



Platinum Plus Level Term. Survivor's income cover – trauma cover – accelerated.

Your cover in detail.

1. Introduction.

This Survivor's income cover – trauma cover – accelerated provides **you** with an advanced payment of the Survivor's income cover if the **insured person** suffers from a **trauma condition**.

The **policy schedule** will show which **insured person** this Survivor's income cover – trauma cover – accelerated applies to.

2. Built-in benefits.

2.1 Trauma Cover.

Trauma condition means any one of the conditions listed below and meeting the respective definition in the section 7.

2.1.1 The conditions covered for a full benefit payment.

The conditions **we** will pay the **monthly benefit** for are as follows:

Accidentally acquired HIV

Aplastic anaemia

Alzheimer's disease

Benign brain tumour or benign spinal tumour

Angioplasty – triple vessel

Cancer

Aorta surgery

Carcinoma in situ – major treatment

- | | |
|----------------------------------------|-----------------------------------------|
| Cardiomyopathy | Major organ transplant |
| Chronic kidney failure (renal failure) | Meningitis and/or meningococcal disease |
| Chronic liver failure | Motor neurone disease |
| Chronic lung disease | Multiple sclerosis |
| Cognitive impairment | Muscular dystrophy |
| Coma | Occupationally acquired HIV |
| Coronary artery bypass surgery | Open heart surgery |
| Creutzfeldt-Jakob disease (CJD) | Out of hospital cardiac arrest |
| Dementia | Paralysis |
| Encephalitis | Parkinson's disease |
| Heart attack | Peripheral neuropathy |
| Heart valve surgery | Pneumonectomy |
| Intensive care | Primary pulmonary hypertension |
| Loss of independent existence | Severe burns |
| Loss of limb and eye | Severe diabetes |
| Loss of limbs | Severe inflammatory bowel disease |
| Loss of sight in both eyes | Stroke |
| Loss of speech | Systemic sclerosis |
| Major head trauma | Total deafness in both ears |

2.1.2 The conditions covered for a partial benefit payment.

The conditions we will pay a **partial benefit** for are as follows:

- | | |
|--------------------------------------------------------|-------------------------------|
| Adult onset type 1 insulin dependent diabetes mellitus | Chronic lymphocytic leukaemia |
| Alzheimer's disease diagnosis | Colostomy and/or ileostomy |
| Aneurysm | Dementia diagnosis |
| Angioplasty – two vessels or less | Early stage prostate cancer |
| Carcinoma in situ without major Treatment | Hydrocephalus |
| | Loss of one limb |

Loss of sight in one eye

Severe osteoporosis

Major burns

Severe rheumatoid arthritis

Malignant melanoma diagnosis

Systemic lupus erythematosus

Multiple sclerosis diagnosis

Total deafness in one ear

Parkinson's disease diagnosis

2.2 How much do we pay?

When the **insured person** suffers a **trauma condition** for the first time after the **start date** and after the **stand-down period** (where applicable), **we** will pay **you** either:

- the **monthly benefit** in arrears for the **term**, or
- if the **trauma condition** is a **partial benefit**, 25% of the **present-day value** of the **monthly benefit** up to a maximum of \$25,000.

Payment of the Survivor's income cover – trauma cover – accelerated is an advanced payment of the Survivor's income cover this Survivor's income cover – trauma cover – accelerated is attached to. **We** will reduce the **monthly benefit** on **your** Survivor's income cover, Survivor's income cover – trauma cover – accelerated, and any Survivor's income cover – total and permanent disability cover – accelerated by any amount payable under this cover. The premiums will change accordingly.

The **monthly benefit** payments for an **insured person** will stop at the end of the **term**.

Where the event giving rise to the payment of the **monthly benefit** was already covered at the **start date** by a policy issued by **us** or another insurer (existing policy), then **we** will reduce the **monthly benefit** and **our** payment so that when added to any amount paid or payable under the existing policy, the total for that **insured person** doesn't exceed the **present-day value** of the **monthly benefit** equivalent of \$2,000,000.

2.3 Stand-down period.

If a **trauma condition** stated below occurred or was diagnosed, or the signs or symptoms leading to diagnosis became apparent to the **insured person**, or would have become apparent to a reasonable person in the **insured person's** position, within three months:

- from the date **we** receive the **application** for this cover, then no benefit will ever be payable for that **trauma condition** under this cover, or
- of the date of reinstatement, then no benefit will ever be payable for that **trauma condition** under this cover, or
- of the date of any increase in the **monthly benefit** (excluding increases due to the Indexation option) then no benefit will ever be payable for that **trauma condition** for that increase in **monthly benefit**.

The stand down applies to the following conditions:

- Cancer condition, heart attack, out of hospital cardiac arrest or stroke.**

- b. **Angioplasty – two vessels or less** or **Angioplasty – triple vessel** if there was narrowing or blockage of one or more arteries.
- c. **Coronary artery bypass surgery** if there existed disease of the arteries.
- d. **Aorta surgery** if there was narrowing, dissection or aneurysm of the abdominal or thoracic aorta.
- e. **Heart valve surgery** if there was heart valve defects or abnormalities.

The **stand-down** won't apply if an **insured person** had similar cover with **us** or another insurance company and this cover replaced that cover, up to the **monthly benefit** equivalent under the replaced cover provided the previous policy had been in force for at least three months.

3. Claims.

3.1 Notice.

You or the **insured person** must notify **us** in writing immediately or as soon as practically possible if **you** or **they** become aware of any claim or potential claim under this Survivor's income cover – trauma cover – accelerated.

We will advise **you** of the requirements **we** need to assess **your** claim.

We won't pay any claim until **we** receive all the requirements **we** need to assess the claim and confirm that the **insured person** meets the definition.

3.2 Obligations.

You and the **insured person** (if possible) must throughout the life of the claim:

- Complete **our** claim form in full and send it to **us** as soon as reasonably possible.
- Supply **us** with all relevant medical evidence **we** reasonably require in connection with the claim.
- Authorise the disclosure to **us** of **their** or **your** personal information in connection with the claim held by any other party.
- Authorise the disclosure of **their** or **your** personal information held by **us** to another party to evaluate the claim.
- Provide **us** with any other relevant information **we** reasonably require. This may include but is not limited to financial, medical and occupational evidence.

The **insured person** where appropriate must:

- Provide a signed report from an appropriate **specialist medical practitioner** confirming the occurrence of the **trauma condition**.
- Undergo one or more medical examinations if **we** reasonably request **them** at **our** expense. This may include blood tests and medical testing.

- **We** may also request other additional claim proofs necessary to complete **our** assessment of the claim including an independent opinion from an appropriate **medical practitioner** or **specialist medical practitioner** approved by **us**.

You must pay any expenses incurred in proving **your** claim.

4. Exclusion.

You can't claim under this cover for any sickness or injury in connection with a self-inflicted act or injury.

5. When this cover ends.

This Survivor's income cover – trauma cover – accelerated ends for an **insured person** on the earliest of the date:

- you** cancel **their** Survivor's income cover, or
- you** cancel **their** Survivor's income cover – trauma cover – accelerated, or
- when **we** have paid the full **monthly benefit** for the full **term**, or
- this Policy ends for any reason, or
- they** die.

6. General definitions.

The definitions shown below apply to all derivatives of the words defined.

Accident.

Bodily injury caused solely and directly by violent, accidental, external or visible means. The injury must be unintended and unexpected.

Application.

A completed application form for this cover, accompanied by either the first premium payment or the receipt of a valid payment instruction by **us**.

Cancer condition.

Cancer, carcinoma in situ – major treatment, carcinoma in situ – without major treatment, chronic lymphocytic leukaemia, malignant melanoma diagnosis and early stage prostate cancer.

New York Heart Association Classification of Cardiac Impairment.

Class 1 – no limitation of physical activity, no symptoms with ordinary physical activity.

Class 2 – slight limitation of physical activity, symptoms occur with ordinary physical activity.

Class 3 – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.

Class 4 – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

Partial benefit.

A part payment of the **monthly benefit**. The definitions for each **trauma condition** partial benefit payment is detailed in section 7.

Present-day value.

The current value of the sum of the **monthly benefit** payments remaining during the **term** when each payment is discounted by a rate that is a function of the annual interest rate as reasonably determined by **us**. Because the buying power of a dollar decreases over time the amount of the **present-day value** will always be less than the sum of the remaining **monthly benefit** payments.

Stand-down period.

The period set out in section 2.3 where no Trauma Cover – Accelerated will ever be payable under this cover.

Term.

The maximum period shown on the **policy schedule** for an **insured person** that **we** pay you the **monthly benefit**.

Trauma condition.

A condition as defined in section 7.

Whole person function.

The evaluation of whole person function derived from the most recent edition of the American Medical Association's book Guides to the Evaluation of Permanent Impairment (Guides) as assessed by an appropriately qualified **medical practitioner**.

7. Trauma definitions.

Trauma conditions covered for a full benefit payment.

Accidentally acquired HIV.

Infection by the Human Immunodeficiency Virus (HIV), acquired via blood transfusion or accidental means, with sero-conversion to HIV infection occurring within six months of the accident.

Any accident which may lead to a potential claim must be reported to **us** within thirty days of the incident. The report must be supported by a

negative HIV antibody test within seven days of the incident.

Transmission via any form of sexual activity or deliberate injection of a drug not prescribed by a **medical practitioner** is excluded.

Alzheimer's disease.

The confirmed diagnosis by a **specialist medical practitioner** of Alzheimer's disease with the permanent and irreversible loss of cognitive function. Loss of cognitive function is deterioration or loss of intellectual capacity which requires the need for daily supervision of another adult to ensure the **insured person's** safety. Daily supervision means situations such as preparing food, taking medicines, leaving home or activities of similar severity.

The loss needs to be measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:

- Short or long term memory
- Orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year)
- Deductive or abstract reasoning

Angioplasty – triple vessel.

Undergoing a coronary artery angioplasty to correct narrowing or blockage of three or more coronary arteries within one or more procedures within a two-month period.

Angiographic evidence indicating obstruction of the treated coronary arteries and confirmation from a **specialist medical practitioner** is required to confirm that the procedure is **medically necessary**.

Aorta surgery.

Surgery, including minimally invasive surgery or percutaneous procedures, to correct any narrowing, dissection or aneurysm of the abdominal or thoracic aorta by repair or its replacement.

Aplastic anaemia.

Bone marrow failure that results in anaemia, neutropenia and thrombocytopenia and requires treatment with at least one of the following:

- Marrow stimulating agents
- Immunosuppressive agents
- Bone marrow transplant
- Peripheral blood stem cell transplant
- Blood product transfusions.

Benign brain tumour or benign spinal tumour.

A non-cancerous tumour in the brain or spinal cord that gives rise to characteristic symptoms of intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment and results in:

- permanent neurological damage and functional impairment diagnosed by an appropriate **specialist medical practitioner**, or
- surgical treatment for its removal where this is considered the appropriate and medically necessary treatment.

A tumour in the pituitary gland will be covered if it results in:

- permanent neurological damage and functional impairment diagnosed by an appropriate **specialist medical practitioner**, or
- requires a craniotomy to remove it.

Neurological damage and functional impairment include but are not limited to: memory loss, impaired speech, vision loss and paralysis on one side of the body.

The presence of the underlying tumour must be confirmed by imaging studies such as a CT or MRI scan.

Cysts, granulomas, malformations in or of the arteries or veins of the brain and haematomas are excluded.

Cancer.

The confirmed presence of one or more invasive malignant tumours diagnosed by a **specialist medical practitioner** with supporting histological evidence of uncontrolled growth of malignant cells and invasion of normal tissue beyond the basement membrane. The term malignant tumour also includes leukaemia, sarcoma, malignant bone marrow disorders, and malignant lymphomas.

In addition to the above, only cancers meeting the following specified level of advancement for that cancer are covered:

- Hodgkin's and Non-Hodgkins lymphoma (all stages)
- Chronic lymphocytic leukaemia of Rai stage 1 or higher
- Malignant melanomas meeting any of the following criteria:
 - at least Clark Level 3 depth of invasion, or
 - 1mm Breslow thickness or greater, or
 - showing evidence of ulceration.
- Prostatic cancers meeting any of the following:
 - at least TNM classification T2, or
 - a Gleason score greater than or equal to 6, or
 - the entire prostate has been removed through a prostatectomy, or
 - **medically necessary** treatment by radiotherapy or chemotherapy has been performed.
- Papillary and follicular carcinoma of thyroid of at least TNM classification T2

- Squamous cell carcinomas of the skin where the carcinomas have spread to other organs, bones or lymph nodes
- Other cancers not listed above of at least TNM classification T1

This definition does not include the following:

- Tumours showing the malignant changes of carcinoma-in-situ (including cervical dysplasia CIN1, CIN2 and CIN3)
- Tumours histologically classified as pre-malignant or having low-malignant potential
- All hyperkeratoses or basal cell carcinomas of the skin

Carcinoma in situ – major treatment.

The actual undergoing of treatment for pre-invasive carcinoma in situ. The tumour must be positively diagnosed by a **specialist medical practitioner** as Tis according to the TNM classification or FIGO stage 0, with supporting histological evidence and resulting in one of the following being performed:

- **radical surgery**, or
- **medically necessary** treatment by radiotherapy or systemic chemotherapy.

Radical surgery means the actual undergoing of **medically necessary** surgery to remove an entire affected organ or breast. Where surgery involves the colon, radical surgery means partial or full colectomy.

Cardiomyopathy.

Impaired ventricular function of variable aetiology, resulting in physical impairments to the degree of at least class 3 of the **New York Heart Association Classification of Cardiac Impairment**.

Chronic kidney failure (renal failure).

End stage renal failure diagnosed by an appropriate **specialist medical practitioner** and presenting as chronic irreversible failure of both

kidneys to function and resulting in regular renal dialysis being started.

Chronic liver failure.

End stage liver failure diagnosed by an appropriate **specialist medical practitioner** based on any of the following symptoms: permanent jaundice, ascites and encephalopathy.

Chronic lung disease.

End stage lung disease requiring permanent oxygen therapy and with:

- FEV1 test results of consistently less than one litre, or
- at least 25% permanent impairment of **whole person function**, or
- the permanent inability of the **insured person** to perform at least one of the **activities of daily living** without the assistance of an adult.

Cognitive impairment.

Injury or illness of the brain resulting in permanent and irreversible loss of cognitive function. Loss of cognitive function is deterioration or loss of intellectual capacity which requires the need for daily supervision of another adult to ensure the **insured person's** safety. Daily supervision means situations such as preparing food, taking medicines, leaving the home or activities of similar severity.

The loss needs to be measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:

- Short or long term memory
- Orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year)
- Deductive or abstract reasoning

Coma.

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continually with the use of a life support system for at least 72 hours.

Coma related to alcohol or drug abuse is excluded.

Coronary artery bypass surgery.

Medically necessary coronary artery bypass graft surgery to correct coronary artery disease that is causing inadequate myocardial blood supply.

Angioplasty, intra-arterial procedures and other non-surgical techniques are excluded.

Creutzfeldt-Jakob disease (CJD).

The unequivocal diagnosis of CJD by a **specialist medical practitioner** with signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasm, tremor and athetosis resulting in the **insured person** requiring permanent and continual supervision for **their** safety.

Dementia.

The confirmed diagnosis by a **specialist medical practitioner** of dementia with the permanent and irreversible loss of cognitive function. Loss of cognitive function is deterioration or loss of intellectual capacity which requires the need for daily supervision of another adult to ensure the **insured person's** safety. Daily supervision means situations such preparing food, taking medicines, leaving the home or activities of similar severity.

The loss needs to be measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:

- Short or long term memory
- Orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year)
- Deductive or abstract reasoning

Encephalitis.

Severe inflammation of the brain diagnosed by a **specialist medical practitioner** as resulting in:

- significant and permanent neurological sequelae, or
- at least 25% permanent impairment of **whole person function**, or
- the permanent inability of the **insured person** to perform at least one of the **activities of daily living** without the assistance of an adult.

Heart attack.

The death of a portion of heart muscle as a result of inadequate blood supply. The basis of diagnosis must be confirmed by an appropriate **specialist medical practitioner** and evidenced by a typical rise and/or fall of cardiac biomarkers (Troponin I, Troponin T or CK-MB) and must also be supported by one of the following changes associated with a heart attack:

- new cardiac symptoms and signs, or
- electrocardiogram (ECG) tests showing new significant changes, or
- imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

If the above tests are inconclusive, **we** will consider other appropriate and medically recognised tests provided in support of the diagnosis.

The following are excluded:

- other acute coronary and other non-coronary syndromes, including but not limited to angina pectoris, and
- a rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease.

Heart valve surgery.

Surgery, including minimally invasive surgery or percutaneous procedures, to replace or repair a cardiac valve or valves as a consequence of heart valve defects or abnormalities.

Intensive care.

An **accident** or sickness, which at the recommendation of an appropriate **specialist medical practitioner**, has resulted in the **insured person**:

- requiring continuous mechanical ventilation by means of tracheal intubation for at least five consecutive days (24 hours per day), or
- being admitted to the intensive care ward of an appropriately certified hospital for at least five consecutive days (24 hours per day).

Intensive care as a direct or indirect result of drug or alcohol abuse is excluded.

Loss of independent existence.

As a result of disease, sickness or injury, the **insured person** is totally and permanently unable to perform at least two of the **activities of daily living** without the assistance of an adult.

Loss of limb and eye.

The **insured person** suffers the total and permanent loss of the use of:

- one foot or one hand, and
- the sight in one eye.

The loss of the sight must be confirmed by an appropriate **specialist medical practitioner** and measured by one of the following:

- visual acuity of less than 6/60 in the affected eye after correction, or
- a field of vision constricted to 20 degrees of arc or less, or
- a combination of visual defects resulting in the same degree of visual impairment as that occurring in either of the above.

Loss of limbs.

The **insured person** suffers the total and permanent loss of the use of either both feet, both hands or one foot and one hand.

Loss of sight in both eyes.

The **insured person** suffers the permanent and irreversible loss of sight in both eyes.

The permanent and irreversible loss of sight must as confirmed by an appropriate **specialist medical practitioner** and measured by one of the following:

- visual acuity of less than 6/60 in both eyes after correction, or
- a field of vision constricted to 20 degrees of arc or less, or
- a combination of visual defects resulting in the same degree of visual impairment as that occurring in either of the above.

Loss of speech.

The total and permanent loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply or to the speech centres of the brain, whether caused by injury, tumour or sickness.

Loss of speech due to psychological reasons is excluded.

Major head trauma.

Permanent neurological deficit caused by an external accidental injury to the head which is confirmed by a **specialist medical practitioner** as resulting in either:

- at least 25% permanent impairment of **whole person function**, or
- the permanent inability of the **insured person** to perform at least one of the **activities of daily living** without the assistance of an adult.

Major organ transplant.

The actual transplant, or placement on an official waiting list of a Transplantation Society of Australia and New Zealand recognised transplant unit, of one or more of the following organs or tissues:

- Kidney
- Heart
- Lung
- Liver (including live donor liver transplants)
- Pancreas
- Small bowel
- Bone marrow
- Blood-forming stem cell transplant

The transplant must be confirmed by an appropriate specialist medical practitioner as being **medically necessary** and treatable only by a transplant. The transplant of all other organs, parts of organs (except for liver transplant) or any other tissue transplant is excluded.

Meningitis and/or meningococcal disease.

The unequivocal diagnosis by an appropriate **specialist medical practitioner** of meningitis and/or meningococcal disease including meningococcal septicaemia that results in either:

- at least 25% permanent impairment of **whole person function**, or
- the permanent inability of the **insured person** to perform at least one of the **activities of daily living** without the assistance of an adult.

Motor neurone disease.

The unequivocal diagnosis of motor neurone disease by two appropriate **specialist medical practitioners**.

Multiple sclerosis.

The unequivocal diagnosis by an appropriate **specialist medical practitioner** of multiple sclerosis confirming more than one episode of well-defined neurological abnormalities and

- at least 25% permanent impairment of **whole person function**, or
- the permanent inability to perform at least one of the **activities of daily living** without the assistance of an adult, or
- Expanded Disability Status Scale (EDSS) level of 7.5 or higher.

The diagnosis must be based on confirmatory neurological investigations e.g. lumbar puncture, evoked visual responses, evoked auditory responses and NMR (Nuclear Magnetic Resonance) evidence of lesions of the central nervous system.

Muscular dystrophy.

The unequivocal diagnosis of **muscular dystrophy** by an appropriate **specialist medical practitioner**.

Occupationally acquired HIV.

Infection by the Human Immunodeficiency Virus (HIV), acquired via blood transfusion or accidental means during the course of carrying out the **insured person's** normal occupation, with sero-conversion to HIV infection occurring within six months of the accident.

Any accident which may lead to a claim must be reported to **us** within thirty days of the incident. The report must be supported by a negative HIV antibody test within seven days of the incident.

Transmission via any form of sexual activity or deliberate injection of a drug not prescribed by a **medical practitioner** is excluded.

Open heart surgery.

Undergoing open heart surgery to treat a cardiac defect, cardiac aneurysm or benign cardiac tumour.

Repair via catheter surgery, minimally invasive 'keyhole' or similar techniques are excluded.

Out of hospital cardiac arrest.

A sudden unexpected stoppage of effective heart action which:

- isn't associated with any medical procedure, and
- is documented by an electrocardiogram, and
- occurs outside a hospital, and
- is due to either cardiac asystole (complete failure of the heart causing cardiac arrest) or ventricular fibrillation (heart abnormality with ineffective twitching of the heart chambers).

Paralysis.

The total and permanent loss of use of one or more limbs resulting from injury or disease.

Limb means an entire arm or leg and included in this definition is monoplegia, diplegia, hemiplegia, paraplegia, quadriplegia and tetraplegia. The diagnosis must be confirmed by a **specialist medical practitioner**.

Parkinson's disease.

The unequivocal diagnosis of Idiopathic **Parkinson's disease** by a **specialist medical practitioner** resulting in:

- at least 25% permanent impairment of **whole person function**, or
- the permanent inability of the **insured person** to perform at least one of the **activities of daily living** without the assistance of an adult.

Peripheral neuropathy.

Irreversible loss of function of peripheral nerves, diagnosed by a specialist medical practitioner and resulting in either:

- at least 25% permanent impairment of **whole person function**, or

- the permanent inability of the **insured person** to perform at least one of the **activities of daily living** without the assistance of an adult.

Peripheral neuropathy related to alcohol or drug use is excluded.

Pneumonectomy.

The removal of an entire lung. This must be considered the **medically necessary** treatment by an appropriate **specialist medical practitioner**.

Primary pulmonary hypertension.

Irreversible raised pressure in the pulmonary arteries with right ventricular enlargement established by investigations including cardiac catheterisation.

Severe burns.

Tissue injury caused by thermal, electrical or chemical agents that results in third degree burns to at least:

- 20% of the Body Surface Area as measured by the Rule of 9's 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.

Severe diabetes.

The confirmation by an appropriate **specialist medical practitioner** that the **insured person** has experienced at least two of the following complications as a direct result of diabetes:

- retinopathy that results in corrected visual acuity of 6/36 or worse in both eyes, or
- neuropathy causing:
 - irreversible autonomic neuropathy that results in postural hypotension and/or motility problems in the gut with intractable diarrhoea, or

- polyneuropathy leading to severe mobility problems due to sensory and/or motor deficits, or
- chronic infection or gangrene that results in amputation of a whole hand or foot, or
- nephropathy causing chronic, irreversible kidney impairment for at least three months where the glomerular filtration rate has reduced to less than 28ml/min (Chronic kidney disease stage 4, International Chronic Kidney Disease classification).

Severe inflammatory bowel disease.

The confirmed diagnosis by an appropriate **specialist medical practitioner** of either:

- Crohn's disease, or
- ulcerative colitis,

that has failed surgical treatment, is resistant to conventional medical intervention, and requires either:

- permanent immunosuppressive therapy, or
- surgical removal of the entire large bowel (colon and rectum).

Stroke.

A cerebrovascular incident including infarction of brain tissue, intracranial or subarachnoid haemorrhage, or embolisation from an intracranial source as evidenced by CT, MRI or similar scan.

Transient ischaemic attacks and cerebral symptoms due to migraine are excluded.

Systemic sclerosis.

The unequivocal diagnosis of systemic sclerosis, as confirmed by an appropriate **specialist medical practitioner**, causing:

- skin thickening accompanied by various degrees of tissue fibrosis, and
- chronic inflammatory infiltration in visceral organs, and

- the permanent inability of the **insured person** to perform at least one of the **activities of daily living** without the assistance of an adult.

Total deafness in both ears.

The total and irreversible loss of hearing both natural and assisted, in both ears as a result of sickness or injury as confirmed by a **specialist medical practitioner**.

Trauma conditions covered for a partial benefit.

Adult onset type 1 insulin dependent diabetes mellitus.

The diagnosis by a **specialist medical practitioner** after the **insured person's** 30th birthday with Type 1 diabetes mellitus which requires insulin.

Alzheimer's disease diagnosis.

The unequivocal diagnosis of Alzheimer's disease by a **specialist medical practitioner**.

Aneurysm.

The **insured person** has either:

- a cerebral aneurysm of any size that is treated by a **specialist medical practitioner** surgically via clipping or endovascular surgery, or
- an aortic aneurysm that has been definitely identified through MRI or CT scanning and:
 - is larger than 5.5cm in diameter, or
 - is larger than 3.5cm in diameter and growing at a rate faster than 0.5cm in diameter per year, or
 - has ruptured.

Angioplasty – two vessels or less.

The undergoing of a coronary artery angioplasty to correct narrowing or blockage of one or two coronary arteries.

Angiographic evidence indicating obstruction of the treated coronary arteries and confirmation from a **specialist medical practitioner** is required to confirm that the procedure is **medically necessary**.

Carcinoma in situ – without major treatment.

The first time diagnosis by a **specialist medical practitioner** with carcinoma in situ of the breast, cervix uteri, vagina, vulva, fallopian tubes, ovary, corpus uteri, anus, perineum, penis or testicle. Tumours must be classified as Tis according to the TNM classification or FIGO stage 0 with supporting histological evidence.

Chronic lymphocytic leukaemia.

The first time positive diagnosis by a **specialist medical practitioner** with chronic lymphocytic leukaemia of Rai stage 0.

Colostomy and/or ileostomy.

The undergoing of the creation of a permanent non-reversible opening, linking the colon or ileum to the external surface of the body.

Dementia diagnosis.

The unequivocal diagnosis of dementia by a **specialist medical practitioner**.

Early stage Prostate Cancer.

The first time positive diagnosis by a **specialist medical practitioner** with supporting histological evidence of early stage prostate cancer of TNM classification T1 (all categories) or Gleason score less than or equal to 5.

Hydrocephalus.

The requirement of a shunt to remove an excessive accumulation of cerebrospinal fluid or to relieve increased pressure within the cranium.

Loss of one limb.

The total and permanent loss of use of one hand or one foot.

Loss of sight in one eye.

The permanent and irreversible loss of sight in one eye as confirmed by an appropriate **specialist medical practitioner** and measured by one of the following:

- visual acuity of less than 6/60 in the affected eye after correction, or
- a field of vision constricted to 20 degrees of arc or less, or
- a combination of visual defects resulting in the same degree of visual impairment as that occurring in either of the above.

Major burns.

Tissue damage caused by thermal, electrical or chemical agents that results in third degree burns to at least:

- 9% of the Body Surface Area as measured by the Rule of 9's or the Lund and Browder Body Surface Chart, or
- 50% of either hand, or combined over both hands, requiring surgical debridement and/or grafting.

Malignant melanoma diagnosis.

The first time positive diagnosis by a **specialist medical practitioner** with supporting histological evidence of malignant melanoma that is Clark Level 1 or 2 depth of invasion, and less than 1mm in thickness as measured using the Breslow method.

Multiple sclerosis diagnosis.

The unequivocal diagnosis with **multiple sclerosis** confirming more than one episode of well-defined neurological abnormalities by an appropriate **specialist medical practitioner**.

Parkinson's disease diagnosis.

The unequivocal diagnosis with Idiopathic **Parkinson's disease** by a **specialist medical practitioner**.

Severe osteoporosis.

The diagnosis with severe osteoporosis by an appropriate **specialist medical practitioner** before the **insured person's 50th birthday**: The diagnosis must confirm the following:

- suffers at least two vertebral body fractures or a fracture of the neck of the femur, due to osteoporosis, and
- has bone mineral density reading with a T-score of less than -2.5. This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

Severe rheumatoid arthritis.

The diagnosis of severe rheumatoid arthritis by an appropriate **specialist medical practitioner** before the **insured person's 50th birthday**. The diagnosis must confirm all of the following:

- morning stiffness of the joints, and
- swelling and pain in the joints of at least three joint groups, involving the corresponding joints on both sides of the body. One of the groups must be joints on the fingers or toes, or the knuckles of the hand or wrist, and
- small nodular swelling beneath the skin, and
- a positive rheumatoid factor test, and
- x-ray evidence showing multiple and extensive changes to joints typical of rheumatoid arthritis, and
- diffuse osteoporosis with severe hand and spinal deformity.

Systemic lupus erythematosus.

The unequivocal diagnosis of systemic lupus erythematosus by a **specialist medical practitioner**. The diagnosis must be made in a clinical setting based on the American College of Rheumatology (ACR) revised criteria and have evidence of lupus nephritis as confirmed by:

- grade 3 to 5 nephritis (WHO classification of lupus nephritis), and
- persisting proteinuria (more than 2+).

Total deafness in one ear.

The total and irreversible loss of hearing, both natural and assisted, in one ear as a result of sickness or injury as confirmed by an appropriate **specialist medical practitioner**.