any medical evidence regarding the life assured when you request this increase, but any Special Events Increase is subject to the following conditions:

- > You must make the request within 60 days either side of the relevant special event and provide Sovereign with suitable evidence of the occurrence of the event.
- > A life assured is only eligible for special events increases where the special event occurs before age 55.
- > If, at any time before you seek to exercise the Facility, a claim for the life assured had been accepted by us or notified to us, Sovereign will have discretion in determining whether the Facility can be exercised. In exercising discretion, we will consider whether the life assured represents an increased risk of claim for the benefit being added under this Facility.
- > Only one of the following is available in any 12 month period:
 - An Essential LAB Future Insurability Benefit increase (see Section 11 below);
 - A Special Events Increase under a Living Assurance Benefit or Progressive Care Benefit; or
 - (If applicable) exercising the Special Events TPD/Trauma Facility under the Life Cover Benefit and/or similar benefits to add an accelerated Living Assurance Benefit or an accelerated Progressive Care Benefit.

Sovereign will increase the Essential Living Assurance Benefit for a life assured from the date we accept your request.

Each increase will require an increase in *premium*. This increase will be calculated on the rates applicable at the time the Special Events Increase Facility is exercised.

Any loadings, exclusions or special terms on the original Essential Living Assurance Benefit sum assured will be applied to the increased amount.

When will Sovereign not pay a claim for an increase under this Facility?

Increases in sum assured added to this policy

After an increase under this Facility has been made, Sovereign will not pay the increased benefit amount if, before the increase, or within six months of the Facility being exercised, the life assured:

- > suffers any *condition* for the first time other than due to an *accident* under the Essential Living Assurance Benefit; or

- > has any symptoms or signs leading to a *condition* (whether or not a *registered medical practitioner* has been consulted) that may result in a claim for anything other than an *accident* under the Essential Living Assurance Benefit.

Increases in sum assured issued as an additional new policy

Where this policy or any part of the sum assured under it, has been issued as the result of an increase under the Special Events Increase Facility, then:

- > the Special Events Increase Facility will not be available under this policy for the proportion of the sum assured that represents the increase.
- > Sovereign will not pay the increased benefit amount if, before the increase, or within six months of the increase, the life assured:
 - suffers any *condition* for the first time other than due to an *accident* under the Essential Living Assurance Benefit; or
 - has any symptoms or signs leading to a *condition* (whether or not a *registered medical practitioner* has been consulted) that may result in a claim for anything other than an *accident* under the Essential Living Assurance Benefit.

11. Essential LAB Future Insurability Benefit

At every third policy *anniversary date* you may write to Sovereign asking us to increase the Essential Living Assurance Benefit for a life assured.

You do not need to produce any medical evidence regarding the life assured when you request this increase, but any increase in sum assured under this Benefit is subject to the following conditions:

- > You must request the increase by providing written advice to Sovereign within 60 days either side of the applicable *anniversary date*.
- > Each individual increase cannot exceed 20% of the original Essential Living Assurance Benefit sum assured or \$200,000, whichever is the lesser.
- > The total of all Essential LAB Future Insurability Benefit increases for a life assured cannot exceed 100% of the original Essential Living Assurance Benefit for that life assured or \$500,000, whichever is the lesser.
- > Both of the following maximum sum assured limits also apply across all *Sovereign policies* for each life assured:
 - (a) the total of the sum assured for all Living Assurance Benefits, Progressive Care Benefits, and similar trauma benefits (combined), including increases under this Facility must not exceed \$2,000,000; and

(b) the total of the sum assured for all trauma benefits combined must not exceed \$2,000,000 and the total sum assured for all trauma and Total Permanent Disablement Benefits (and similar benefits) combined must not exceed \$5,000,000.

- > Where this Essential Living Assurance Benefit is shown in *the schedule* as accelerated against the Life Cover Benefit, the Essential Living Assurance Benefit, including the total of all Essential LAB Future Insurability Benefit increases, cannot exceed the sum assured of the Life Cover Benefit. See Section 2 “What effect does payment of an accelerated Essential Living Assurance Benefit have on the Life Cover Benefit” for details.
- > A life assured is only eligible for Essential LAB Future Insurability Benefit increases before age 55.
- > Sovereign will increase the Essential Living Assurance Benefit for a life assured from the date we accept *your* request.
- > If, at any time before *you* seek to exercise an increase under this Benefit, a claim for the life assured had been accepted by us or notified to us, Sovereign will have discretion in determining whether the increase will be accepted. In exercising discretion, we will consider whether the life assured represents an increased risk of claim for the cover being added under this Benefit.
- > Only one of the following is available in any 12 month period:
 - an Essential LAB Future Insurability Benefit increase; or
 - a Special Events Increase under a Living Assurance Benefit or Progressive Care Benefit; or
 - (if applicable) exercising the Special Events TPD/Trauma Facility under the Life Cover Benefit and/or similar benefits to add an accelerated Living Assurance Benefit or an accelerated Progressive Care Benefit.

Each Essential LAB Future Insurability Benefit increase in sum assured will require an increase in *premium*. This increase will be calculated on the rates applicable at the time the Essential LAB Future Insurability Benefit is exercised.

Any loadings, exclusions or special terms on the original Essential Living Assurance Benefit sum assured will be applied to the increased amount.

Increases in sum assured added to this policy

After an Essential LAB Future Insurability Benefit increase has been made, Sovereign will not pay the increased amount if, before the increase, or within six months of the increase, the life assured:

- > suffers any *condition* for the first time other than due to an *accident* under the Essential Living Assurance

Benefit; or

- > has any symptoms or signs leading to a *condition* (whether or not a *registered medical practitioner* has been consulted) that may result in a claim for anything other than an *accident* under the Essential Living Assurance Benefit.

Increases in sum assured issued as an additional new policy

Where this policy or any part of the sum assured under it, has been issued as the result of an increase under the Essential LAB Future Insurability Benefit, then:

- > the Essential LAB Future Insurability Benefit under this policy will not be available for the proportion of the sum assured that represents the increase.
- > Sovereign will not pay the increased amount if, before the increase, or within six months of the increase, the life assured:
 - suffers any *condition* for the first time other than due to an *accident* under the Essential Living Assurance Benefit; or
 - has any symptoms or signs leading to a *condition* (whether or not a *registered medical practitioner* has been consulted) that may result in a claim for anything other than an *accident* under the Essential Living Assurance Benefit.

12. Optional Life Cover Buyback Benefit

The Optional Life Cover Buyback Benefit applies only if shown in *the schedule* and if *you* have selected an accelerated Essential Living Assurance Benefit.

Where an Optional Life Cover Buyback Benefit is selected, this allows the Life Cover Benefit to be reinstated without the need to provide further medical evidence following an accelerated Essential Living Assurance Benefit claim, subject to the following conditions:

- > The Life Cover Benefit can be reinstated to the level applying immediately before the accelerated Essential Living Assurance Benefit claim.
- > The life assured must have had a claim paid on their accelerated Essential Living Assurance Benefit for one of the following *conditions* and have survived a period of six months after the claim payment date:
 - Paraplegia;
 - Quadriplegia;
 - Diplegia;
 - Hemiplegia;
 - Alzheimer’s disease;

- Permanent blindness;
 - Permanent loss of hearing;
 - Dementia;
 - Permanent loss of use of *limbs*;
 - Multiple sclerosis; or
 - Idiopathic Parkinson's disease.
- > For all other *conditions*, the life assured must have had a claim paid on their accelerated Essential Living Assurance Benefit and have survived a period of 12 months after the claim payment date.
 - > The Life Cover Benefit can be reinstated following a full payment claim or a partial payment claim.
 - > Only one Life Cover Buyback reinstatement will apply per life assured per policy.
 - > The Life Cover Benefit must be reinstated within 30 days of the date that the Life Cover Benefit is first eligible to be reinstated.
 - > The maximum Life Cover Benefit that can be reinstated is 100% of the accelerated Essential Living Assurance Benefit claim or \$2 million, whichever is the lesser.
 - > No Life Cover Buyback Benefit is available if the life assured has suffered a *claim event* under a Terminal Illness Benefit or a Specified Terminal Conditions Benefit under any *Sovereign policy*, whether or not a claim has been made.
 - > Any exercise of the Life Cover Buyback Benefit may require an increase in *premium*. This *premium* increase will be calculated on the rates applicable at the time the Life Cover Benefit is reinstated.
 - > Any accelerated benefits relating to the Life Cover Benefit for the life assured that have been reduced or removed as a result of the accelerated Living Assurance Benefit claim will not be reinstated.

13. Exclusions – when Sovereign won't pay a benefit

Sovereign will not pay any benefit described in this *appendix* where any of the following (and in each case either directly or indirectly) causes or contributes to the claim:

- > The life assured (or the *child* in the case of a *children's* benefit) deliberately injures himself or herself or attempts to do so.
- > The life assured (or the *child* in the case of a *children's* benefit) engages in or is part of any conduct that is criminal.
- > Any *condition* or any symptom or signs leading to the *condition* (whether or not a *registered medical*

practitioner has been consulted) that existed before the *risk commencement date*, unless Sovereign is satisfied that *you* or the life assured could not have known of the existence of the *condition* or symptom or signs leading to the *condition*, or the *condition* or symptom or signs leading to the *condition* were declared on *your* application and accepted by Sovereign.

Sovereign will not pay a Children's Trauma Benefit that arises as a direct or indirect consequence of:

- > a *pre-existing condition*; or
- > any *congenital condition*.

These exclusions apply to any subsequent benefit increase *you* make.

14. How to make a claim.

To make a claim, refer to the section in *your* Sovereign TotalCareMax policy entitled 'How to make a claim'.

In addition, for a Living Assurance Benefit claim, Sovereign will require information acceptable to us, including medical evidence and reports, showing proof of the *condition* - giving rise to the claim.

Sovereign may require the life assured or his or her *child* (if applicable) to have an examination by a *registered medical practitioner* appointed by Sovereign before accepting liability for a claim.

For advice about submitting a claim *you* can phone Sovereign on 0800 500 108 or *your* Adviser. Find claim information online at sovereign.co.nz

15. Definitions of medical conditions.

For more information on the listed medical *conditions*, visit sovereign.co.nz

Cancer

The life assured has suffered or undergone one of the following *conditions*:

Carcinoma-in-situ

A focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane.

This benefit only covers carcinoma-in-situ of the following sites:

- > Breast;
- > Cervix;

- > Vagina; and
- > Vulva.

The carcinoma-in-situ must be positively diagnosed by biopsy and be classified as TIS according to the TNM staging method or FIGO Stage 0.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Carcinoma-in-situ radical surgery

As a result of a carcinoma-in-situ, an operation to arrest spread of the malignancy is performed which involves the removal of the entire organ (which includes: breast, cervix, ovary, fallopian tube, vagina, vulva, prostate, colon/rectal, bladder) affected or the organ requires systemic chemotherapy or radiotherapy, and that treatment is considered *medically necessary* by an appropriate *specialist*.

The carcinoma-in-situ must be positively diagnosed by biopsy and be classified as TIS according to the TNM staging method or FIGO Stage 0.

Malignant tumours

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 for which major interventionist treatment or surgery is considered *medically necessary* by an appropriate *specialist*.

The following tumours are excluded:

- > Tumours classified as carcinoma-in-situ (including intra-epithelial neoplasia).
- > Prostate tumours with a Gleason score of less than 6. (If the Gleason score is unavailable, we will use the TNM classification and tumours classified as T1 or its equivalent will be excluded).
- > All skin cancers unless they:
 - are at least 1.0mm in maximum thickness as determined by histological examination using the Breslow thickness histological classification; or
 - are graded higher than Clark Level 2 depth of invasion; or
 - show evidence of ulceration as determined by histological examination.
- > Chronic lymphocytic leukaemia less than RAI Stage 1.

Prostate Cancer

As a result of a prostate tumour, the entire prostate is removed to arrest spread of the malignancy and this is considered *medically necessary* by an appropriate *specialist*.

Heart

The life assured has suffered or undergone one of the following *conditions*:

Angioplasty

The actual undergoing of coronary artery angioplasty with or without a stent, laser or atherectomy, considered *medically necessary* by an appropriate *specialist* cardiologist, to correct a narrowing or blockage of one or more coronary arteries during the same procedure.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Aortic surgery

Medically necessary surgery to correct or repair:

- > an aortic aneurysm;
- > an obstruction of the aorta;
- > a coarctation of the aorta; or
- > a traumatic rupture of the aorta.

For the purpose of this definition aorta shall mean the thoracic and abdominal aorta.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Cardiomyopathy

Impaired ventricular function of variable aetiology due to primary disease of the heart muscle, resulting in permanent and irreversible physical impairments to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Coronary artery bypass surgery

Medically necessary surgery to correct the narrowing of, or blockage to, one or more coronary arteries by means of a bypass graft.

Heart attack

The death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply to the relevant area, confirmed by a cardiologist or general physician and evidenced by:

Typical rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit and at least one of the following:

- > Signs and symptoms of ischaemia which are consistent

with myocardial infarction; or

- > Confirmatory new (or presumed new) ECG changes associated with myocardial infarction with the development of any one of the following:
 - ST changes;
 - T wave inversion;
 - Left bundle branch block (LBBB);
 - Pathological Q waves; or
- > Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

A rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease is excluded unless the baseline value is normal and the elevation is greater than 5 times the 99th percentile of the upper reference limit.

If the above evidence is inconclusive or superseded by technological advances, we will consider other appropriate and medically recognised tests that unequivocally diagnose that a myocardial infarction of the degree of severity or greater as outlined above has occurred.

Other acute coronary syndromes including but not limited to angina pectoris are excluded.

Heart valve surgery

The undergoing of heart valve surgery performed to replace or repair one or more heart valves that cannot be repaired by intra-arterial procedures.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Out-of-hospital cardiac arrest

Cardiac arrest not associated with any medical procedure and that is documented by an electrocardiogram and occurs out of hospital, and is due to:

- > cardiac asystole; or
- > ventricular fibrillation with or without ventricular tachycardia.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Pulmonary hypertension

Primary pulmonary hypertension with substantial right ventricular enlargement resulting in permanent and irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Major neurological disease

Alzheimer's disease

The unequivocal diagnosis of Alzheimer's disease, which must confirm permanent irreversible failure of brain function. The diagnosis is confirmed by an appropriate *specialist* in psychogeriatrics, psychiatry, neurology or geriatrics.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Benign brain tumour

A benign intracranial tumour where it is deemed appropriate and *medically necessary* to be:

- > treated using *major interventional treatment* necessary for the therapeutic management of the tumour; or
- > removed through surgery (whether it is able to be removed or not).

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Coma

A definite diagnosis of a state of unconsciousness resulting in the following for at least 96 hours:

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

The life assured must have also sustained a neurological deficit causing at least 25% permanent impairment of *whole person functioning* or inability to perform one of the *activities of daily living*. Coma arising from drug and alcohol abuse is specifically excluded.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Creutzfeldt-Jakob disease

The diagnosis of Creutzfeldt-Jakob disease confirmed by an appropriate *specialist* neurologist. The life assured must exhibit signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasm, tremor and athetosis, resulting in the life assured requiring permanent and continual medical supervision.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Dementia

The unequivocal diagnosis of dementia. The diagnosis must confirm permanent irreversible failure of brain function and result in significant cognitive impairment for which no other cause has been identified. Significant cognitive impairment

means a deterioration or loss of intellectual capacity that results in a requirement for continual supervision to protect the life assured or others. The diagnosis is confirmed by an appropriate *specialist* in psycho geriatrics, psychiatry, neurology or geriatrics.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Encephalitis

The unequivocal diagnosis of severe inflammatory disease of the brain diagnosed by an appropriate *specialist* approved by Sovereign.

The life assured must have also sustained a neurological deficit causing at least 25% permanent impairment of *whole person functioning* or inability to perform one of the *activities of daily living*.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Idiopathic Parkinson's disease

The unequivocal diagnosis of Idiopathic Parkinson's disease as confirmed by an appropriate *specialist*.

The life assured must have also sustained a neurological deficit causing at least 25% permanent impairment of *whole person functioning* or inability to perform one of the *activities of daily living*.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Major head trauma

An accidental cerebral injury diagnosed by an appropriate *specialist* approved by Sovereign.

The life assured must have also sustained a neurological deficit causing at least 25% permanent impairment of *whole person functioning* or inability to perform one of the *activities of daily living*. Major head trauma arising from drug and alcohol abuse is specifically excluded.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Meningitis

The diagnosis of meningitis by an appropriate *specialist* approved by Sovereign.

The life assured must have also sustained a neurological deficit causing at least 25% permanent impairment of *whole person functioning* or inability to perform one of the *activities of daily living*.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Motor neurone disease

The unequivocal diagnosis of motor neurone disease diagnosed by an appropriate *specialist* approved by Sovereign.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Multiple sclerosis

The unequivocal diagnosis of multiple sclerosis as confirmed by an appropriate medical *specialist*.

Multiple sclerosis means a disease characterised by demyelination in the brain and/or spinal cord.

There must be more than one 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 diagnosis.

The life assured must have also sustained a neurological deficit causing at least 25% permanent impairment of *whole person functioning* or inability to perform one of the *activities of daily living*.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Muscular dystrophy

The unequivocal diagnosis of muscular dystrophy diagnosed by an appropriate medical *specialist* approved by Sovereign.

The life assured must have also sustained a neurological deficit causing at least 25% permanent impairment of *whole person functioning* or inability to perform one of the *activities of daily living*.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Peripheral neuropathy

Irreversible inflammation or degradation of a peripheral nerve, diagnosed by an appropriate *specialist* approved by Sovereign.

The life assured must have also sustained a neurological deficit causing at least 25% permanent impairment of *whole person functioning* or inability to perform one of the *activities of daily living*.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Stroke

A cerebrovascular event producing neurological deficit. This requires clear evidence on CT, MRI or similar appropriate scan or investigation that a stroke has occurred. This requires evidence of:

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

Excluded from this definition are transient ischaemic attacks (TIA), cerebral symptoms due to migraine, cerebral injury from trauma or hypoxia and vascular disease affecting the eye, optic nerve or vestibular functions.

Paralysis and loss of functionality

The life assured has suffered or undergone one of the following *conditions*:

Diplegia

Total and permanent loss of function of both arms or both legs due to injury or disease of the spinal cord.

Hemiplegia

Total and permanent loss of function of one side of the body due to brain injury or disease.

Loss of independent existence

The life assured is totally and irreversibly disabled, with the effect that he or she is unable, as a result of sickness or injury, to perform without the physical assistance of someone else at least two of the following activities for himself or herself (if the life assured can perform the activity on his or her own by using special equipment Sovereign will treat the life assured as being able to perform that activity):

- > Bathing and showering.
- > Dressing and undressing.
- > Eating and drinking.
- > Using a toilet.
- > Moving from place to place by walking, in a wheelchair, or with a walking aid.

Alternatively, the life assured is unable to perform one of the above and his or her intellectual capacity has reduced or deteriorated to such an extent that the life assured requires *full-time care*.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Paraplegia

Total and permanent loss of function of both legs due to injury or disease of the spinal cord.

Permanent blindness

Irrecoverable loss of sight of both eyes as a result of sickness or injury. This is evidenced by:

- > visual acuity on the Snellan Scale after correction by suitable lenses is less than 6/60 or less in both eyes; or
- > field of vision is reduced to 20 degrees or less of arc in the better eye; or
- > a combination of visual defects resulting in the same degree of visual impairment as either of the points above.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Permanent loss of hearing

The life assured, as a result of sickness or injury, suffers severe hearing impairment in both ears, 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. The loss of hearing must be total and permanent.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Permanent loss of speech

The life assured, as a result of sickness or injury suffers total and irreversible loss of speech. This loss must be established and the unequivocal diagnosis reaffirmed after a continuous period of three months of such loss by an appropriate *specialist*. Loss of speech related to any psychological cause is excluded.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Permanent loss of use of limbs

The life assured, as a result of sickness or injury, permanently loses the use of:

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

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Quadriplegia/Tetraplegia

Total and permanent loss of function of both upper and lower limbs due to injury or disease of the spinal cord.

Other key conditions

Aplastic anaemia

The life assured has suffered the first occurrence of bone marrow failure which results in anaemia, neutropenia and thrombocytopenia, requiring treatment over a period of at least two months with at least one of the following:

- > Blood product transfusion;
- > Marrow stimulating agents;
- > Immunosuppressive agents; or
- > Bone marrow transplantation.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Chronic liver failure

The life assured suffers an unequivocal diagnosis of end-stage liver failure confirmed by an appropriate medical *specialist* as evidenced by one of the following:

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

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Chronic lung disease

The life assured has irreversible chronic lung disease as confirmed by an appropriate medical *specialist* on the basis of respiratory function tests and which satisfies any one of the following criteria:

- > Type 1 respiratory failure defined as O₂ <60mm hg; or
- > Type 2 respiratory failure defined as CO₂ >45 mm hg; or
- > the provision of home oxygen therapy according to clinical practice guidelines for hypoxia O₂ <55 mm hg (or 60 mm hg in the presence of pulmonary hypertension);
- > FEV₁ <35% predicted;
- > DLCO (diffusing capacity or gas transfer) < 40% predicted; or
- > is unable to perform at least one of the *activities of daily living* as a result of the respiratory failure.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Chronic renal failure

The kidneys of the life assured have reached the end-stage of renal disease resulting in chronic irreversible failure of the kidneys to function, as a result of which regular renal dialysis is instituted or transplantation performed.

HIV

Infection with the Human Immunodeficiency Virus (HIV) must have been acquired by *accident* or violence during the course of the life assured's 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 registered healthcare professional and/or in a registered hospital care institution, or surgical centre or surgical clinic. *You* must prove this to our satisfaction. Sero-conversion to the HIV infection must occur within six 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 covered under this *appendix*.

Any incident giving rise to a potential claim must be reported to us within 30 days of the incident and be supported by a negative HIV Antibody Test taken within seven days after the incident. Sovereign may decline *your* claim if we are not given access to independently test all blood samples used, if we require, or if the life assured does not allow Sovereign to take further independent blood tests.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Intensive care benefit

A state of unconsciousness with no reaction to stimuli or internal needs, persisting continuously for at least 96 hours, requiring the use of endo-tracheal intubation in the intensive care unit of a hospital.

The life assured must have also sustained a neurological deficit causing at least 25% permanent impairment of *whole person functioning* or inability to perform one of the *activities of daily living*. Unconsciousness caused by drug and alcohol abuse is specifically excluded.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

Major transplant surgery

The life assured has undergone, or been placed on the major organ transplant waiting list in New Zealand or Australia for, a transplant from a human donor of one or more of the following organs or substances:

- > Kidney;

- > Heart;
- > Lung;
- > Liver;
- > Pancreas;
- > Bone marrow; or
- > Intestine.

The transplant of all other organs, parts of organs or any other tissue transplant is excluded.

Severe burns

The life assured has suffered tissue injury caused by thermal, electrical or chemical agents. As a result, the life assured has full thickness or third-degree burns to:

- > at least 20% of the body surface area (as measured by age-appropriate use of The Rule of 9 or the Lund and Browder Body Surface Chart); or
- > 50% of both hands, requiring surgical debridement and/or grafting; or
- > 25% of the face, requiring surgical debridement and/or grafting.

The benefit payable is 10% of the sum assured to a maximum of \$20,000 across all *Sovereign policies*.

16. Definitions for Newborn Children's Benefit conditions

Cleft palate

A 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

A genetic disorder caused by trisomy of chromosome twenty one. Diagnosis must be confirmed through a confirmatory blood test evidencing the disorder.

Spina bifida

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

Visual impairment in both eyes (whether aided or unaided and 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 practitioner or specialist* acceptable to Sovereign that confirms that the above requirements are likely to be satisfied.

17. Key terms

accident	Injury caused by violent, accidental, external and visible means.
accidental death	Death which is the result of external or internal bodily injury caused directly by violent external visible means, not attributable to any other event.
accredited Adviser	Either an Adviser with a current financial adviser agreement with Sovereign Services Limited or a member of a financial services industry body approved by Sovereign.
activities of daily living	The total and irreversible disablement of the life assured with the effect that he or she is unable to perform without the physical assistance of someone else, at least one of the following activities for himself or herself (if the life assured can perform the activity on his or her own by using special equipment Sovereign will treat the life assured as being able to perform that activity): <ul style="list-style-type: none"> > Bathing and showering. > Dressing and undressing. > Eating and drinking. > Using a toilet. > Moving from place to place by walking, in a wheelchair, or with a walking aid.
annual salary	Regular remuneration that is subject to PAYE, excluding allowances in lieu of non-monetary remuneration and extra

	income such as, but not limited to, bonuses and overtime payments.		joint;
child/children	Any biological child/children, adopted child/children or child/children under the legal guardianship of: <ul style="list-style-type: none"> > a life assured; or > the spouse or de facto partner of a life assured. 		<ul style="list-style-type: none"> > the leg starts from the hip joint and ends at the ankle joint; and > the foot starts from the ankle joint.
close relative	A relative who is the life assured's spouse, mother, father, brother, sister, son, daughter, grandfather or grandmother.	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.
condition(s)	A treatment, illness, surgical procedure or event, as specified in this <i>appendix</i> , which meets the specified definition.	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.
congenital condition	A health anomaly or defect which is present at birth, whether it is recognised or not, and whether it is inherited or due to external environmental factors such as drugs, alcohol, or complications during pregnancy or delivery.	medically necessary	A service or supply provided by a <i>registered medical practitioner</i> or <i>specialist</i> that Sovereign deems on reasonable grounds is necessary for the treatment of the disease, illness, or injury involved.
date of conversion	The later of the effective date or the actual date from which we receive the increased premium for the Life Cover Benefit and Accelerated Essential Living Assurance Benefit cover.		Under no circumstances shall the following services or supplies be considered medically necessary: <ul style="list-style-type: none"> > Those services or supplies that do not require the skills or services of a <i>registered medical practitioner</i> or <i>specialist</i>; and > Those services or supplies provided mainly for the comfort or convenience of the life assured.
full-time care	Care for 16 hours per day or more, provided by a nursing service approved by Sovereign whose profession it is to provide nursing services.		
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: <ul style="list-style-type: none"> > from the intensive care unit as a step-down prior to transfer to the ward, or > directly from the ward, recovery or emergency areas. 	pre-existing condition	Any disease or medical <i>condition</i> for which, prior to becoming covered under this policy, the individual consulted a <i>registered medical practitioner</i> , received treatment or services from a <i>registered medical practitioner</i> , or took prescribed drugs and medicines.
limb(s)	An arm, leg, hand or foot. In respect of this definition: <ul style="list-style-type: none"> > the arm starts from the shoulder joint and ends at the wrist joint; > the hand starts from the wrist 	Sovereign policies	Any policy or policies where Sovereign is the insurer.
		specialist	A <i>registered medical practitioner</i> who has an approved fellowship in one of the approved surgical, anaesthetic or traditional non-surgical colleges and

who is registered with the New Zealand Medical Council. These include, but are not limited to, the following disciplines: general surgery, orthopaedic surgery, urology, neurosurgery, anaesthesiology, cardiology, endocrinology, gastroenterology, haematology, paediatrics, gynaecology, obstetrics, neurology, oncology, renal specialists and rheumatology.

whole person functioning

As defined in the 'Guides to the Evaluation of Permanent Impairment – 4th Edition' (or subsequent editions), produced by the American Medical Association and measured six months beyond initial diagnosis.

you/your

The 'Policy Owner' named in *the schedule*.

SAMPLE