

# Recovery Insurance Cover

Insurance  
Module



# Contents

<b>Introduction</b>	3
<b>Recovery Insurance</b>	3
– Recovery Insurance benefit	
– Recovery Insurance partial benefit	
– Recovery Insurance children’s benefit	
– Recovery Insurance accelerated option	
– Special events increase benefit	
– Non-qualifying death benefit	
<b>Exclusions and limitations for Recovery Insurance cover</b>	8
– 90-day stand-down period	
<b>When Life Insurance cover ends</b>	9
<b>Making a Recovery Insurance cover claim</b>	10
<b>Definitions and key terms for Recovery Insurance cover</b>	10
– Definitions of medical conditions	
– Other definitions and key terms for this cover	
– Changes to definitions	

# UNDERSTANDING THIS RECOVERY INSURANCE COVER MODULE

This *insurance module* applies if you have selected Recovery Insurance cover for an *insured person* under your *policy* and this is shown on your current *schedule*.

The terms and conditions of your *policy document* are divided into three separate parts:

- the *policy module* sets out the general terms and conditions that apply to all *insurance modules* selected under it; and
- this *insurance module* describes the *cover* you have elected to attach to your *policy*. You may have more than one *insurance module*; and
- the *schedule* sets out your details, as well as details of any *insured person* and details of the *cover* provided under your *policy*.

You must read these three parts together as one document.

## 1. Introduction

This *insurance module* applies to you if you have selected Recovery Insurance cover and this is shown in your *schedule*. You should read this in conjunction with the *schedule* and *policy module*, as together these set out the terms and conditions relating to this *cover*.

## 2. Recovery Insurance

The benefits included under your Recovery Insurance cover are:

- Recovery Insurance benefit; and
- Recovery Insurance partial benefit; and
- Recovery Insurance children's benefit; and
- Special events increase benefit; and
- Non-qualifying death benefit; and

where you have selected the Recovery Insurance accelerated option:

- Life Insurance cover buy-back benefit; and
- Recovery Insurance cover buy-back option, where this option has been selected by you and is shown in your *schedule*.

### 2.1 Recovery Insurance benefit

If an *insured person* with Recovery Insurance cover suffers, for the first time on or after the *risk commencement date* and before the *risk cease date*, any one of the *serious medical conditions* listed below and survives for a minimum period of 14 days, we will pay the Recovery Insurance *sum insured* as stated in the *schedule* for that *insured person*.

#### Cardiac and vascular conditions

- *Cardiomyopathy*
- *Coronary artery angioplasty – triple vessel\**
- *Coronary artery bypass grafting surgery\**
- *Heart attack during cardiac procedure\**
- *Heart surgery (open)\**
- *Out-of-hospital cardiac arrest*
- *Repair or replacement of aorta\**
- *Repair or replacement of heart valves\**
- *Significant heart attack\**
- *Severe congestive cardiac failure*

### Cancer and blood disease conditions

- *Aplastic anaemia*
- *Advanced diabetes\**
- *Cancer\**
- *HIV – medically acquired*
- *HIV – occupationally acquired*

### Neurological conditions

- *Coma*
- *Creutzfeldt-Jakob disease*
- *Dementia/Alzheimer's disease*
- *Encephalitis*
- *Major head trauma*
- *Meningitis*
- *Motor neurone disease\**
- *Multiple sclerosis\**
- *Muscular dystrophy*
- *Parkinson's disease*
- *Peripheral neuropathy*
- *Stroke\**
- *Systemic sclerosis*

### Major organ conditions

- *Chronic liver failure*
- *Chronic lung failure*
- *Kidney failure*
- *Major burns*
- *Major organ transplant\**
- *Pneumonectomy*
- *Primary pulmonary hypertension*
- *Severe inflammatory bowel disease*

### Functional impairment conditions

- *Benign intracranial tumour*
- *Blindness*
- *Deafness*
- *Loss of independent existence\**
- *Loss of limbs*
- *Loss of speech*
- *Paralysis – diplegia*
- *Paralysis – hemiplegia*
- *Paralysis – paraplegia*
- *Paralysis – quadriplegia/tetraplegia*
- *Severe osteoporosis*
- *Severe rheumatoid arthritis*

\*These *serious medical conditions* are subject to a 90-day stand-down period. Please refer to section 3.1 of this *insurance module* for full details.

We may require proof that the *insured person* suffers from a *serious medical condition* by obtaining confirmation to that effect from a *suitably qualified registered medical practitioner*.

When we pay the full amount of the *sum insured* under this benefit for an *insured person*, the Recovery Insurance cover for that *insured person* will end. We will adjust the premium to reflect the removal of this cover.

## 2.2 Recovery Insurance partial benefit

We will pay a Recovery Insurance partial benefit, being the lesser of:

- 25% of the Recovery Insurance *sum insured*; or
- \$30,000,

if an *insured person* with Recovery Insurance cover suffers any one of the *partial medical conditions* listed below, and survives for a minimum period of 14 days:

- *Advanced diabetes – diagnosis benefit\**
- *Blindness – one eye*
- *Deafness – one ear*
- *Colostomy and/or Ileostomy*
- *Coronary artery angioplasty – less than triple vessel\**
- *Dementia/Alzheimer's disease – diagnosis benefit\**
- *Early stage cancer – diagnosis benefit\**
- *Intensive care treatment*
- *Loss of limbs – single limb only*
- *Multiple sclerosis – diagnosis benefit\**
- *Muscular dystrophy – diagnosis benefit*
- *Parkinson's disease – diagnosis benefit*
- *Repair or replacement of aorta – minimally invasive surgery\**
- *Serious burns*
- *Systemic Lupus Erythematosus (SLE) with nephritis.*

\*These *partial medical conditions* are subject to a 90-day stand-down period. Please refer to section 3.1 of this *insurance module* for full details.

We may require proof that the *insured person* suffers from a *partial medical condition* by obtaining confirmation to that effect from a *suitably qualified registered medical practitioner*.

We can pay multiple Recovery Insurance partial benefits for *Coronary artery angioplasty – less than triple vessel* and *Early stage cancer diagnosis*. However, we will only ever pay one claim for either of these *partial medical conditions* within any six month period. For all other *partial medical conditions*, we will pay a Recovery Insurance partial benefit only once per *partial medical condition*.

When we pay a Recovery Insurance partial benefit, the *sum insured* will be reduced by the amount paid. We will adjust the premium to reflect the reduction of the *sum insured*.

Payments made under this benefit are not eligible for reinstatement under the Life Insurance buy-back benefit or Recovery Insurance buy-back option.

## 2.3 Recovery Insurance children's benefit

We will pay a Recovery Insurance children's benefit, being the lesser of:

- 50% of the Recovery Insurance *sum insured* for the *insured person*, being the parent of the *child* for whom the claim is being made; or
- \$100,000

if a *child* of an *insured person* with Recovery Insurance cover suffers, for the first time on or after the *risk commencement date* and before the *risk cease date*, any one of the *children's medical conditions* listed below and survives for a minimum period of 14 days.

- *Benign intracranial tumour*
- *Blindness*
- *Cancer\**
- *Cardiomyopathy*
- *Deafness*
- *Encephalitis*
- *Intensive care treatment*
- *Kidney failure*
- *Loss of limbs*
- *Loss of speech*
- *Major organ transplant\**
- *Meningitis*
- *Paralysis – diplegia*
- *Paralysis – hemiplegia*
- *Paralysis – paraplegia*
- *Paralysis – quadriplegia/tetraplegia*
- *Stroke\**.

\*These *children's medical conditions* are subject to a 90-day stand-down period. Please refer to section 3.1 of this *insurance module* for full details.

We may require proof that the *child* of an *insured person* suffers from a *children's medical condition* by obtaining confirmation to that effect from a *suitably qualified registered medical practitioner*.

We will pay a maximum of two Recovery Insurance children's benefit payments under this benefit, in respect of an *insured person*, at which time this Recovery Insurance children's benefit will cease.

These two payments can be made in respect of:

- the same *child*, although the payments must be for different *children's medical conditions*; or
- two different *children's medical conditions* for two different children; or
- the same *children's medical condition* for two different children.

We will pay only one Recovery Insurance children's benefit per *child* of an *insured person* in respect of a specific *children's medical condition*, regardless of the number of parent-*child* relationships that exist on various policies issued by us.

The payment of a Recovery Insurance children's benefit does not result in any reduction of the Recovery Insurance *sum insured*.

### 2.3.1 Children's cover conversion benefit

You can apply to convert the Recovery Insurance children's benefit in respect of each *child* of an *insured person* with Recovery Insurance to a separate Recovery Insurance cover without the need to provide medical evidence, subject to the following conditions:

- the request to convert the Recovery Insurance children's benefit must be received no later than 90 days following the *child's* 21st birthday; and
- a Recovery Insurance children's benefit has not been paid in respect of that *child*; and
- the maximum *sum insured* which can be applied for is \$100,000; and
- a premium for the converted Recovery Insurance children's benefit will be charged using our current premium rates at the time of conversion; and
- upon conversion, the Recovery Insurance children's benefit under this *policy* will end for that *child*.

## 2.4 Recovery Insurance accelerated option

If this option is shown in the *schedule* in respect of an *insured person*, when we make a Recovery Insurance benefit payment (including a partial benefit) under this *insurance module* for that *insured person* we will reduce their Life Insurance *sum insured* by an amount equal to our payment, excluding any payment under the Recovery Insurance children's benefit.

If, as a result of our payment, the *sum insured* for any remaining accelerated benefit under this *policy* for that *insured person* is higher than their Life Insurance *sum insured*, the *sum insured* for those accelerated benefits will automatically reduce to the same level of the Life Insurance *sum insured*. If the Life Insurance *sum insured* reduces to nil, all accelerated benefits and the Life Insurance cover for that *insured person* will end.

We will adjust the premium to reflect the reduction or removal of any particular benefits.

The amount of the payment in respect of an *insured person* cannot be greater than the Life Insurance *sum insured* under this *policy* for that *insured person*.

### 2.4.1 Life Insurance cover buy-back benefit

When an *insured person* suffers a *serious medical condition* resulting in a payment under the Recovery Insurance accelerated option, you may apply to reinstate the Life Insurance *sum insured* without the need to provide further medical evidence, subject to the following conditions:

- the Life Insurance cover buy-back benefit is only able to be exercised once the Recovery Insurance *sum insured* has been fully paid; and
- we must have paid a Recovery Insurance accelerated benefit in respect of the *insured person* and they must have survived for a period of 12 months following the date of our payment; and

- the Life Insurance cover buy-back benefit must be exercised within 30 days following the 12 month anniversary of the date we paid the Recovery Insurance accelerated benefit claim; and
- the maximum amount of Life Insurance *sum insured* that can be reinstated is the lesser of the amount of the Recovery Insurance accelerated benefit paid by us in respect of a *serious medical condition* and \$2,000,000; and
- the reinstated amount will not be eligible for increases under the Life Insurance cover inflation adjustment option or Special events increase benefit; and
- you cannot exercise this option if we have previously paid a *terminal illness* claim for the *insured person* under any Life Insurance cover with us.

Any special conditions, exclusions or loadings which were applied to the Life Insurance cover will be applied to the reinstated cover and premiums for that *insured person*.

This Life Insurance cover buy-back benefit ends on the earlier of:

- the *policy anniversary date* on, or immediately after, the *insured persons'* 65th birthday; or
- immediately following the reinstatement of the Life Insurance *sum insured*; or
- on the expiry of the 30-day period following the 12 month anniversary of the date we paid the Recovery Insurance accelerated benefit claim, if the Life Insurance cover buy-back benefit is not exercised within that 30-day period in accordance with this section.

#### 2.4.2 Recovery Insurance cover buy-back option

If this option is shown in the *schedule* in respect of an *insured person*, and that *insured person* suffers a *serious medical condition* resulting in a payment under the Recovery Insurance accelerated option, you may reinstate the Recovery Insurance *sum insured* without the need to provide further medical evidence, subject to the following conditions:

- the Recovery Insurance cover buy-back option is only able to be exercised once the Recovery Insurance *sum insured* has been fully paid; and
- we must have paid a Recovery Insurance benefit in respect of the *insured person* and they must have survived for a period of 12 months following the date of our payment; and
- the Recovery Insurance buy-back option must be exercised within 30 days following the 12 month anniversary of the date we paid your Recovery Insurance benefit claim; and
- the maximum amount of Recovery Insurance *sum insured* that can be reinstated is the lesser of the amount of the accelerated Recovery Insurance benefit paid by us and \$2,000,000; and

- the reinstated amount will not be eligible for increases under the Recovery Insurance cover inflation adjustment option or Recovery Insurance Special events increase benefit; and
- the reinstated Recovery Insurance cover will not provide cover under the Recovery Insurance children's benefit; and
- you cannot exercise this option if we have previously paid a *terminal illness* claim for the *insured person* under any Life Insurance cover with us.

Any special conditions, exclusions or loadings which were applied to the Recovery Insurance cover will be applied to the reinstated *underwritten cover* and premiums for that *insured person*.

Additionally, no benefit will be payable under the reinstated Recovery Insurance cover for that *insured person* if the *serious medical condition* claimed for:

- is the same as the *serious medical condition* for which we paid a Recovery Insurance benefit; or
- has occurred as a direct or indirect result of, or is otherwise related to, the *serious medical condition* for which we paid a Recovery Insurance benefit; or
- is a *stroke* (including paralysis as a result of a *stroke*) and the *serious medical condition* for which we paid a Recovery Insurance benefit was a cardiac and vascular condition; or
- is a cardiac and vascular condition and the *serious medical condition* for which we paid a Recovery Insurance benefit was a cardiac and vascular condition; or
- is *loss of independent existence*.

For the purpose of this option, cardiac and vascular conditions include: *Cardiomyopathy, Coronary artery angioplasty – triple vessel, Coronary artery angioplasty – less than triple vessel, Coronary artery bypass grafting surgery, Heart attack during cardiac procedure, Heart surgery (open), Out-of-hospital cardiac arrest, Repair or replacement of aorta, Repair or replacement of heart valves, Significant heart attack, Primary pulmonary hypertension and Severe congestive cardiac failure.*

We will only pay a claim under the reinstated buy-back Recovery Insurance cover if the *sickness or injury* that directly or indirectly led to the *serious medical condition* or *partial medical condition* is first suffered, or symptoms which would have caused a reasonable person to seek medical attention are first experienced, or a diagnosis is made, after the date we reinstate the Recovery Insurance cover under this option, subject to any of the other terms and conditions of this *policy*.

The Recovery Insurance cover buy-back option ends on the earliest of:

- the *policy anniversary date* on, or immediately after, the *insured persons'* 65th birthday; or
- the date we reinstate the Recovery Insurance *sum insured*; or
- the expiry of the 30-day period following the 12 month anniversary of the date we paid the Recovery Insurance accelerated benefit claim, if the Life Insurance cover buy-back benefit is not exercised within that 30-day period in accordance with this section.

## 2.5 Special events increase benefit

If one or more *special event(s)* occur in respect of an *insured person* with Recovery Insurance cover under this *policy*, prior to their 60th birthday, you can apply to increase their Recovery Insurance *sum insured* without the need to provide any medical evidence.

### 2.5.1 Amount of Special events increase benefit

The maximum increase in the Recovery Insurance *sum insured* per Special events increase is the lesser of:

- 50% of the total of the *underwritten cover* components of the Recovery Insurance *sum insured*; or
- the amount of the new mortgage or increase in existing mortgage (if applicable); or
- the amount of the debt or liability incurred in entering or increasing your shareholding in a private practice, partnership, or company (if applicable).

The minimum increase in the Recovery Insurance *sum insured* per Special events increase, for an *insured person*, is \$25,000.

Where the Recovery Insurance *sum insured* has been increased by way of *underwritten cover*, the Special events increase benefit is available separately in respect of the original *sum insured* and each such increase.

The total of all Special event increases in the Recovery Insurance *sum insured* under this benefit is the lesser of:

- the total of the *underwritten cover* components of the Recovery Insurance *sum insured*; or
- \$1,000,000.

If an *insured person* has multiple MAS policies with Recovery Insurance cover, the maximum combined total of all Special events increases across all policies will be \$1,000,000.

Where the *insured person* has selected the Recovery Insurance accelerated option as shown in the *schedule* the amount of the increase will be limited to the amount of their Life Insurance *sum insured* under this *policy* at the time the Special events increase option is exercised.

### 2.5.2 Conditions applying to the Special events increase benefit

Any increase in the Recovery Insurance *sum insured* under this benefit is subject to the following conditions:

- we must receive a request from you in writing to increase the *sum insured* within:
  - 180 days after the *special event* occurring; or
  - 30 days either side of the *policy anniversary date* following the *special event* occurring; and
- you must provide evidence acceptable to us regarding the *special event* that has occurred; and
- you can only make one Special events increase under this *insurance module* in respect of an *insured person* in any 12-month period; and
- when a Special events increase is exercised we will increase your existing premium to reflect the increase in the Recovery Insurance *sum insured*, using our then current premium rates; and
- the increase will be provided on the same terms and conditions that apply to the *underwritten cover* to which the Special events increase relates; and
- the increase will apply from the date we *communicate* our acceptance to you; and
- for the first six months from the *risk commencement date* of the increase, the amount of the increase in the *sum insured* is only payable for a *serious medical condition* directly related to an *injury* first suffered during that six month period.

### 2.5.3 When a Special events increase is not available

A Special events increase will not be available for an *insured person* when:

- you are entitled to make a claim under this *policy* in respect of that *insured person*, regardless of whether a claim has been made; or
- we have previously paid a Recovery Insurance benefit or Recovery Insurance partial benefit in respect of the *insured person* under this or any other MAS policy; or
- premiums in relation to that *insured person* are being paid by us under a Waiver of Premium benefit. Eligibility for a Special events increase will resume upon your first payment of the premium following the conclusion of the Waiver of Premium benefit claim. The *insured person* will not be subsequently eligible for a Special events increase in respect of any *special event* that occurred while we were paying the *insured person's* premium under this *policy*.

#### 2.5.4 When the Special events increase benefit ends

The Special events increase benefit ends on the earlier of:

- the Recovery Insurance *sum insured* in respect of the *insured person* being reduced to nil; or
- the *policy anniversary date* following the *insured person's* 60th birthday; or
- the total of all Special events increases in the Recovery Insurance *sum insured* across all Recovery Insurance covers held with MAS equalling the total of the *underwritten cover* components of the Recovery Insurance *sum insured* or \$1,000,000, whichever occurs first; or

Recovery Insurance cover ending as stated in section 4.

## 2.6 Non-qualifying death benefit

We will pay a Non-qualifying death benefit being the lesser of:

- \$15,000; or
- the Recovery Insurance *sum insured*,

if an *insured person* with Recovery Insurance cover dies or becomes *terminally ill* while this cover is in force.

#### 2.6.1 When a Non-qualifying death benefit is not available

A Non-qualifying death benefit will not be available for an *insured person* where:

- the Recovery Insurance accelerated option has been selected and is shown on your *schedule*; or
- the *insured person* is insured under any Life Insurance *policy* with us; or
- the *insured person* is entitled to claim under any Recovery Insurance or Total and Permanent Disablement cover with us; or
- the *insured person* has had a Life Insurance, Trauma Insurance, Recovery Insurance, Total and Permanent Disablement or Income Protection claim previously denied by us due to non-disclosure or misstatement, by you or the *insured person*.

If an *insured person* has multiple Professional Life Plan covers with Non-qualifying death benefits, the maximum combined Non-qualifying death benefit payable across all covers will be \$15,000.

# 3. Exclusions and limitations for Recovery Insurance cover

No benefit will be payable for any *sum insured* under this Recovery Insurance cover for an *insured person* or the *child*, either by birth or legally adopted, of an *insured person*, if the *medical condition* giving rise to the claim is caused directly or indirectly by:

- an intentionally self-inflicted act, whether sane or insane; or
- any conduct that constitutes or gives rise to a criminal offence for which the *insured person*, or *child* of the *insured person*, is convicted, or occurs while the *insured person* is imprisoned; or
- war or an act of war, whether or not war has been declared; or
- failure to follow medical advice or treatment recommended by a *suitably qualified registered medical practitioner*; or
- any condition or circumstance excluded in the *schedule*; or
- a congenital defect suffered by a *child* of the *insured person* that directly or indirectly causes or contributes to the condition giving rise to the claim; or
- an *injury* caused intentionally by you, the *insured person*, or the *child's* parent or guardian; or
- for an *underwritten cover*, and any covers arising from the exercise of an entitlement under this *policy* in respect of that *underwritten cover*, any *pre-existing condition*, which exists or occurs before the *risk commencement date* of that *underwritten cover* unless disclosed to and accepted by us.

## 3.1 90-day stand-down period

No benefit will be payable under this Recovery Insurance cover for an *insured person*, or the *child* of an *insured person*, for any of the medical conditions listed below if the *sickness* or *injury* that directly or indirectly led to the *serious medical condition* giving rise to the claim, is first suffered, or symptoms which would have caused a reasonable person to seek medical attention are first experienced, or a diagnosis is made:

- within 90 days of the *risk commencement date*; or
- if the cover or the *sum insured* has been reinstated, within 90 days of the agreed date of any reinstated cover or *sum insured*.
  - *Advanced diabetes*
  - *Advanced diabetes – diagnosis benefit*
  - *Early stage cancer diagnosis*
  - *Cancer*
  - *Coronary artery angioplasty – less than triple vessel*
  - *Coronary artery angioplasty – triple vessel*

- Coronary artery bypass grafting surgery
- Dementia/Alzheimer's disease – diagnosis benefit\*
- Heart attack during cardiac procedure
- Heart surgery (open)
- Loss of independent existence
- Major organ transplant
- Motor neurone disease
- Multiple sclerosis
- Multiple sclerosis – diagnosis benefit
- Repair or replacement of aorta
- Repair or replacement of aorta – minimally invasive surgery
- Repair or replacement of heart valves
- Significant heart attack
- Stroke

## 4. When Recovery Insurance cover ends

Recovery Insurance cover, including partial and accelerated benefits, if applicable, ends for an *insured person* on the earliest of:

- the death of the *insured person*; or
- the first *policy anniversary date* following the *insured person* attaining age 70; or
- when the Recovery Insurance cover for an *insured person* is cancelled by you; or
- when the Recovery Insurance cover is ended by us in accordance with section 1.4 of the *policy module*; or
- when the full amount of the Recovery Insurance *sum insured* is paid in respect of an *insured person*; or
- when the value of the Recovery Insurance *sum insured* reduces to nil, owing to payments of a Recovery Insurance benefit, Total and Permanent Disablement accelerated cover or other accelerated covers.

Where the *insured person* has selected the Recovery Insurance accelerated option that benefit will also end if the Life Insurance cover for that *insured person* is cancelled by you, or otherwise ends.

### 4.1 When the Recovery Insurance children's benefit ends

The Recovery Insurance children's benefit ends for a *child* of the *insured person* when that *insured person* is no longer insured under Recovery Insurance cover or when we make a second payment for a claim under the Recovery Insurance children's benefit in respect of that *insured person*.

Any *child* of an *insured person* is not eligible for cover under this benefit prior to attaining three months of age and after attaining the age of 21.

## 5. Making a Recovery Insurance cover claim

A claim for Recovery Insurance cover under this *policy* must include:

- written notice of the claim, to be received by us no later than 12 months from the date on which the *insured person* or *child* of an *insured person* first suffered a defined medical condition; and
- any medical or other evidence required by us, to be received by us within 90 days of our request being *communicated* to you.

## 6. Definitions and key terms for Recovery Insurance cover

### 6.1 Definitions of medical conditions

#### **CARDIAC AND VASCULAR CONDITIONS**

##### ***Cardiomyopathy***

Means the impaired ventricular function of various aetiology, which results in a permanent reduction in the left ventricular ejection fraction of between 30% and 50% (across two separate measurements no less than six months apart) and a permanent physical impairment to at least Class 3 of the New York Heart Association functional classification of cardiac impairment.

Assessment must be made by a *suitably qualified registered medical practitioner*.

##### ***Coronary artery angioplasty – triple vessel***

Means the undergoing of angioplasty (with or without the insertion of a stent) to three or more coronary arteries within the same procedure to treat coronary artery disease.

Angiographic evidence to confirm the need to undergo this procedure is required, and the operation must be considered medically necessary by a *suitably qualified registered medical practitioner* approved by us.

##### ***Coronary artery angioplasty – less than triple vessel***

Means the undergoing of angioplasty (with or without the insertion of a stent) to fewer than three coronary arteries, within the same procedure, to treat coronary artery disease. Other intra-arterial investigative procedures are excluded.

Angiographic evidence to confirm the need to undergo this procedure is required, and the operation must be considered medically necessary by a *suitably qualified registered medical practitioner* approved by us.

If, following a payment in respect of this *serious medical condition* an *insured person* requires a subsequent *Coronary artery angioplasty – less than triple vessel* procedure we will make a further payment pursuant to section 2.2, provided this has not been undertaken within six months of the previous procedure.

##### ***Coronary artery bypass grafting surgery***

Means the undergoing of coronary artery bypass grafting surgery to correct or treat coronary artery disease. The operation must be considered medically necessary by a *suitably qualified registered medical practitioner* approved by us.

##### ***Heart attack during cardiac procedure***

Means the death of heart muscle (myocardial infarction) suffered during a percutaneous procedure for coronary artery disease, which is confirmed by a cardiologist and evidenced by:

Cardiac biomarkers elevated above five times the 99th percentile of the upper reference limit during the first 48 hours following the procedure, which occur from a normal baseline biomarker value of less than or equal to the 99th percentile upper reference limit, and at least one of the following:

1. new or evolving pathological Q waves, or new left bundle branch block (LBBB); or
2. angiographically documented new graft or native coronary artery occlusion; or
3. imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

#### **Heart surgery (open)**

Means the undergoing of surgical thoracotomy for the treatment of a cardiac defect, cardiac aneurysm or benign cardiac tumour. Repair via catheter surgery, minimally invasive, 'keyhole' or similar techniques is specifically excluded.

Angiographic evidence to confirm the need to undergo this procedure is required, and the operation must be considered medically necessary by a *suitably qualified registered medical practitioner* approved by us.

#### **Out-of-hospital cardiac arrest**

Means cardiac arrest that is not associated with any medical procedure and is documented by an electrocardiogram and occurs out of hospital and is due to cardiac asystole or ventricular fibrillation with or without ventricular tachycardia.

#### **Repair or replacement of aorta**

Means surgery to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta.

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

Angiographic evidence to confirm the need to undergo this procedure is required, and the operation must be considered medically necessary by a *suitably qualified registered medical practitioner* approved by us.

#### **Repair or replacement of aorta – minimally invasive surgery**

Means the *insured person* undergoes minimally invasive surgery through an intra-arterial procedure or other non-surgical technique to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta.

Angiographic evidence to confirm the need to undergo this procedure is required, and the operation must be considered medically necessary by a *suitably qualified registered medical practitioner* approved by us.

#### **Repair or replacement of heart valves**

Means surgery, including percutaneous placement of a prosthetic valve, to replace or repair a cardiac valve or valves as a consequence of heart valve defects or abnormalities.

Repair via catheter surgery, minimally invasive, 'keyhole' or similar techniques is specifically excluded. Angiographic evidence to confirm the need to undergo this procedure is required, and the operation must be considered medically necessary by a *suitably qualified registered medical practitioner* approved by us.

#### **Significant heart attack**

Means the death of heart muscle (myocardial infarction) caused by obstruction of blood supply which is confirmed by a cardiologist 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:

1. Acute cardiac symptoms and signs consistent with myocardial infarction.
2. New, serial ECG changes with the development of any one of the following:
  - acute injury type ST elevation of greater than 1mm or ST depression of greater than 1mm; or
  - new or evolving T wave inversions; or
  - new or evolving pathological Q waves; or
  - new left bundle branch block (LBBB).
3. Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

If the above tests prove inconclusive, we will consider any other appropriate and medically recognised clinical evidence or specialist opinion from a *suitably qualified registered medical practitioner* that myocardial infarction has occurred.

The following are excluded:

- other acute coronary syndromes including but not limited to angina pectoris; or
- a typical/expected rise in biological markers directly associated with an elective percutaneous procedure for coronary artery disease, which does not meet the definition of 'Heart attack during cardiac procedure'.

#### **Severe congestive cardiac failure**

Means the inability of the heart muscle on either the right or left side of the heart, or both, to pump blood effectively resulting in a backflow into vessels supplying the heart. This must be diagnosed by a *suitably qualified registered medical practitioner* approved by us and optimal therapy must have been established for at least six months. The *suitably qualified registered medical practitioner* must identify at least four of the following signs of congestive heart failure present for a claim to be considered:

- presence of a third heart sound;
- jugular venous pressure above 6cms;
- rales present in both bases on auscultation;
- cardiomegaly on chest x-ray;
- Class 3 of the New York Heart Association functional classification of cardiac impairment, or gross ascites, associated with marked abdominal distension; or
- severe oedema to a level above the knee.

## CANCER AND BLOOD DISEASE CONDITIONS

### ***Aplastic anaemia***

Means bone marrow failure as confirmed by a *suitably qualified registered medical practitioner* that results in anaemia, neutropenia and thrombocytopenia requiring treatment with:

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

### ***Advanced diabetes***

Means the suffering of at least two of the following complications as a direct result of diabetes as confirmed by a *suitably qualified registered medical practitioner* approved by us:

- severe diabetic retinopathy, resulting in visual acuity (whether aided or unaided) and corrected to 6/36 or worse in both eyes;
- severe diabetic neuropathy causing motor and/or autonomic impairment;
- diabetic gangrene leading to the surgical removal of a whole hand or whole foot; or
- severe diabetic nephropathy causing chronic irreversible renal impairment as measured by a corrected creatinine less than 28 ml/min (CKD stage 4, International Chronic Kidney Disease classification).

### ***Advanced diabetes – diagnosis benefit***

Means the onset and diagnosis, after the age of 30, of type 1 insulin dependent diabetes mellitus (IDDM) by a *suitably qualified registered medical practitioner* approved by us.

### ***Cancer***

Means the presence of one or more malignant tumours, including melanoma, malignant lymphoma, Hodgkin's lymphoma, leukaemia or malignant bone marrow disorders, characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue: that

- requires treatment (whether undertaken or not) including surgery, radiotherapy, chemotherapy, biological response modifiers or any other major treatment to arrest the spread of the malignancy and the treatment is the appropriate and necessary treatment, or
- totally incurable,

as determined by a *suitably qualified registered medical practitioner*.

The following are excluded:

- tumours that are histologically described as premalignant or show the malignant changes of carcinoma in situ, including cervical dysplasia CIN1, CIN2 and CIN3;
- malignant melanomas that are less than 1.5mm depth of invasion using the Breslow method, less than Clark Level 3 and have no evidence of ulceration, as determined by histological examination;
- all other types of skin *cancer* unless there is evidence of metastases;

- prostatic *cancers* that are histologically described as TNM classification T1 (including T1a, T1b and T1c), or have a Gleason score of 5 or less; and
- chronic lymphocytic leukaemia less than Rai stage 1.

Cover will be provided for carcinoma in situ, where:

- carcinoma-in-situ is positively diagnosed by biopsy and classified as TIS according to the TNM staging method or FIGO Stage 0; and
- an operation to prevent any malignancy is performed which involves the removal of the entire organ affected (including breast, cervix, ovary, fallopian tube, vagina, vulva, prostate, colon/rectal, bladder) that is considered medically necessary by a *suitably qualified registered medical practitioner* approved by us.

### ***Early stage cancer diagnosis benefit***

Means the unequivocal diagnosis of one of the following early stage cancers by a *suitably qualified registered medical practitioner*:

- the presence of carcinoma in situ, characterised by a focal autonomous new growth of carcinoma cells, which has not yet resulted in the invasion of normal tissue. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The tumour must be confirmed by a tissue biopsy and classified as TNM stage Tis, FIGO stage 0, or CIN III; or
- prostatic cancer that is histologically described as T1 classification or with a Gleason score less than 6 or of an equivalent classification where major interventionist therapy is not required; or
- malignant melanomas that are less than 1.5mm depth of invasion using the Breslow method and less than Clark Level 3 as determined by histological examination; or
- chronic lymphocytic leukaemia which is histologically described as Rai stage 0.

All other early stage cancers are specifically excluded.

If, following the payment of an Early stage cancer diagnosis benefit an *insured person* is diagnosed with a subsequent early stage cancer as described above, we will make a further payment pursuant to section 2.2, provided the early stage cancer being claimed for:

- is not directly or indirectly caused by or similar or related to the early stage cancer for which we have previously made a payment for that *insured person*; and
- has not occurred within six months of the previous payment of this benefit.

### ***HIV – medically acquired***

Means the accidental infection with the Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medically necessary events which must have occurred to the *insured person* as a result of medical treatment performed by a recognised and registered health professional:

- a blood transfusion; or
- transfusion with blood products; or

- organ transplant to the *insured person*; or
- assisted reproductive techniques; or
- any other medical procedure or operation performed by a *registered medical practitioner*.

Notification and proof of the incident will be required from a recognised health authority confirming that the infection is medically acquired. HIV infection transmitted by any other means including sexual activity or intravenous drug use is excluded.

This benefit will not apply and no payments will be made where a cure for HIV has, in our opinion, become available on reasonable terms prior to the incident which caused the infection.

#### **HIV – occupationally acquired**

Means infection with the Human Immunodeficiency Virus (HIV) where the HIV was acquired as a result of:

- an accident arising out of the *insured person's* performance of their normal occupation; or
- a malicious act of another person that occurred during the course of the *insured person's* performance of their normal occupation.

Any incidents giving rise to a potential claim must be:

- reported to the relevant authority or employer within seven (7) days of the incident; and
- reported to us with proof of the incident within 30 days of the incident; and
- supported by a negative HIV antibody test taken within seven (7) days of the incident. We must be given access to independently test any blood samples used.

HIV infection transmitted by any other means including sexual activity or intravenous drug use is excluded.

This benefit will not apply and no payments will be made where a cure for HIV has, in our opinion, become available on reasonable terms prior to the accident causing the infection or where the *insured person* has failed to take any vaccine that was, in our opinion, available on reasonable terms to the *insured person* prior to the accident.

For the purposes of this definition a vaccine means any approved antigenic preparation recommended by a government authority for prophylactic use in the *insured person's* occupation to product immunity to HIV.

## **NEUROLOGICAL CONDITIONS**

### **Coma**

Means a state of unconsciousness causing the *insured person* to be incapable of sensing or responding to external stimuli or internal need, resulting in a documented Glasgow Coma Scale of 6 or less, for a continuous period of at least 72 hours, as confirmed by a *suitably qualified registered medical practitioner*.

Coma directly or indirectly caused as a result of alcohol or drug abuse is specifically excluded.

### **Creutzfeldt-Jakob disease**

Means the diagnosis of Creutzfeldt-Jakob disease confirmed by a *suitably qualified registered medical practitioner*. The *insured person* must exhibit signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasm, tremor and athetosis resulting in their requiring permanent and continual medical supervision.

### **Dementia/Alzheimer's disease**

Means the unequivocal diagnosis of Alzheimer's disease or any other irreversible dementia by a *suitably qualified registered medical practitioner*, and where there is an associated neurological deficit causing the *insured person* to be constantly and permanently unable to perform at least one of the *activities of daily living* without the physical assistance of someone else.

Alzheimer's disease or any other irreversible dementia directly or indirectly caused as a result of alcohol or drug abuse is specifically excluded.

### **Dementia/Alzheimer's disease – diagnosis benefit**

Means the unequivocal diagnosis of Alzheimer's disease or any other irreversible dementia by a *suitably qualified registered medical practitioner* where no other recognisable cause has been identified.

Alzheimer's disease or any other irreversible dementia directly or indirectly caused as a result of alcohol or drug abuse is specifically excluded.

### **Encephalitis**

Means severe inflammatory disease of the brain (cerebral hemisphere, brainstem or cerebellum) resulting in neurological deficit causing the *insured person*, or *child* of the *insured person*, to be constantly and permanently unable to perform at least one of the *activities of daily living* without the physical assistance of someone else.

### **Major head trauma**

Means a cerebral head *injury* caused by external trauma that results in permanent neurological deficit causing the *insured person* to be constantly and permanently unable to perform at least one of the *activities of daily living* without the physical assistance of someone else.

Major head trauma directly or indirectly caused as a result of alcohol or drug abuse is specifically excluded.

### **Meningitis**

Means the unequivocal diagnosis of meningitis where the condition is characterised by severe inflammation of the meninges of the brain, causing the *insured person*, or *child* of the *insured person*, to be constantly and permanently unable to perform at least one of the *activities of daily living* without the physical assistance of someone else.

### **Motor neurone disease**

Means the unequivocal diagnosis of irreversible motor neurone disease certified by a *suitably qualified registered medical practitioner*.

This benefit will not apply and no payments will be made in respect of it where a cure for motor neurone disease has, in our opinion, become widely available.

### **Multiple sclerosis**

Means the unequivocal diagnosis of multiple sclerosis by a *suitably qualified registered medical practitioner* which is characterised by demyelination in the brain and spinal cord. There must have been more than one episode of well-defined neurological deficit with persisting clinical neurological abnormalities causing the *insured person* to:

- be constantly and permanently unable to perform at least one of the *activities of daily living* without the physical assistance of someone else; or
- be assigned a 7.5 or higher score on the Expanded Disability Status Scale (EDSS) by a *suitably qualified registered medical practitioner*.

Neurological investigations such as lumbar puncture, Magnetic Resonance Imaging (MRI), evidence of lesions in the central nervous system, evoked visual responses and evoked auditory responses are required to confirm diagnosis.

### **Multiple sclerosis – diagnosis benefit**

Means the unequivocal diagnosis of multiple sclerosis by a *suitably qualified registered medical practitioner*.

### **Muscular dystrophy**

Means the unequivocal diagnosis of irreversible muscular dystrophy by a *suitably qualified registered medical practitioner* and where there is an associated neurological deficit causing the *insured person* to be constantly and permanently unable to perform at least one of the *activities of daily living* without the physical assistance of someone else.

This benefit will not apply and no payments will be made in respect of it where a cure for muscular dystrophy has, in our opinion, become widely available.

### **Muscular dystrophy – diagnosis benefit**

Means the unequivocal diagnosis of muscular dystrophy by a *suitably qualified registered medical practitioner*.

This benefit will not apply and no payments will be made in respect of it where a cure for muscular dystrophy has, in our opinion, become widely available.

### **Parkinson's disease**

Means the unequivocal diagnosis of Parkinson's disease certified by a *suitably qualified registered medical practitioner*, and where there is an associated irreversible neurological deficit causing the *insured person* to be constantly and permanently unable to perform at least one of the *activities of daily living* without the physical assistance of someone else.

### **Parkinson's disease – diagnosis benefit**

Means the unequivocal diagnosis of Parkinson's disease by a *suitably qualified registered medical practitioner*.

### **Peripheral neuropathy**

Means the irreversible inflammation or degeneration of a peripheral nerve certified by a *suitably qualified registered medical practitioner*, and where there is an associated neurological deficit causing the *insured person* to be constantly and permanently unable to perform at least one of the *activities of daily living* without the physical assistance of someone else.

Peripheral neuropathy directly or indirectly caused as a result of alcohol or drug abuse is specifically excluded.

### **Stroke**

Means experiencing a cerebrovascular incident that produces a sudden onset of neurological symptoms that persist for more than 24 hours, where infarction of brain tissue occurs, or intracranial or subarachnoid haemorrhage is suffered, resulting in damage to the brain tissue that is clearly evidenced by a CT, MRI, PET, angiogram or other reliable imaging technique approved by us.

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

### **Systemic Lupus Erythematosus (SLE) with nephritis**

Means the diagnosis of Systemic Lupus Erythematosus (SLE) according to internationally accepted criteria by a *suitably qualified registered medical practitioner* together with a diagnosis of lupus nephritis confirmed by renal changes as measured by a renal biopsy and confirmed by a *suitably qualified registered medical practitioner*. These renal changes must be of grade 3 or more of the WHO classification of lupus nephritis and must be associated with persisting proteinuria (more than 2+).

As at 1 October 2015, internationally accepted criteria for the diagnosis of SLE for the purposes of this *policy* include the American College of Rheumatology revised criteria for the classification of SLE in a clinical setting, which requires the presence of any four or more of the following 11 criteria:

1. Malar rash;
2. Discoid rash;
3. Photosensitivity;
4. Oral ulcers;
5. Arthritis;
6. Serositis;
7. Renal disorder;
8. Neurological disorder;
9. Hematologic disorder;
10. Immunologic disorder;
11. Positive Antinuclear antibody.

### **Systemic Sclerosis**

Means the unequivocal diagnosis of systemic sclerosis by a *suitably qualified registered medical practitioner* causing the *insured person* to be constantly and permanently unable to perform at least one of the *activities of daily living* without the physical assistance of someone else.

## **MAJOR ORGAN CONDITIONS**

### **Chronic liver failure**

Means end-stage liver failure with permanent jaundice and ascites and encephalopathy. Liver failure directly or indirectly caused as a result of alcohol or drug abuse is specifically excluded.

### **Chronic lung failure**

Means end-stage lung failure that requires continuous and permanent oxygen therapy and FEV1 (forced expiratory volume at one second) test results of consistently less than one litre.

**Colostomy and/or Ileostomy**

Means the creation of a permanent, non-reversible, opening created linking the colon and/or ileum to the external surface of the body.

**Kidney failure**

Means the chronic irreversible failure of both kidneys, requiring either permanent renal dialysis or kidney transplantation. Kidney failure directly or indirectly caused as a result of alcohol or drug abuse is specifically excluded.

**Major burns**

Means third-degree burns to 20% or more of the body surface area or to the whole of the face or the whole of both hands, as measured by the Wallace rule of nines or the Lund and Browder Body Surface Chart, requiring surgical debridement and/or grafting.

**Serious burns**

Means third-degree burns to at least 10% but less than 20% of the body surface area or to the whole of the face or the whole of both hands, as measured by the Wallace rule of nines or the Lund and Browder Body Surface Chart.

**Major organ transplant**

Means either:

- the undergoing of; or
- upon the advice of a *suitably qualified registered medical practitioner* being placed on a waiting list for,

an organ transplant from a human donor to the *insured person*, or *child* of the *insured person*, of one or more of the following complete organs: kidney, lung, liver (including partial or complete liver), pancreas, small bowel or heart, or the transplantation of bone marrow. The transplantation of all other organs or parts of organs is excluded from this benefit.

The operation must be considered medically necessary by a *suitably qualified registered medical practitioner* approved by us.

Human donor means any person (living or dead) who is not the *insured person*.

**Pneumonectomy**

Means the excision of an entire lung when deemed medically necessary by a *suitably qualified registered medical practitioner* approved by us.

**Primary pulmonary hypertension**

Means primary pulmonary hypertension with substantial right ventricular enlargement established by cardiac catheterisation, resulting in a significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association functional classification of cardiac impairment.

Secondary pulmonary hypertension due to chronic lung disease is excluded.

**Severe inflammatory bowel disease**

Means a diagnosis of Crohn's disease and/or ulcerative colitis by a *suitably qualified registered medical practitioner* approved by us, where conventional medical intervention has failed requiring indefinite anti TNF treatment, other indefinite immunosuppressive therapy or surgical removal of the complete bowel.

**FUNCTIONAL IMPAIRMENT CONDITIONS****Benign intracranial tumour**

Means the diagnosis of a non-cancerous tumour either in the brain tissue or between the brain tissue and the cranium, giving rise to symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures or sensory impairment causing the *insured person*, or *child* of the *insured person*, to be constantly and permanently unable to perform at least one of the *activities of daily living* without the physical assistance of someone else.

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

The following are excluded:

- cysts, granulomas, cerebral abscesses and cholesteatomas; and
- malformations in or of the arteries or veins of the brain; and
- haematomas and tumours on the pituitary gland or spine.

**Blindness**

Means the total and permanent loss of sight in both eyes as a result of *sickness* or *injury*. This must be evidenced by:

- a) visual acuity of less than 6/60 vision in both eyes; or
- b) a field of vision constricted to 10 degrees or less; or
- c) a combination of visual defects resulting in the same degree of visual impairment as that occurring in a) or b).

This loss must be unable to be corrected beyond the levels described above by visual aids, or surgical or other means.

**Blindness – one eye**

Means the total and permanent loss of sight in one eye as a result of *sickness* or *injury*. This must be evidenced by visual acuity of less than 6/60 vision in one eye and the loss must be unable to be corrected beyond this level by visual aids, or surgical or other means.

**Deafness**

Means the total, irreversible and irreparable loss of hearing, in both ears as a result of *sickness* or *injury*, as assessed three months after the *sickness* or *injury* and certified by a *suitably qualified registered medical practitioner*. This must be evidenced by audiogram and the loss must be unable to be corrected by a hearing aid, cochlear implant, or other means.

**Deafness – one ear**

Means the total, irreversible and irreparable loss of hearing, in one ear as a result of a *sickness* or *injury* as assessed three months after the *sickness* or *injury* and certified by a *suitably qualified registered medical practitioner*. This must be evidenced by audiogram and the loss must be unable to be corrected by a hearing aid, cochlear implant, or other means.

**Intensive care treatment**

Means as a result of a *sickness or injury*, that the *insured person*, or *child* of an *insured person*, requires either:

- continuous mechanical ventilation by means of tracheal intubation for five consecutive days (24 hours per day); or
- admission for at least five consecutive days (24 hours per day) to an authorised intensive care unit of an acute care hospital on the recommendation of a *suitably qualified registered medical practitioner* approved by us.

Medically induced comas and comas caused by alcohol or drug abuse are specifically excluded.

**Loss of independent existence**

Means the *insured person* is, as a direct result of a *sickness or injury*, so totally and irreversibly disabled that they:

- are unable to perform at least two of the *activities of daily living* without the physical assistance of another person for a period of 90 consecutive days, and continue to be unable to do so after the 90-day period, while under the care of a *suitably qualified registered medical practitioner*; and
- will, in our opinion, be wholly prevented by that disablement from ever being able to perform at least two of the *activities of daily living* without the assistance of another person.

**Loss of limbs**

Means the total and permanent loss of the use of:

- both hands; or
- both feet; or
- one hand and one foot.

**Loss of limbs – single limb only**

Means the total and permanent loss of the use of one hand or one foot.

**Loss of speech**

Means 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 from its speech centres of the brain, whether caused by *sickness or injury*. The loss must be total and permanent, as assessed 90 days after the *sickness or injury* is diagnosed, and certified by a *suitably qualified registered medical practitioner*. The loss must be unable to be corrected by surgical or other means.

Loss of speech related to any psychological cause is specifically excluded.

**Paralysis – diplegia**

Means the total and permanent loss of use of both arms or both legs resulting from a spinal cord *sickness or injury* or from a brain *sickness or injury*.

**Paralysis – hemiplegia**

Means the total and permanent loss of use of both the arm and the leg on the same side of the body resulting from a spinal cord *sickness or injury* or from a brain *sickness or injury*.

**Paralysis – paraplegia**

Means the total and permanent loss of use of both legs resulting from a spinal cord *sickness or injury* or from a brain *sickness or injury*.

**Paralysis – quadriplegia/tetraplegia**

Means the total and permanent loss of use of both arms and both legs resulting from a spinal cord *sickness or injury* or from a brain *sickness or injury*.

**Severe osteoporosis**

Means the *insured person*, before the age of 50:

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

**Severe rheumatoid arthritis**

Means the *insured person* is diagnosed with severe rheumatoid arthritis by a *suitably qualified registered medical practitioner* approved by us, causing them to be constantly and permanently unable to perform at least two of the *activities of daily living* without the physical assistance of someone else.

## 6.2 Other definitions and key terms for this cover

**Activities of daily living**

Means:

- bathing and showering; and
- dressing and undressing; and
- eating and drinking; and
- using a toilet to maintain personal hygiene; and
- moving from place to place by walking or wheelchair or with the assistance of a walking aid.

If the *insured person* can perform an *activity of daily living* on their own by using special equipment, we will consider them able to perform that *activity of daily living*.

**Child**

Means a child of the *insured person*, either by birth or legally adopted, who is aged between three months and 21 years of age.

**Children's medical condition**

Means any medical condition listed in section 2.3 and defined in section 6.1 of this *insurance module*.

**Close relative**

Means an immediate family member of an *insured person*, including a spouse, partner, parent, parent-in-law, stepparent, grandparent, child, child-in-law, step-child, grandchild, or sibling, and the spouses of any of the preceding people.

**Nature of marriage**

Means a relationship where two people reside together as a couple where evidence of its duration is available to our satisfaction and which would satisfy the definition of de facto relationship within the meaning of section 2D of the Property (Relationships) Act 1976.

**Partial medical condition**

Means any medical condition listed in section 2.2 and defined in section 6.1 of this *insurance module*.

**Primary residence**

Means the residential address of the dwelling where an *insured person* considers themselves to usually reside.

**Serious medical condition**

Means any medical condition listed in section 2.1 and defined in section 6.1 of this *insurance module*.

**Special event**

Means:

- marriage or civil union or living together in the *nature of marriage*; or
- divorce, dissolution of a civil union or separation of a relationship similar to the *nature of marriage*; or
- adoption or birth of a *child* for whom the *insured person* is a primary caregiver; or
- becoming a full-time carer, for the first time, of a *close relative*; or
- death of a spouse, civil union partner or person the *insured person* is in a relationship with similar to the *nature of marriage*; or
- effecting a mortgage of more than \$25,000 or increasing an existing mortgage by more than \$25,000, secured against a *primary residence*; or
- incurring debts or liabilities of more than \$25,000, related to entering or increasing your shareholding in a private practice, partnership, or company.

**Terminal illness**

Means that we are satisfied, based on evidence we have received, including the opinion of a *suitably qualified, registered medical practitioner* or, if we require, the opinion of one of our approved *suitably qualified registered medical practitioners*, that the *insured person's* life expectancy is less than 12 months, regardless of any treatment available. **Terminally ill** has the same meaning.

## 6.3 Changes to definitions

We may modify the definitions in sections 6.1 and 6.2 of this *insurance module*:

- to reflect changes or advancements in medical opinion, practice, or technology; or
- where claims experience on this type of *insurance module* or *policy*, in relation to *MAS* policies or generally, are higher than reasonably expected by us when we last set the relevant definition; or
- as a result of any developments that we believe on reasonable grounds may alter the incidence or impact of claims under policies of this type, in relation to *MAS* policies or generally.

Any such changes will apply to all Recovery Insurance policies with us, not just yours, to the extent permitted by law, and we will *communicate* these changes to you at least 30 days prior to their coming into effect.







Look us up at [mas.co.nz](http://mas.co.nz)  
Call us on 0800 800 627