

ANZ RECOVER WELL

IMPORTANT POLICY INFORMATION

This document outlines the changes we've made to some of the policy terms and conditions on ANZ Recover Well.

WE'VE MADE SOME CHANGES TO CRITICAL ILLNESS COVER

We made these changes after a review of how medical conditions are named and defined for all OnePath Life trauma cover products.

These definitions are used to assess your eligibility if you make a claim, so we want to ensure they reflect current medical practices and assessments.

Any updates will apply to future claims on or after 1 December 2018. These updates will not apply to any claims arising from conditions which first occurred, were first diagnosed, or which first became reasonably apparent, before the updates came into effect on 1 December 2018.

Where these updates have been made available to you, in the event of a claim you are able to have your claim assessed against the terms of the policy as at the date you lodge your claim. If you do not want this then you can simply advise us of this at the time of the claim.

We recommend you keep a copy of this information with your Policy Schedule, which shows what covers and options apply to you.

UPDATES TO CRITICAL ILLNESS COVER DEFINITIONS

From 1 December 2018, we updated the definitions of three Critical Illness Cover conditions under ANZ Recover Well. The table below provides an overview of the changes.

Previous condition name	Definition effective to 30 November 2018	New definition effective from 1 December 2018
Cancer	The presence of one or more malignant tumours – including leukaemia, lymphoma 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 – are at least Clark Level 3 depth of invasion, or – are at least 1.0mm Breslow thickness, as determined by histological examination. • Prostatic cancer is covered if it is: – a TNM classification of at least T1c – 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.	Means the presence of one or more malignant tumours including leukaemia, lymphoma 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 either: – have a TNM classification of at least T1b – have evidence of ulceration – are at least Clark Level 3 depth of invasion – are at least 1.0mm Breslow thickness as determined by histological examination. • Prostatic cancer is covered if it is either: – a TNM classification of at least T1c – a Gleason score of at least 6 – 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.

Previous condition name	Definition effective to 30 November 2018	New definition effective from 1 December 2018
Cancer (continued)	• Carcinoma in situ* of the breast is covered if: – treatment requires the removal of the entire breast, or – treatment requires surgery and adjuvant therapy (such as radiotherapy and/or chemotherapy) • Carcinoma in situ* of the testicle is covered if treatment requires the removal of the testicle. * Carcinoma in situ is covered where the procedures need to be performed specifically to arrest the spread of malignancy and are considered the appropriate and necessary 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 • all other 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* of the breast is covered if either: – treatment requires the removal of the entire breast – treatment requires breast conserving surgery and adjuvant therapy (such as radiotherapy and/or chemotherapy). • Carcinoma in situ* of the testicle is covered if treatment requires the removal of the testicle. * Carcinoma in situ is covered where the procedures need to be performed specifically to arrest the spread of malignancy and are considered the appropriate and necessary 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 • all other 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.

Previous condition name	Definition effective to 30 November 2018	New definition effective from 1 December 2018
Stroke	Means the diagnosis of a stroke that meets all of the following: • Cerebrovascular incident producing neurological deficits lasting more than 24 hours; and • Evidenced by acute onset of new objective neurological signs and symptoms; and • Evidenced by neuro-imaging changes consistent with the signs and symptoms of the cerebrovascular incident; and • Confirmed by a specialist medical practitioner who is a neurologist. Includes where there is infarction of brain tissue, intracranial or subarachnoid haemorrhage or embolisation from extracranial source. Transient ischaemic attacks, migraine, vascular disease affecting the eye, optic nerve or vestibular functions, and incidental imaging findings (CT or MRI brain scans without clearly related clinical symptoms (silent stroke)), or as a result of hypoxia and trauma are excluded. If neuro-imaging is unavailable, then we will consider a claim based on conclusive evidence of unequivocal diagnosis by two specialist consultant neurologists.	Means the diagnosis of a stroke that meets all of the following: • cerebrovascular incident producing neurological deficits lasting more than 24 hours; and • evidenced by acute onset of new objective neurological signs and symptoms; and • evidenced by neuro-imaging changes consistent with the signs and symptoms; and • confirmed by a medical practitioner who is a consultant neurologist. Includes where there is infarction of brain tissue, intracranial or subarachnoid haemorrhage or embolisation from extracranial source. Transient ischaemic attacks, migraine, vascular disease affecting the eye, optic nerve or vestibular functions, and incidental imaging findings (CT or MRI brain scans without clearly related clinical symptoms (silent stroke)), or as a result of hypoxia and trauma are excluded. If neuro-imaging is unavailable, then we will consider a claim based on conclusive evidence of unequivocal diagnosis by two specialist consultant neurologists.
Multiple sclerosis	The unequivocal diagnosis of multiple sclerosis made by a specialist 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 with persisting neurological abnormalities.	Means the unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist on the basis of confirmatory neurological investigation. There must be: • more than one episode of well-defined neurological deficit; and • neurological investigations such as lumbar puncture, MRI, evidence of lesions in the central nervous system, evoked visual responses and evoked auditory responses are required to confirm diagnosis.

UPDATES TO CRITICAL ILLNESS COVER NAMES

From 1 December 2018, we updated the names of twelve Critical Illness Cover conditions under ANZ Recover Well.

We have updated the names of some of our Critical Illness Cover conditions under ANZ Recover Well to reflect the nature of the definition. The table below outlines the changes.

Current Critical Illness Cover terminology	New Critical Illness Cover terminology
Cancer ⁺	Cancer (excluding less advanced cases) ⁺
Chronic kidney failure	Kidney failure (end stage)
Coronary artery by-pass surgery ⁺	Coronary artery bypass surgery ⁺
Heart attack ⁺	Heart attack (diagnosed) ⁺
Loss or paralysis of limb	Loss or paralysis of limb (permanent)
Multiple sclerosis ⁺	Multiple sclerosis (diagnosed) ⁺
Severe burns	Burns (severe)
Stroke ⁺	Stroke (diagnosed) ⁺
Carcinoma in situ ^{^+}	Carcinoma in situ (of limited sites) ^{^+}
Severe endometriosis ⁺	Endometriosis (severe requiring surgical intervention) ⁺
Adult Type 1 diabetes mellitus ⁺	Diabetes mellitus adult, insulin dependent diagnosed after age 30 ⁺
Burns to a limited extent	Burns (of limited extent)

⁺ These specified conditions have a qualifying period of 90 days for this benefit to be payable.

[^] refers to carcinoma in situ of the breast, cervix uteri, corpus uteri, fallopian tube, ovary, penis, perineum, prostate, testicle, vagina and vulva only.

WE'VE MADE SOME CHANGES TO THE EXCLUSIONS ON ANZ RECOVER WELL

Exclusions are used to assess your eligibility if you make a claim, so we want to ensure they are clear.

The below updates will apply to future claims on or after 1 June 2019. These updates will not apply to any claims arising from conditions which first occurred, were first diagnosed, or which first became reasonably apparent, before the updates came into effect on 1 June 2019.

Where these updates have been made available to you, then in the event of a claim you are able to have your claim assessed against the terms of the policy as at the date you lodge your claim. If you do not want this then you can simply advise us of this at the time of the claim.

Should your claim be disadvantaged in any way by these changes, the previous definition will always be applied to your claim. We do this to ensure **you'll be no worse off** as a result of these updates.

We recommend you keep a copy of this information with your Policy Schedule, which shows what covers and options apply to you.

UPDATES TO THE FOLLOWING POLICY EXCLUSIONS

From 1 June 2019, the following definitions will apply to ANZ Recover Well. The table provides an overview of the updates.

PRE-EXISTING MEDICAL CONDITION

Effective to 31 May 2019	Effective from 1 June 2019
We do not pay any claim arising directly or indirectly from:	
A pre-existing medical condition is an injury, illness, condition or related symptom that, in the 5 years before the policy start date: • you (or a reasonable person in your position) were aware of or should have been aware of; or • for which you had, or were intending to have, a medical consultation; or • for which a reasonable person, in your circumstances, would have had a medical consultation.	A pre-existing medical condition is an illness, injury or condition that, in the 5 years before the policy start date: • you were aware of, or • a reasonable person in the circumstances could be expected to be aware of. <i>For example, if you have symptoms of an illness, injury or condition for which a reasonable person may be expected to have sought medical advice before the start of your policy, you may not be able to claim any benefit for that illness, injury or condition.</i> To determine whether your claim relates to a pre-existing medical condition we may, amongst other things, request and review information relating to your medical history.

HIV/AIDS

Effective to 31 May 2019	Effective from 1 June 2019
We do not pay any claim arising directly or indirectly from:	
contracting HIV or AIDS	N/A (exclusion no longer applies)

TRAVEL

Effective to 31 May 2019	Effective from 1 June 2019
We do not pay any claim arising directly or indirectly from:	
you visiting a country for which the Australian Department of Foreign Affairs and Trade (DFAT) has issued a 'Do Not Travel' warning that's in force during the time you stay in that country	N/A (exclusion no longer applies)

Important Information

This communication has been prepared by OnePath Life Limited (OnePath Life) ABN 33 009 657 176, AFSL 238341.

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