

# Total and Permanent Disablement Cover

Insurance  
Module



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# UNDERSTANDING THIS TOTAL AND PERMANENT DISABLEMENT COVER MODULE

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

## 2. Total and Permanent Disablement

The benefits included under your Total and Permanent Disablement cover are:

- Total and Permanent Disablement benefit; and
- Single loss of limb or eye benefit; and
- Immediate assistance benefit; and
- Special events increase benefit; and
- Non-qualifying death benefit.

### 2.1 Total and Permanent Disablement benefit

If an *insured person* with Total and Permanent Disablement cover becomes *totally and permanently disabled*, we will pay the Total and Permanent Disablement *sum insured* as stated in the *schedule* for that *insured person*.

We will pay a Total and Permanent Disablement benefit only once in respect of an *insured person*. When we pay the full amount of the *sum insured* under this benefit for an *insured person*, the Total and Permanent Disablement cover for that *insured person* will end. We will adjust the premium to reflect the removal of this cover from the *policy*.

An *insured person* becomes *totally and permanently disabled* if one of the following two criteria apply:

#### 2.1.1 Occupational criteria

##### 2.1.1A Own occupation option

If this option is shown in the *schedule* in respect of an *insured person*, that *insured person* is *totally and permanently disabled* if, prior to age 65, as a direct result of a *sickness or injury*, they:

- have experienced a period of *90-days absence*; and

- after considering all available evidence relevant to the *insured person's* physical and intellectual condition, we consider that the *insured person* is incapacitated to such an extent that it is unlikely they will ever again be able to perform (whether for reward or otherwise) their *own occupation*.

However, if the *insured person* has not been in *paid employment* at any time during the six months immediately prior to the commencement of the period of *90 days absence*, then the Any occupation option will apply despite the fact that the Own occupation option is shown on the *schedule*.

If the *insured person* has permanently retired from the workforce then the Non-occupational criteria will apply despite the fact that the Own occupation option is shown on the *schedule*.

### 2.1.1B Any occupation option

If this option is shown in the *schedule* or applies as per section 2.1.1A in respect of an *insured person*, that *insured person* is *totally and permanently disabled* if, prior to the age 65, as a direct result of a *sickness* or *injury*, they:

- have experienced a period of *90 days absence*; and
- after considering all available evidence relevant to the *insured person's* physical and intellectual condition, we consider that the *insured person* is incapacitated to such an extent that it is unlikely they will ever again be able to perform any occupation for which they are reasonably suited by education, training or experience.

For the purpose of this provision any occupation means any occupation for which the *insured person* would be able to generate remuneration equivalent to 25% or more of the *insured person's* earnings during the 12 month period immediately prior to the commencement of the period of *90 days absence*.

If the *insured person* has not been in paid employment at any time during the 12 months immediately prior to the commencement of the period of *90 days absence*, or the *insured person* has permanently retired from the workforce, then the Non-occupational criteria will apply.

## 2.1.2 Non-occupational criteria

### 2.1.2A Domestic duties

An *insured person* who has been performing unpaid *domestic duties* is *totally and permanently disabled* if, prior to age 65, as a direct result of a *sickness* or *injury*, they:

- are unable to perform all *domestic duties* for a period of at least 90 consecutive days; and
- are unable to leave home unaided; and
- are under the regular treatment and following the advice of a *suitably qualified registered medical practitioner* for the *sickness* or *injury* that prevents them performing all *domestic duties*; and

- have not engaged in any occupation or work outside the family home for salary, reward or profit for a period of 90 consecutive days; and
- after considering all available evidence relevant to the *insured person's* physical and intellectual condition, we consider that the *insured person* is incapacitated to such an extent that it is unlikely they will ever again be able to perform all *domestic duties*.

To be eligible under this option the *insured person* must be engaged in unpaid *domestic duties* within the family home and not be employed in any occupation or working outside their home for salary, reward or profit. An *insured person* who is actively seeking employment or who is performing less than full-time unpaid *domestic duties* will be deemed not to be performing *domestic duties*.

### 2.1.2B Loss of limbs/blindness/cognitive impairment

An *insured person* is *totally and permanently disabled* if, prior to age 65, as a direct result of a *sickness* or *injury*, they suffer for the first time:

- *loss of limbs*; or
- *blindness*; or
- *cognitive impairment*,

which continues for a period of 90 consecutive days.

### 2.1.2C Activities of daily living

An *insured person* is *totally and permanently disabled* if, prior to age 70, as a direct result of a *sickness* or *injury*, 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 that 90-day period, while under the care of a *suitably qualified registered medical practitioner*; and
- after considering all available evidence relevant to the *insured person's* physical and intellectual condition, we consider that the *insured person* is incapacitated to such an extent that they will be wholly prevented from ever being able to perform at least two of the *activities of daily living* without the assistance of another person.

## 2.2 Single loss of limb or eye benefit

If an *insured person* with Total and Permanent Disablement cover suffers a *single loss of limb or eye* and survives for a minimum period of 14 days, and does not meet the definition of Total and Permanent Disablement described in section 2.1, we will pay a *single loss of limb or eye* benefit being the lesser of:

- 25% of the Total and Permanent Disablement *sum insured*; or
- \$30,000.

We will pay only one *single loss of limb or eye* benefit in respect of an *insured person*. Once we have made a payment in respect of an *insured person* under this benefit then *cover* for that person under this benefit will end. If an *insured person* has multiple Total and Permanent Disablement benefits with us the maximum combined *single loss of limb or eye* benefit payable across all policies will be \$50,000.

The payment of a *single loss of limb or eye* benefit does not result in any reduction of the Total and Permanent Disablement *sum insured*.

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

## 2.3 Immediate assistance benefit

If an *insured person* suffers, for the first time on or after the *risk commencement date* and before the *risk cease date*, one of the following *serious medical conditions*, we will pay the Total and Permanent Disablement benefit *sum insured*, subject to the conditions below:

- Dementia/Alzheimer's disease
- Blindness
- Cardiomyopathy
- Chronic lung failure
- Deafness
- Loss of speech
- Major head trauma
- Multiple sclerosis
- Muscular dystrophy
- Paralysis – diplegia
- Paralysis – hemiplegia
- Paralysis – paraplegia
- Paralysis – quadriplegia/tetraplegia
- Parkinson's disease
- Primary pulmonary hypertension.

To be eligible for an Immediate assistance benefit the *insured person* must:

- survive for a minimum period of 14 days from the date the *serious medical condition* was suffered; and
- meet all the requirements of one of the criteria of section 2.1, except that the *insured person* is not required to satisfy the 90 day stand down period that would otherwise apply.

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*.

### 2.3.1 When an immediate assistance benefit is not available

No benefit will be payable under this Immediate assistance benefit for an *insured person* 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*.

## 2.4 Total and Permanent Disablement accelerated option

If this option is shown in the *schedule* in respect of an *insured person*, when we make a payment under this *insurance module* for that *insured person* we will reduce their Life Insurance *sum insured* by an amount equal to our payment.

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 as 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* becomes *totally and permanently disabled*, resulting in a payment under the Total and Permanent Disablement 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 Total and Permanent Disablement *sum insured* has been fully paid; and
- we must have paid a Total and Permanent Disablement 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 Total and Permanent Disablement accelerated benefit claim; and
- the maximum amount of Life Insurance *sum insured* that can be reinstated is the lesser of the amount of the Total and Permanent Disablement accelerated benefit paid by us and \$3,000,000; and
- the reinstated amount will not be eligible for increases under the Life Insurance cover inflation adjustment benefit 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 *underwritten 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 Total and Permanent Disablement 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 Total and Permanent Disablement cover under this *policy*, prior to their 60th birthday, you can apply to increase their Total and Permanent Disablement *sum insured* without the need to provide any medical evidence.

### 2.5.1 Amount of Special events increase benefit

The maximum increase in the Total and Permanent Disablement *sum insured* per Special events increase is the lesser of:

- 50% of the total of the *underwritten cover* components of the Total and Permanent Disablement *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 Total and Permanent Disablement *sum insured* per Special events increase, for an *insured person*, is \$25,000.

Where the Total and Permanent Disablement *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 Total and Permanent Disablement *sum insured* under this benefit is the lesser of:

- the total of the *underwritten cover* components of the Total and Permanent Disablement *sum insured*; or
- \$1,000,000.

If an *insured person* has multiple *MAS* policies with Total and Permanent Disablement 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 Total and Permanent Disablement 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 Total and Permanent Disablement *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 Total and Permanent Disablement *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 Total and Permanent Disablement 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 Total and Permanent Disablement 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 Total and Permanent Disablement *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 Total and Permanent Disablement *sum insured* across all Total and Permanent Disablement covers held with MAS equalling the total of the *underwritten cover* components of the Total and Permanent Disablement *sum insured* or \$1,000,000, whichever occurs first; or
- Total and Permanent Disablement 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 Total and Permanent Disablement *sum insured*

if an *insured person* with Total and Permanent Disablement 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 Total and Permanent Disablement 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 Total and Permanent Disablement or Recovery Insurance cover with us; or
- the *insured person* has had a Life Insurance, Trauma 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 Total and Permanent Disablement cover

No benefit will be payable for any *sum insured* under this Total and Permanent Disablement cover for an *insured person* if the *sickness* or *injury* 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* 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 and treatment recommended by a *suitably qualified registered medical practitioner*; or
- any condition or circumstance excluded in the *schedule*; 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.

Additionally, no benefit will be payable under this Total and Permanent Disablement cover where the *sickness* or *injury* giving rise to the claim occurs less than 90 days prior to the *risk cease date*. This 90 day limitation does not include a claim by an *insured person* for an Immediate assistance benefit under section 2.3.

## 4. When Total and Permanent Disablement cover ends

Total and Permanent Disablement cover, including accelerated options, 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 Total and Permanent Disablement cover for an *insured person* is cancelled by you; or
- when Total and Permanent Disablement cover is ended by us in accordance with section 1.4 of the *policy module*; or
- when the full amount of the Total and Permanent Disablement *sum insured* is paid in respect of an *insured person*; or
- when the value of the Total and Permanent Disablement *sum insured* reduces to nil, owing to payments of Total and Permanent Disablement cover, Recovery Insurance accelerated cover or other accelerated covers.

## 5. Making a Total and Permanent Disablement cover claim

A claim for Total and Permanent Disablement cover under this *policy* must include:

- written notice of the claim, to be received by us no later than 90 days after the date on which the *insured person* first became entitled to claim under this cover; and
- any medical or other evidence required by us, to be received by us within 90 days of our request being *communicated* to you; and
- where the claim is made under section 2.1.1 of this *insurance module*, proof, satisfactory to us, of the *insured person's paid employment* and financial evidence of earnings in the 12 months immediately prior to the period of *90-days absence*.



# 6. Definitions and key terms for Total and Permanent Disablement cover

## 6.1 Definitions and key terms for this cover

### **90-days absence**

Means the *insured person* is absent from and unable to work in their *own occupation* for a period of 90 consecutive days and is not working in any other occupation or carrying on any other *business activity* for a continuous period of 90 days.

### **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 to be able to perform that *activity of daily living*.

### **Business activity**

Means any activity the *insured person* is engaged in for the purpose of generating an income, making a profit or assisting with the operation of a business. Without limitation, this may include buying, selling, marketing, providing a service, investing, or any other business related activity whatsoever.

### **Close relative**

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

### **Cognitive impairment**

Means permanent cognitive impairment of the brain solely due to *sickness* or *injury*, where:

- the permanent cognitive impairment results in the deterioration or loss of the *insured person's* intellectual capacity, with the result they require continuous care and supervision for a period of at least four hours per day; and
- the permanent cognitive impairment is measured and confirmed by clinical evidence and standard tests that reliably measure impairment in the areas of:
  - short-term and long-term memory; and
  - orientation as to person, place and time; and
  - deductive or abstract reasoning.

### **Domestic duties**

*Domestic duties* means (with or without the use of aiding devices or another person):

- cleaning the family home, such as using a vacuum cleaner, sweeping with a broom, using a mop and cleaning dishes (automatic or manual); and
- cooking the family meals, such as preparing fresh and frozen food and using an oven, stove or microwave oven; and
- doing the family's laundry, such as loading and unloading a washing machine and hanging out clothes or using a dryer, folding clothes and ironing; and
- shopping, such as attending shops or using the phone or internet to purchase food for the family; and
- taking care of your dependent children (where applicable), such as supervising, lifting, transporting, feeding and bathing.

### **Loss of limbs**

Means the total and permanent loss of the use of:

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

### **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.

### **Own occupation**

Means the occupation in which the *insured person* was most recently engaged as their principal source of income from their personal efforts immediately before becoming disabled. Where the *insured person* was engaged in their most recent occupation for less than six months, *own occupation* shall default to the most recent occupation in which the *insured person* was engaged for a 12-month period.

### **Paid employment**

Means the *insured person* is working in any occupation, business or employment and receiving regular income.

### **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 2.3 and defined in section 6.2 of this *insurance module*.

### **Single loss of limb or eye**

Means the total and permanent loss of the use of:

- one hand; or
- one foot; or
- sight in one eye whether aided or unaided, as a result of *sickness* or *injury*. This must be evidenced by visual acuity less than 6/60 vision in one eye after correction.

### **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.

### **Totally and permanently disabled**

Means that the *insured person* meets one of the two criteria set out in sections 2.1.1 and 2.1.2 of this *insurance module*. **Total and Permanent Disablement** has the same meaning.

## 6.2 Definitions of serious medical conditions

### **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.

### **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*.

### **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.

### **Deafness**

Means the total, irreversible and irreparable loss of hearing in both ears 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.

### **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.

### **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.

### **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.

### **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.

**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 has become available for muscular dystrophy.

**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*.

**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.

**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.

Any such changes will apply to all Total and Permanent Disablement 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.

## 6.3 Changes to definitions

We may modify the definitions in section 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.



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