



OneCare Upgrade Announcement

Trauma Cover

14 March 2011

Upgrade announcement

OnePath Life is dedicated to ensuring we are adding value to our customers and are continuously working to improve the products we offer; hence we are pleased to notify you of the most recent improvements effective 14 March 2011.

Your OneCare policy 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, if they do not result in a premium increase.

The OneCare Supplementary Product Disclosure Statement (SPDS) and OneCare Supplementary Policy Terms dated 14 March 2011 contain the policy update in its entirety. This upgrade notice summarises the improvements for existing policy holders.

Unless specified otherwise, words in **bold** have the same meaning applied to them as defined in your OneCare Policy Terms.

Which improvements apply?

Your OneCare Policy Schedule outlines the cover and options that apply to your policy. This document should be read in conjunction with your policy schedule to understand which 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 for the specific section as contained in this upgrade announcement replaces the policy wording as contained within your existing Policy Terms. This brochure should be kept with your Policy Terms and Policy Schedule.

When do these improvements apply from?

The improvements presented in this upgrade announcement are effective from 14 March 2011.

They apply to claims for events or conditions which first occur, are first diagnosed, or for which symptoms first became reasonably apparent, on or after 14 March 2011. They do not apply to past or current claims, or any claims arising from conditions for which symptoms first became reasonably apparent, before 14 March 2011.

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.

Trauma Cover

The following list displays several updates we have made to Trauma Cover, these are then described in further detail:

- New Condition – Out of Hospital Cardiac Arrest
- New Condition – Colostomy and/or Ileostomy
- Enhancement to the Trauma Reinstatement Option
- ‘Coma’ definition update
- ‘Severe burns’ definition update
- ‘Burns of limited extent’ definition update
- ‘Severe Rheumatoid Arthritis’ definition update
- ‘Prostate cancer’ definition update
- Addition of ‘Ulceration’ as a tier (measurement) for the ‘Cancer’ (Melanoma) definition
- Removal of the Drug/Alcohol exclusion in the ‘Intensive Care’ definition.

New Trauma Conditions and Enhancements

New Trauma Condition: Out of Hospital Cardiac Arrest

This is a new trauma condition added to both the Trauma Comprehensive and Trauma Premier Covers. This condition qualifies for a full payment of the trauma amount insured.

‘Out of hospital cardiac arrest’ means cardiac arrest that is not associated with any medical procedure, is documented by an electrocardiogram, occurs out of hospital or any other medical facility, and is:

- Cardiac asystole; or
- Ventricular fibrillation with or without ventricular tachycardia.

New Trauma Condition: Colostomy and/or ileostomy

This is a new trauma condition added to the Trauma Premier Cover and the Premier Maximiser Option. This condition qualifies for a partial payment of the trauma amount insured.

Colostomy and/or ileostomy means the creation of a permanent and irreversible surgical opening, linking the colon and/or ileum to the surface of the body.

Enhancement: Trauma Reinstatement option

This enhancement will enable the trauma cover to be reinstated after six months if the claim was for one of seven listed trauma conditions (previously it was offered after 12 months).

We have also clarified our intent surrounding the fact that you can reinstate your trauma cover after multiple claims.

4.5.3 Trauma Cover Reinstatement Option

(This option only applies to Trauma Cover for a life insured if it is shown on the Policy Schedule.)

If we pay (or begin to pay) the full Trauma Cover lump sum (or instalment) amount insured for a life insured under this policy, we will offer to reinstate the Trauma Cover for that life insured, on the following basis:

- For the following trauma conditions:

- **Alzheimer's disease**
- **blindness**
- **deafness**
- **dementia**
- **loss or paralysis of limb**
- **multiple sclerosis**
- **Parkinson's disease**

we will offer the Trauma Cover Reinstatement Option six months after the later of:

- the date we received your fully completed claim form or
- the date you satisfied any of the above trauma conditions.

- For all other Trauma conditions, we will offer the Trauma Reinstatement Option 12 months after the later of:

- the date we received your fully completed claim form or
- the date you satisfied the Trauma event definition.

- We will offer to reinstate the full Trauma Cover lump sum (or instalment) amount insured we paid (or are paying) for the life insured.

- We must receive written acceptance from you within 30 days of the offer being made.

- The premium for the reinstated Trauma Cover will be calculated based on the premium rates applying to Trauma Cover at the time you choose to exercise this option. We will apply any medical, occupational or pastimes loadings, or any other loadings that applied to the original and subsequent Trauma Cover(s).

- The benefit payment type which will apply to the new Trauma Cover will be the same benefit payment type which applied to the original and subsequent Trauma Cover(s).
- Any exclusions which applied to the original Trauma Cover will also apply to the reinstated Trauma Cover.
- Indexation, Future Insurability and Business Guarantee Option increases are not available in relation to the reinstated Trauma Cover.

You cannot exercise the Trauma Cover Reinstatement Option if:

- a TPD Benefit or a benefit for **terminal illness** has been previously paid for the life insured or
- we pay (or begin to pay) only a part of the Trauma Cover lump sum (or instalment) amount insured. However, if we subsequently pay (or begin to pay) the full balance of the Trauma Cover lump sum (or instalment) amount insured in relation to another trauma condition, you can exercise this option in relation to the total of the Trauma Cover amount paid.

We will not pay a claim under the reinstated Trauma Cover for:

- the same trauma condition for which we paid a claim under the original or subsequent Trauma Cover(s)
- **aortic surgery, cardiomyopathy, chronic kidney failure, coronary artery by-pass surgery, heart attack, open heart surgery, out of hospital cardiac arrest, primary pulmonary hypertension or triple vessel angioplasty**, if we paid a claim for any of these trauma conditions under the original or subsequent Trauma Cover(s)
- **loss or paralysis of limb or blindness** (where either of these trauma conditions are caused by a cerebrovascular accident) or **stroke**, if we paid a claim for **aortic surgery, cardiomyopathy, chronic kidney failure, chronic liver disease, coronary artery by-pass surgery, heart attack, open heart surgery, out of hospital cardiac arrest, primary pulmonary hypertension or triple vessel angioplasty** under the original or subsequent Trauma Cover(s)
- **cancer, carcinoma in situ (CIS), chronic lymphocytic leukaemia or melanoma**, if we paid a claim for any of these trauma conditions under the original or subsequent Trauma Cover(s)
- **angioplasty, aortic surgery, cardiomyopathy, chronic kidney failure, chronic liver disease, coronary artery by-pass surgery, heart attack, heart valve surgery, open heart surgery, out of hospital cardiac arrest, primary pulmonary hypertension, stroke or triple vessel angioplasty**, if we paid a claim for **severe diabetes** under the original or subsequent Trauma Cover(s)

- **severe diabetes**, if we paid a claim for **angioplasty, aortic surgery, cardiomyopathy, chronic kidney failure, chronic liver disease, coronary artery by-pass surgery, heart attack, heart valve surgery, open heart surgery, out of hospital cardiac arrest, primary pulmonary hypertension, stroke** or **triple vessel angioplasty** under the original or subsequent Trauma Cover(s)
- **chronic kidney failure, chronic liver disease, chronic lung disease** or **primary pulmonary hypertension**, if we paid a claim for **systemic sclerosis** under the original or subsequent Trauma Cover(s)
- **loss of independent existence**, if the cause is any trauma condition which we have already paid a claim for under the original or subsequent Trauma Cover(s)
- **Alzheimer's disease** or **dementia**, if we paid a claim for either of these trauma conditions under the original or subsequent Trauma Cover(s).

There is no cover and no benefit will be payable under the reinstated Trauma Cover for any trauma condition if:

- the trauma condition first occurs, or is first diagnosed, or
- the symptoms leading to the trauma condition occurring, being diagnosed, or first become **reasonably apparent**,

before the date of reinstatement of the Trauma Cover.

Trauma Definition Updates

Coma

We have upgraded the **Coma** definition so that a degree of impairment is no longer required.

Coma means total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, resulting in a documented Glasgow Coma Scale of 6 or less, for a continuous period of at least 72 hours.

Severe burns

We have upgraded the **Severe burns** definition by reducing the requirement to 50% (instead of whole) of various sites of the body.

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
- 50% or more of both hands, requiring surgical debridement and/or grafting
- 50% or more of both feet, requiring surgical debridement and/or grafting
- 50% or more of the face, requiring surgical debridement and/or grafting or
- the whole of the skin of the genitalia, requiring surgical debridement and/or grafting.

Burns of limited extent

We have updated the **Burns of limited extent** definition due to the **Severe burns** definition upgrade. The update removes the events that are now covered under the **Severe burns** definition.

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 or
- the whole of one foot or 50% of the surface area of both feet combined, requiring surgical debridement and/or grafting.

Severe Rheumatoid Arthritis

We have upgraded the **Severe Rheumatoid Arthritis** definition and aligned it to the American College of Rheumatology (ACR) classification of Rheumatoid Arthritis.

Severe Rheumatoid Arthritis means the diagnosis of severe rheumatoid arthritis by a rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:

- at least a 6 week history of severe rheumatoid arthritis which involves 3 or more of the following joint areas:
 1. proximal interphalangeal joints in the hands;
 2. metacarpophalangeal joints in the hands;
 3. metatarsophalangeal joints in the foot, or any joint of the wrist, elbow, knee or ankle;
- simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone);
- typical rheumatoid joint deformity;

And at least 2 of the following criteria:

- morning stiffness;
- rheumatoid nodules;
- erosions seen on x-ray imaging;
- the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis.

Degenerative osteoarthritis and all other arthritides are excluded.

Cancer definition

We have upgraded our definitions of both Prostate cancer and Melanoma within the **Cancer** definition. As a result of a new tier (measurement) being introduced for Melanoma this will also affect the **Melanoma** definition, which has also been updated (follows the Cancer definition below).

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.

- Melanomas are covered if they:
 - have evidence of ulceration; or
 - are at least Clark Level 3 depth of invasion; or
 - are at least 1.5mm maximum Breslow thickness, as determined by histological examination.
- Prostatic cancer is covered if it is;
 - a TNM classification of at least T1c; or
 - a Gleason score of at least 6; or
 - required to have 'major interventionist treatment' 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.

- The following cancers are not covered:
 - all hyperkeratoses or basal cell carcinomas of the skin
 - all other melanomas
 - all other prostatic cancers
 - all squamous cell carcinomas of the skin unless there has been a spread to other organs
 - 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.

Melanoma (for the purpose of a partial trauma payment) means the presence of one or more malignant melanomas.

- For partial payments under Trauma Premier, the melanoma;
 - must have no evidence of ulceration; and
 - be less than 1.5mm maximum Breslow thickness; and
 - be 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.

For the purposes of a full trauma payment Melanoma criteria please refer to the **Cancer** definition.

Other Trauma updates

Removal of the Drug/Alcohol exclusion (Intensive Care)

This upgrade removes the Drug/Alcohol exclusion that applied to the **Intensive Care** definition.

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.

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