



# OneCare Upgrade Announcement

Life Cover | TPD Cover | Trauma Cover | Income Secure Cover  
Business Expense Cover | Living Expense Cover | Child Cover | Extra Care Cover

25 May 2009

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## Upgrade announcement

We are continually improving the benefits and features within your insurance policy and are pleased to notify you of the most recent improvements effective 25 May 2009.

Your OneCare product includes a guarantee of upgrade which means that when we improve the terms and conditions of OneCare we pass the enhancements on to our existing OneCare customers at no extra cost.

The OneCare product Disclosure Statement (PDS) and OneCare Policy Terms dated 25 May 2009 contain the policy update in its entirety. This upgrade notice summarises the improvements for existing policy holders.

In the interests of clarity, any reference to 'you' or 'your' in this upgrade announcement refers to the policy owner.

### Which improvements apply?

The improvements which apply to your policy will depend on the types of cover and options you have selected. Your latest OneCare Policy Schedule sets out the covers and options that apply to your policy, and will help you understand which of the improvements are relevant to you.

Should a situation arise where you are inadvertently disadvantaged in any way, then the previous benefit wording will stand.

### What do I need to do?

You do not need to do anything to take advantage of the automatic upgrade. The revised policy wording contained in this upgrade announcement replaces the policy wording contained within your existing Policy Terms. This document should be accordingly kept with your Policy Terms and Policy Schedule.

### When do these improvements apply from?

The improvements presented in this upgrade announcement are effective from 25 May 2009.

They apply only to claims for events or conditions which first occur, are first diagnosed, or for which symptoms first became **reasonably apparent**, on or after 25 May 2009.

They do not apply to past or current claims, or any claims arising from events or conditions which first occurred or

were first diagnosed, or for which symptoms first became **reasonably apparent**, before 25 May 2009.

### Any questions?

If you have any questions about the improvements outlined in this upgrade announcement, or require more information about your policy, please contact your financial adviser or call Customer Services on 133 667.

## General provisions and conditions

We have improved the way your cover keeps up with inflation and the needs of a growing business by enhancing:

- built-in features – Indexation
- options – Business Guarantee Option.

### Indexation

(Applicable if it is shown on the Policy Schedule).

The changes relate to Life Cover, TPD Cover, Trauma Cover, Child Cover and Extra Care Cover.

Indexation increases will continue to apply each policy anniversary, and will not cease due to cover exceeding the new business maximum amounts insured.

The amount insured will increase automatically unless you notify us in writing within 30 days of the policy anniversary that you wish the amount insured to remain at the existing level. This will not have any effect on any further offers we make for indexation.

We will cease to offer indexation in respect of a cover under this policy on the earlier of:

- the cover expiry date
- the 'indexation expiry date' for each type of cover to which it applies
- for Life Cover, TPD Cover and Trauma Cover, when the Premium Freeze is exercised
- for Income Secure Cover Professional only, when the Premium Pause is exercised.

The 'indexation expiry date' is:

- when the life insured is age 70 for Life Cover and Trauma Cover
- when the life insured is age 65 for TPD Cover, Business Expense Cover, Living Expense Cover and Extra Care Cover
- the cover expiry date for Income Secure Cover, or when the life insured is age 65 if the benefit period is to age 70.

Indexation does not apply to Income Secure Professional extended beyond the policy anniversary date when the life insured is age 65 under the terms of Cover Continuation.

## Business Guarantee Option

(Applicable if it is shown on the Policy Schedule).

Where a cover for a life insured is selected for a 'business insurance purpose' of which we approve, this option allows you to increase the amount insured for that cover without supplying medical evidence, when the value associated with the business insurance purpose increases and if the following conditions are met:

- each proposed increase under this option must relate to the business insurance purpose that we originally approved.
- each individual increase under this option can be for an amount no greater than the increase in the value associated with the business insurance purpose (where the value associated with the business insurance purpose at the time you apply for the increase is calculated using the same methodology as was used to calculate the value associated with the business insurance purpose upon which the original application for this option was based).
- the total to which the amount insured can be increased under this option is the lesser of:
  - three times the original amount insured or
  - the following lump sum amounts:
    - Life Cover – \$15,000,000
    - TPD Cover – \$5,000,000 (any amount above \$3,000,000 must be purchased as Non-working TPD)
    - Trauma Cover – \$2,000,000.

If more than three years have passed since the commencement of this option and an increase in cover under this option has not occurred in the previous three years, the maximum individual increase under this option is the lesser of:

- three times the original amount insured or
- the following lump sum amounts, or if an instalment benefit payment type applies:
  - Life Cover – \$2,000,000
  - TPD Cover – \$2,000,000
  - Trauma Cover – \$2,000,000.
- We will not increase the amount insured for any cover under this option above the maximum amount of cover available for that cover type.
- If the amount insured at the cover start date is less than 100% of the value associated with the business insurance purpose, then we will limit any future increase made under this option. The amount insured, as a proportion of the value associated with the business insurance purpose, can not increase above that which applied at the cover start date.

- The application for the increase must be accompanied by:
  - for 'buy/sell', share purchase or business succession purposes:
    - a current valuation of the business provided by a qualified accountant or business valuer (who is the same person or firm who provided us with financial evidence of the value associated with the business insurance purpose for the purposes of our assessment of the original application for this option or such other person or firm agreed to by us, using the same methodology)
  - for loan guarantee insurance purposes:
    - a current loan statement or agreement detailing the loan balance and terms of the loan at the time of the increase application
  - for key person insurance purposes:
    - current business financial statements and income tax returns for the most recent financial years and a calculation of how key person cover need has been determined

as well as:

- a confirmation that the life insured is actively at work in their usual occupation at the time you apply for the increase
- any other information, other than medical evidence, we may request to assess the application.
- You have not applied for an increase under Future Insurability for the same event(s).
- At the time of applying for the increase, neither you nor anyone else has made or is entitled to make a claim in relation to the life insured under this policy or any other policy issued by us providing cover for death, terminal illness, total and permanent disability or trauma.

You may only apply for one increase under this option in any 12 month period.

You may only remove this option from a cover if an increase has not been made under the option since the cover start date.

## Life Cover

OneCare Life Cover has been enhanced with improved terms on the amount payable in the event of terminal illness.

## Terminal Illness Benefit

If the life insured is diagnosed with a terminal illness while their Life Cover is in force, we will pay the Life Cover amount insured by the benefit payment type which applies.

## TPD Cover

The limits on the amount of TPD Cover that automatically converts to Non-working TPD at age 65 have been increased.

## Auto Conversion

On the policy anniversary when the life insured is age 65, the TPD definition for the policy will automatically convert to the Non-working TPD definition. The TPD Cover amount insured will be the same unless the total of all cover for total and permanent disability for the life insured under all policies issued by us is more than \$3,000,000. In this case, we only convert such an amount of TPD Cover that the total of all cover for total and permanent disability for the life insured under all policies issued by us is \$3,000,000.

The balance of any TPD Cover not converted under this policy will end at the date of conversion.

## Trauma Cover

A number of improvements have been made to Trauma Cover. These changes include:

- The range of trauma conditions has been consolidated to pay a full benefit in more cases where a partial benefit was previously only available
- Simplified and improved Premier Maximiser Option.

## Trauma conditions

Your policy has been enhanced such that the diagnosed progressive trauma conditions are listed under Trauma Comprehensive as full payment benefits, rather than partial benefits under Trauma Premier. Some conditions have been consolidated into one.

The trauma conditions covered will depend on whether you have selected Trauma Comprehensive or Trauma Premier. The definitions for the trauma conditions have improved and can be found in the definitions section of this document.

The following trauma conditions are covered under both Trauma Comprehensive and Trauma Premier:

- **Alzheimer's disease**<sup>1,4</sup>
- **angioplasty**<sup>3,4,6</sup>
- **aortic surgery**<sup>3</sup>
- **aplastic anaemia**
- **benign brain tumour**<sup>4</sup>
- **blindness**
- **cancer**<sup>2,4</sup>
- **cardiomyopathy**
- **chronic kidney failure**
- **chronic liver disease**
- **chronic lung disease**<sup>4</sup>
- **cognitive loss**

- **coma**
- **coronary artery by-pass surgery**<sup>3,4</sup>
- **deafness**
- **dementia**<sup>1,4</sup>
- **encephalitis**
- **heart attack**<sup>3,4</sup>
- **heart valve surgery**<sup>3</sup>
- **intensive care**
- **loss of independent existence**
- **loss of speech**
- **loss or paralysis of limb**<sup>1</sup>
- **major head trauma**<sup>4</sup>
- **major organ transplant**<sup>1</sup>
- **medically acquired HIV**
- **meningitis and/or meningococcal disease**
- **motor neurone disease**<sup>4</sup>
- **multiple sclerosis**<sup>1,4</sup>
- **muscular dystrophy**<sup>1,4</sup>
- **occupationally acquired HIV**
- **open heart surgery**<sup>3</sup>
- **Parkinson's disease**<sup>4</sup>
- **pneumonectomy**<sup>4</sup>
- **primary pulmonary hypertension**
- **severe burns**
- **severe diabetes**<sup>3,4</sup>
- **severe osteoporosis**<sup>2,4</sup>
- **severe rheumatoid arthritis**<sup>2,4</sup>
- **stroke**<sup>3,4</sup>
- **systemic sclerosis**<sup>3</sup>
- **terminal illness**<sup>4</sup>
- **triple vessel angioplasty**<sup>3</sup>.

The following additional trauma conditions are covered under Trauma Premier:

- **adult insulin dependent diabetes mellitus**<sup>3,4,5</sup>
- **burns of limited extent**<sup>5</sup>
- **carcinoma in situ (CIS)**<sup>3,4,5</sup>
- **chronic lymphocytic leukaemia**<sup>3,4,5</sup>
- **hydrocephalus**<sup>3,5</sup>
- **melanoma**<sup>3,4,5</sup>
- **partial blindness**<sup>3,5</sup>

- **partial deafness**<sup>3,5</sup>
- **severe endometriosis**<sup>3,5</sup>
- **systemic lupus erythematosus (SLE) with lupus nephritis**<sup>2,5</sup>

- 1 Improved trauma definition effective 25 May 2009
- 2 Improved trauma definition effective 25 May 2009 for policies that commenced prior to 25 February 2009; for policies that commenced on or after 25 February 2009, cover commences 90 days after policy start date.
- 3 No material changes to definition with 90 day qualifying period continuing to apply. For policies that commenced on or after 25 February 2009, cover commences 90 days after policy start date.
- 4 Must be diagnosed and certified by a **medical practitioner** who is an appropriate specialist physician approved by us
- 5 Subject to a partial payment (20% of the Trauma Cover amount insured at the time the condition is diagnosed or occurs, subject to a minimum of \$10,000 and a maximum of \$100,000)
- 6 Subject to a partial payment (10% of the Trauma Cover amount insured at the time of the procedure, subject to a minimum of \$10,000 and a maximum of \$20,000).

### Premier Maximiser Option

(Applicable only if it is shown on the Policy Schedule).

Simpler and more generous, the Premier Maximiser Option doubles the amount of every partial condition under Trauma Premier. This is up to a maximum of \$200,000.

### Income Secure Cover

There have been several enhancements to Income Secure Cover to improve the flexibility of the cover to keep up with your needs, and to improve the benefits payable in the event of claim. Changes have been made to:

- Trauma Recovery Benefit
- Total Disability Benefit qualification period
- Partial Disability Benefit qualification period
- Rehabilitation Expenses Benefit
- Rehabilitation Incentive Benefit
- Increasing Income Benefit.

And a new feature has been added:

- Family Cover Pause.

### Trauma Recovery Benefit

(Applicable to Income Secure Comprehensive and Income Secure Professional).

The Trauma Recovery Benefit now covers all 42 full benefit Trauma Comprehensive conditions.

For all of these conditions, including those payable upon diagnosis, Trauma Recovery Benefit will provide you with a six month benefit.

### Total Disability Benefit

(Policy changes applicable to Income Secure Professional only).

If the life insured is **totally disabled** due to **illness** or **injury**, we will pay the Total Disability Benefit during the benefit period after the completion of the waiting period. To be eligible to receive this benefit, the life insured must have been:

- **disabled** during the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a recurring claim).

We will stop paying this benefit when the life insured is no longer **totally disabled**.

The Total Disability Benefit is the monthly amount insured payable.

The Total Disability Benefit is payable monthly in arrears. If a period of payment is less than a month, we pay 1/30 of the Total Disability Benefit for each day of the period.

### Partial Disability Benefit

(Applicable to Income Secure Professional only).

If the life insured is partially disabled due to **illness** or **injury**, we will pay the Partial Disability Benefit during the benefit period after the completion of the waiting period. To be eligible to receive this benefit, the life insured must have been:

- **disabled** during the waiting period
- continuously **disabled** since the end of the waiting period (unless claiming as a recurring claim).

We will stop paying this benefit when the life insured is no longer **partially disabled**.

The Partial Disability Benefit is payable monthly in arrears. If a period of payment is less than a month, we pay 1/30th of the Partial Disability Benefit for each day of the period.

### Rehabilitation Expenses Benefit

(This benefit now applies to all types of Income Secure Cover).

The Rehabilitation Expenses Benefit has been enhanced to incorporate a Retraining Expenses Benefit.

If you are receiving Total or Partial Disability Benefits under this policy, we will reimburse the expenses associated with rehabilitation and/or retraining in respect of the life insured. The maximum amount we will reimburse in total over the life of the cover is 12 times the monthly amount insured payable.

We must agree in writing before the life insured commences the rehabilitation or retraining program. We will not approve any rehabilitation or retraining expenses which:

- we are not permitted by law to reimburse
- are regulated by the *National Health Act 1953* or the *Private Health Insurance Act 2007*, or
- are expenses that you or the life insured are entitled to have reimbursed from another person or another policy.

Any benefit payable under the Rehabilitation and Retraining Expenses Benefit is in addition to the Total Disability Benefit and Partial Disability Benefit paid.

This benefit is not payable during the waiting period.

### Rehabilitation Incentive Benefit

(Applicable to Income Secure Comprehensive and Income Secure Professional).

The Rehabilitation Incentive Benefit has been enhanced to incorporate a Retraining Incentive Benefit. It has been renamed 'Rehabilitation and Retraining Incentive Benefit'.

We will pay the Rehabilitation and Retraining Incentive Benefit if:

- the life insured participates in a rehabilitation and/or retraining program for which we provide our prior written approval and, as a result, the life insured makes a successful return to work in either the life insured's regular occupation or another occupation
- the life insured has worked continuously for six months and has not been entitled to benefits under Income Secure Cover during that period, and
- this cover is in force at the time the life insured becomes entitled to this benefit.

The amount we will pay is three times the monthly amount insured applicable at the time the life insured becomes entitled to this benefit.

We will pay this benefit once only during the life of the cover.

### Increasing Income Benefit

(Applicable to Income Secure Standard, Comprehensive and Professional).

This is now expressed as a built-in policy feature 'Increasing Income', with improvements in the amounts that may be increased.

This feature allows you to increase the monthly amount insured in line with changes in the life insured's average **monthly earnings** without having to undergo medical underwriting. Each year within 30 days of the policy anniversary, you may increase the monthly amount insured, in addition to any indexation increase, by up to 15% of the monthly amount insured after the indexation increase applicable on that policy anniversary is applied.

If more than three years pass since the commencement of this policy and an increase in cover under this feature has not occurred in the previous three years, the maximum individual increase available under this feature is \$1,000.

You will be required to complete the relevant form and provide:

- financial evidence supporting the increase in cover and
- confirmation that the life insured is actively at work and expects their income to continue at or above the current level.

The application to increase the monthly amount insured must be made within 30 days of the policy anniversary.

This feature cannot be exercised if the life insured is **on claim**, or eligible to make a claim.

This feature is only available if the life insured is less than age 50 at the cover start date. To increase cover under this feature, the life insured must be less than age 55, and the monthly amount insured across all Income Secure Covers for the life insured, including this increase, does not exceed \$30,000.

This feature is only available for cover that has been issued without medical loadings.

The total of all increases in the monthly amount insured under Increasing Income cannot exceed the original monthly amount insured at the cover start date.

### Family Cover Pause

(Applicable to all Income Secure Cover types).

If the life insured's average **monthly earnings** reduce while pregnant or after they or their **spouse** have children, you can request to reduce your monthly amount insured by up to 75% (subject to a minimum monthly amount insured of \$1,250) to reflect the life insured's new average **monthly earnings** if:

- you have paid premiums for the previous 24 consecutive months
- there is no premium amount outstanding at the time of activating the Family Cover Pause.

You will have the option to reinstate the monthly amount insured when the life insured's **monthly earnings** increase without having to undergo further medical underwriting. You can reinstate all or part of the monthly amount insured at any time prior to the life insured's youngest child turning age six.

To reinstate all or part of the original monthly amount insured you will be required to complete the relevant form and to provide:

- financial evidence supporting the reinstated cover
- a copy of the youngest child's birth certificate or adoption certification.

If satisfactory financial evidence cannot be provided, the reinstated amount may be available as an Indemnity benefit payment type.

There is no cover and no benefits are payable in relation to this feature in respect of **illness** or **injury** that becomes **reasonably apparent** while cover is being paused (in respect of the amount of cover that is paused only) or in the first 90 days after each increase of cover from Family Cover Pause (in respect of the increased portion only).

Indexation of the reduced monthly amount insured will apply whilst cover is paused.

## Definitions

For the purposes of this upgrade document, the following trauma definitions and other key terms referred to in bold are defined as follows.

### Trauma conditions defined

**Adult insulin dependent diabetes mellitus** means the diagnosis of insulin dependent diabetes mellitus after age 30 by an appropriate consultant physician.

**Alzheimer's disease** means the unequivocal diagnosis of Alzheimer's disease, made by a **medical practitioner** who is a consultant neurologist or geriatrician, confirming dementia due to failure of the brain function with cognitive impairment for which no other recognisable cause has been identified.

**Angioplasty** means the undergoing of angioplasty (with or without an insertion of a stent or laser therapy) that is considered necessary on the basis of angiographic evidence to correct a narrowing or blockage of one or more coronary arteries.

**Aortic surgery** means the undergoing of surgery that is considered necessary to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta, but does not include angioplasty, intra-arterial procedures or non-surgical techniques.

**Aplastic anaemia** means the acquired bone marrow failure that:

- results in anaemia, neutropenia and thrombocytopenia and
- requires treatment with one or more of the following:
  - marrow stimulating agents
  - bone marrow transplantation
  - peripheral blood stem cell transplantation
  - blood product transfusions or
  - immunosuppressive agents.

**Benign brain tumour** means a non-malignant tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment as confirmed by a **medical practitioner** who is a consultant neurologist. The tumour must result in permanent neurological deficit causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication *Guides to the Evaluation of Permanent Impairment*, 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one activity of daily living without the assistance of another adult person.

The presence of the underlying tumours must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are not covered.

**Blindness** means the permanent loss of sight in both eyes, whether aided or unaided, as a result of **illness** or **injury** such

that visual acuity is 6/60 or less in both eyes, or such that the visual field is reduced to 20 degrees or less of arc.

**Brain damage** means brain damage, as confirmed by a **medical practitioner** who is a consultant neurologist, which results in a neurological deficit causing a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication *Guides to the Evaluation of Permanent Impairment*, 4th edition, or an equivalent guide to impairment approved by us.

**Burns of limited extent** means tissue injury caused by thermal, electrical or chemical agents causing third degree burns to:

- at least 9%, but less than 20%, of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart
- the whole of one hand or 50% of the surface area of both hands combined, requiring surgical debridement and/or grafting
- the whole of one foot or 50% of the surface areas of both feet combined, requiring surgical debridement and/or grafting or
- 50% of the face, requiring surgical debridement and/or grafting.

**Cancer** means the presence of one or more malignant tumours including leukaemia, lymphomas and Hodgkin's disease characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

The following cancers are not covered:

- melanomas of less than 1.5mm maximum Breslow thickness and which are also less than Clark Level 3 depth of invasion as determined by histological examination
- all hyperkeratoses or basal cell carcinomas of the skin
- all squamous cell carcinomas of the skin unless there has been a spread to other organs
- low level prostatic cancers which are:
  - histologically described as TNM Classification T1a or T1b or lesser classification
  - characterised by a Gleason score less than 7 and
  - appropriate and necessary 'major interventionist treatment' has not been performed specifically to arrest the spread of malignancy.

'Major interventionist treatment' includes removal of the entire prostate, radiotherapy, chemotherapy, hormone therapy or any other similar interventionist treatment.

- chronic lymphocytic leukaemia less than Rai Stage 1.
- tumours showing the malignant changes of carcinoma in situ\* (including cervical dysplasia CIN-1, CIN-2, and CIN-3), or which are histologically described as pre malignant, or which are classified as FIGO Stage 0, or which have a TNM

classification of Tis. 'FIGO' refers to the staging method of the International Federation of Gynaecology and Obstetrics.

\* Carcinoma in situ is covered in the following circumstances where the procedures are performed specifically to arrest the spread of malignancy and are considered the appropriate and necessary treatment:

- carcinoma in situ of the breast if it results directly in the removal of the entire breast
- carcinoma in situ of the testicle if it results directly in the removal of the testicle
- carcinoma in situ of the prostate if it results directly in the removal of the prostate or where characterised by a Gleason score of 7 or greater.

**Carcinoma in situ** means the life insured is confirmed by biopsy to have localised pre-invasive or low level cancer in one or more of the following sites:

- breast, including but not limited to, pre cancer of the milk ducts or lobules
- cervix uteri
- corpus uteri
- fallopian tube
- ovary
- penis
- perineum
- prostate
- testicle
- vagina
- vulva.

The pre-invasive or low level cancer must have a grading of at least CIN-3, TNM classification of Tis or FIGO Stage 0.

**Cardiomyopathy** means impaired ventricular function of variable aetiology resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

**Chronic kidney failure** means end stage renal disease which requires permanent dialysis or renal transplantation.

**Chronic liver disease** means end stage liver failure together with permanent jaundice, ascites or encephalopathy.

**Chronic lung disease** means end stage lung disease requiring permanent supplementary oxygen, as confirmed by a specialist **medical practitioner**.

**Chronic lymphocytic leukaemia** means the presence of chronic lymphocytic leukaemia diagnosed as Rai stage 0, which is defined to be in the blood and bone marrow only.

**Cognitive loss** means a total and permanent deterioration or loss of intellectual capacity that has required the life insured to be under continuous care and supervision by another adult person for at least six consecutive months and at the end of that six month period they are likely to require ongoing continuous care and supervision by another adult person.

**Coma** means total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, persisting continuously with the use of a life support

system for a period of at least 72 hours and resulting in a neurological deficit causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication *Guides to the Evaluation of Permanent Impairment*, 4th edition, or an equivalent guide to impairment approved by us, or
- a total and irreversible inability to perform at least one activity of daily living without the assistance of another adult person.

**Coronary artery by-pass surgery** means the undergoing of coronary artery by-pass surgery that is considered necessary to treat coronary artery disease causing inadequate myocardial blood supply. Surgery does not include angioplasty, intra-arterial procedures or non-surgical techniques.

**Deafness** means the total, irreversible and irreparable loss of hearing, in both ears, whether aided or unaided.

**Dementia** means the unequivocal diagnosis of dementia, made by a **medical practitioner** who is a consultant neurologist or geriatrician, confirming dementia due to failure of the brain function with cognitive impairment for which no other recognisable cause has been identified. A Mini-Mental State Examination score of 24 or less is required.

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

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication *Guides to the Evaluation of Permanent Impairment*, 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one activity of daily living without the assistance of another adult person.

**Heart attack** means death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The basis for diagnosis shall be supported by the following clinical features being present and consistent with myocardial infarction (and not due to medical intervention):

- new electrocardiographic (ECG) changes and
- diagnostic elevation of cardiac enzyme CK-MB or Troponin I greater than 2.0 µg/L or Troponin T greater than 0.6µg/L.

If the above is inconclusive, then we will consider a claim based on conclusive evidence that the life insured has been diagnosed as having suffered a myocardial infarction, resulting in either one of the following:

- new pathological Q waves or
- a permanent left ventricular ejection fraction of 50% or less, measured three or more months after the event.

**Heart valve surgery** means the undergoing of surgery that is considered necessary to correct or replace cardiac valves as a consequence of heart valve defects or abnormalities but does not include angioplasty, intra-arterial procedures or non-surgical techniques.

**Hydrocephalus** means excessive cerebrospinal fluid within the brain resulting from injury, infection or tumour, which causes increased intra-cranial pressure requiring surgical intervention of a shunt.

**Intensive care** means the life insured requires continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital. Intensive care as a result of drug or alcohol intake is excluded.

**Loss of independent existence** means a condition whereby the life insured is totally and permanently unable to perform at least two of the five activities of daily living without the assistance of another adult person.

**Loss of speech** means the total and permanent loss of the ability to produce intelligent speech due to permanent damage to the larynx or its nerve supply or a disorder affecting the speech centres of the brain. Loss of speech related to any psychological cause is excluded.

**Loss or paralysis of limb** means the total and permanent loss of use of a whole hand or a whole foot as a result of **illness** or **injury**, or the total and permanent loss of the use of one arm or one leg as a result of paralysis.

**Major head trauma** means cerebral injury resulting in permanent neurological deficit, as confirmed by a **medical practitioner** who is a consultant neurologist and/or an occupational physician, causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication *Guides to the Evaluation of Permanent Impairment*, 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one activity of daily living with out the assistance of another adult person.

**Major organ transplant** means the life insured undergoes, or has been placed on an Australian waiting list approved by us for, an organ transplant from a human donor to the life insured for one or more of the following organs:

- kidney
- heart
- lung
- liver
- pancreas
- small bowel
- the transplant of bone marrow.

This treatment must be considered medically necessary and the condition affecting the organ deemed untreatable by any other means other than organ transplant, as confirmed by a specialist physician.

**Medically acquired HIV** means the accidental infection with 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 life insured in Australia as a result of a procedure authorised by a recognised health professional:

- a blood transfusion
- transfusion with blood products
- organ transplant to the life insured
- assisted reproductive techniques
- a medical procedure or operation performed by a doctor or a dentist.

Notification and proof of the incident will be required via a statement from the appropriate Statutory Health Authority that the infection is medically acquired.

We must have open access to all blood samples and be able to obtain independent testing of such blood samples.

There will be no cover and no benefit payable if a medical 'cure' is found for AIDS or the effects of HIV, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any Australian Government approved treatment, which renders HIV inactive and non-infectious.

HIV infection acquired by any other means, including infection as a result of sexual activity or recreational intravenous drug use, is excluded.

**Melanoma** means the presence of one or more malignant melanomas. The melanoma can be less than 1.5mm maximum Breslow thickness and also less than Clark Level 3 depth of invasion as determined by histological examination. The malignancy must be characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

**Meningitis and/or meningococcal disease** means meningitis or meningococcal septicaemia causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication *Guides to the Evaluation of Permanent Impairment*, 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one activity of daily living without the assistance of another adult person.

**Motor neurone disease** means the unequivocal diagnosis of a progressive form of debilitating motor neurone disease, as confirmed by a **medical practitioner** who is a consultant neurologist.

**Multiple sclerosis** means the unequivocal diagnosis of multiple sclerosis made by a **medical practitioner** who is a consultant neurologist on the basis of confirmatory neurological investigation. There must be more than one episode of confirmed neurological deficit.

**Muscular dystrophy** means the unequivocal diagnosis of muscular dystrophy, as confirmed by a **medical practitioner** who is a consultant neurologist on the basis of confirmatory neurological investigation.

**Occupationally acquired HIV** means infection with the Human Immunodeficiency Virus (HIV) where the virus was acquired as a result of an accident occurring during the course of your normal occupation and sero-conversion of the HIV infection must occur within six months of the accident.

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

Any accident giving rise to a potential claim must be reported to us within seven days of the incident and supported by a negative HIV antibody test taken after the accident.

We must have open access to all blood samples and be able to obtain independent testing of such blood samples.

There will be no cover and no benefit payable if a medical 'cure' is found for AIDS or the effects of HIV, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any Australian Government approved treatment, which renders HIV inactive and non-infectious.

**Open heart surgery** means the undergoing of open heart surgery that is considered necessary to correct a cardiac defect, cardiac aneurysm or cardiac tumour.

**Parkinson's disease** means the unequivocal diagnosis of degenerative idiopathic Parkinson's disease as characterised by the clinical manifestation of one or more of:

- rigidity
- tremor
- akinesia from degeneration of the nigrostriatal system.

All other types of parkinsonism, including secondary parkinsonism due to medication, are excluded.

**Partial blindness** means the permanent loss of sight in one eye, whether aided or unaided, such that visual acuity is 6/60 or less in that eye, or such that the visual field is reduced to 20 degrees or less of arc.

**Partial deafness** means the total, irreversible and irreparable loss of hearing in one ear, whether aided or unaided.

**Pneumonectomy** means the undergoing of surgery to remove an entire lung. This treatment must be deemed the most appropriate treatment and medically necessary.

**Primary pulmonary hypertension** means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation and resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

**Severe burns** means tissue injury caused by thermal, electrical or chemical agents causing third degree burns to:

- 20% or more of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart

- the whole of both hands, requiring surgical debridement and/or grafting
- the whole of both feet, requiring surgical debridement and/or grafting
- the whole of the skin of the genitalia, requiring surgical debridement and/or grafting or
- the whole of the face, requiring surgical debridement and/or grafting.

**Severe diabetes** means that a **medical practitioner** who is a specialist physician has confirmed that at least two of the following complications have occurred as a direct result of diabetes:

- nephropathy requiring regular dialysis or a kidney transplant
- proliferative retinopathy
- peripheral vascular disease leading to chronic infection or gangrene, requiring a surgical procedure
- neuropathy including:
  - irreversible autonomic neuropathy resulting in postural hypotension, and/or motility problems in the gut with intractable diarrhoea or
  - polyneuropathy leading to severe mobility problems due to sensory and/or motor deficits.

**Severe endometriosis** means the presence of endometrial tissue (normal lining of the uterus) outside the uterus, usually in the pelvic cavity. Severe endometriosis is a partial or complete obliteration of the cul-de-sac (Pouch of Douglas) by endometriotic adhesions, and/or the presence of endometriomas (cysts containing endometriotic material), and/or the presence of deep endometriotic deposits involving the pelvic side wall, cul-de-sac and broad ligaments, or involving the wall of the bladder, ureter and bowel.

Severe endometriosis requires the surgical mobilisation of the rectum, excision of deposits from the rectum and other parts of the pelvis, and freeing of adhesions. Mild and moderate endometriosis and adenomyosis are excluded.

**Severe osteoporosis** means prior to the age of 50 the life insured is unequivocally diagnosed with osteoporosis and suffers at least two vertebral body fractures or a fracture of the neck of femur due to osteoporosis.

**Severe rheumatoid arthritis** means a definite diagnosis of severe rheumatoid arthritis by a consultant rheumatologist, with ineffectiveness of the first line of treatment leading to further treatment with certain biological immunosuppressive agents (such as monoclonal anti-bodies targeting the tumour necrosis factor). The diagnosis must confirm all of the following:

- small nodular swelling beneath the skin
- multiple and extensive changes to joints typical of rheumatoid arthritis as evidenced by X-ray
- diffuse osteoporosis with severe hand and spinal deformity.

**Stroke** means a cerebrovascular accident or event producing a neurological deficit lasting more than 24 hours. There must be clear evidence:

- of the onset of objective neurological deficit
- on a CT, MRI or similar scan that a stroke has occurred and
- of infarction of brain tissue, intracranial or subarachnoid haemorrhage or embolisation from an extracranial source.

Transient ischaemic attacks, cerebral events due to reversible neurological deficits, migraine, hypoxia or trauma, and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

**Systemic lupus erythematosus (SLE) with lupus nephritis** means the unequivocal diagnosis of SLE according to internationally accepted criteria. This includes the 'American College of Rheumatology revised criteria for the classification of SLE'.

In addition to the diagnosis of SLE, with lupus nephritis must be confirmed by renal changes as measured by a renal biopsy that is grade three to five of the WHO classification of lupus nephritis and be associated with persisting proteinuria (more than 2+).

**Systemic sclerosis** means the unequivocal diagnosis of systemic sclerosis, made by a **medical practitioner** who is a consultant physician, characterised by skin thickening accompanied by various degrees of tissue fibrosis and chronic inflammatory infiltration in visceral organs, causing:

- a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication *Guides to the Evaluation of Permanent Impairment*, 4th edition, or an equivalent guide to impairment approved by us or
- a total and irreversible inability to perform at least one activity of daily living without the assistance of another adult person.

**Terminal illness** means an illness that, in the opinion of an appropriate specialist physician approved by us, is likely to lead to the death of the life insured within 12 months from the date that the opinion is provided to us.

**Triple vessel angioplasty** means the undergoing of angioplasty (with or without an insertion of a stent or laser therapy) to three or more coronary arteries during a single surgical procedure that is considered necessary on the basis of angiographic evidence to correct the narrowing or blockage of three or more coronary arteries.

## Other terms

**Disabled means totally disabled or partially disabled.**

**Illness** definition unchanged. Refer to your OneCare Policy Terms.

**Immediate family member** means a:

- **spouse**
- son, daughter, father, mother, brother, sister, father-in-law or mother-in-law

- person in a bona fide domestic living arrangement and is financially interdependent. The policy owner must provide us with satisfactory evidence that there is an established and ongoing interdependency.

**Injury** definition unchanged. Refer to your OneCare Policy Terms.

**Medical practitioner** means a registered and qualified medical practitioner in Australia, or another country as approved by us, who is not the life insured or the policy owner, or the **spouse**, business partner or other **immediate family member** of the life insured or the policy owner.

**Monthly earnings** means:

- if the life insured is self-employed or a working director, the gross monthly income generated by the business as a result of their personal exertion after allowing for the costs and expenses incurred in deriving that income or
- if the life insured is independently employed, their monthly income earned from personal exertion by way of total remuneration package, including fringe benefits and any other type of remuneration calculated on a monthly basis.

**On claim** means the dates for which you are eligible to receive a benefit with respect to a life insured under the policy.

**Partially disabled/partial disability** definition unchanged. Refer to your OneCare Policy Terms.

**Reasonably apparent** means a reasonable person in the circumstances could be expected to have been aware of the symptoms.

**Regular occupation** means the occupation in which the life insured is regularly engaged at the time they suffer an **illness or injury**. If the life insured's occupation is limited to a recognised specialty within the scope of their degree or licence, the life insured's specialty is their occupation.

For periods of **total disability** or **partial disability** which occur while the life insured is unemployed, or on maternity, paternity or sabbatical leave, their regular occupation means the last occupation the life insured performed before unemployment, maternity leave, paternity leave or sabbatical leave.

After 12 months of unemployment, or maternity, paternity or sabbatical leave, the life insured's regular occupation means any other occupation that they are reasonably capable of performing with regard to their education, training or experience.

**Spouse** means a spouse, de facto spouse or person living in a bona fide domestic arrangement, irrespective of their gender, where one or each of them provides the other with financial support, domestic support and personal care.

**Terminal illness** means an illness that, in the opinion of an appropriate specialist physician approved by us, is likely to lead to the death of the life insured within 12 months from the date that the opinion is provided to us.

**Totally disabled/total disability** definition unchanged. Refer to your OneCare Policy Terms.

### **Customer Services**

Phone 133 667

Email [customer.risk@onepath.com.au](mailto:customer.risk@onepath.com.au)

### **Address**

OnePath Life Limited

GPO Box 4148

Sydney NSW 2001

### **Risk Adviser Services**

Phone 1800 222 066

Email [risk.adviser@onepath.com.au](mailto:risk.adviser@onepath.com.au)

#### **OnePath Custodians Pty Limited (OnePath Custodians)**

ABN 12 008 508 496 AFSL 238436 RSE L0000673 is the issuer of OneCare Super.

#### **OnePath Life Limited (OnePath Life)**

ABN 33 009 657 176 AFSL 238341 is the issuer of OneCare.

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