

# Protection Benefit Sheet

## Trauma Cover Benefit

### 1. Lives Assured

The lives assured for this trauma cover benefit are detailed in the **Policy Schedule**. All references to life assured or lives assured in this protection benefit sheet refer only to those people.

### 2. Amount of Trauma Cover Benefit

The amount of trauma cover benefit provided for each applicable life assured is detailed in the **Policy Schedule**.

### 3. Payment of Trauma Cover Benefit

The trauma cover benefit will be paid, if during the **Cover Term**, a life assured has suffered from and meets the full criteria for one of the group A or group B covered conditions detailed below and **ING Life** has accepted the claim. The life assured must survive for at least 14 days after first suffering from the condition (or in the case of the intensive care treatment condition detailed below, after being withdrawn from continuous mechanical ventilation by means of tracheal intubation) or no claim will be payable. Only one trauma cover benefit is payable per life assured.

### 4. Optional Accidental Trauma Cover Buy-Back

This option is only available to you if it is shown in the **Policy Schedule**.

If a claim is paid under this trauma cover benefit as a direct result of an **Illness** and not as a direct or indirect result of an **Accident**, then you have the option of repurchasing trauma cover on the following terms:

- You are able to repurchase trauma cover up to the value of the amount of trauma cover benefit, which was paid, on claim.
- You can only repurchase this trauma cover benefit on the first anniversary of the date that the trauma cover benefit claim was paid.
- The option must be taken up within 60 days of the above anniversary date or the option will expire.
- If you do take up this option then there will be no additional medical assessment of the life assured's health at this time.
- The acceptance terms that will apply to the trauma cover benefit you re-purchase will be the same as the terms that applied to the trauma cover benefit which has been claimed with the exception that the new cover will only include coverage for covered conditions that are caused directly by an **Accident** and are not directly or indirectly caused by an **Illness**.

- A claim paid under this trauma cover benefit for any of the following is excluded from this Optional Accidental Trauma Cover Buy-Back option:
  - clause 8 Diagnosis Benefit
  - clause 13 Partial Benefit
  - clause 14 Optional Cancer Benefit
- You must also exercise your option under clause 5 (Optional Life Cover Buy Back), for an amount not less than the amount of the repurchased trauma cover.

## 5. Optional Children's Benefit

You are only provided cover under this benefit if it is shown on the **Policy Schedule**.

An additional benefit of \$20,000 will be paid in the event that a biological or legally adopted child of a life assured covered under this trauma cover benefit, suffers from one of the conditions described in Clause 11 of this Protection Benefit Sheet. The benefit will be payable if:

- The child is between the ages of 3 & 18 when they first suffer the condition; and
- The condition giving rise to the claim is not a congenital defect.

To add new children under this optional benefit, ING Life must be notified of the names and dates of birth of each child at the time that you wish to add them to this coverage.

## 6. Diagnosis Benefit

For the covered conditions marked (*Diagnosis*) in the table below, **ING Life** recognises that the full criteria that must be met before payment can be made under this trauma cover benefit means there must be a significant degree of permanent impairment. To acknowledge the medical expenses and mental trauma that may be associated with the diagnosis of those conditions **ING Life** may pay the lesser of 25% of the trauma cover benefit (or optional children's benefit) or \$50,000 if a life assured meets the diagnosis criteria detailed below. When a diagnosis benefit is paid the trauma cover benefit (or optional children's benefit) will be instantly reduced by the amount of diagnosis benefit paid. The balance of the trauma cover benefit (or optional children's benefit) will then be paid when and if the life assured, or child covered under the optional children's benefit, meets the full criteria of any of the covered conditions. Only one diagnosis benefit is payable per life assured, or child covered under the optional children's benefit.

## 7. Return to Home Benefit

A return to home benefit will be paid once **ING Life** has accepted the claim, if, during the **Cover Term**, a life assured has been working outside of New Zealand for more than 3 months and then suffers from a covered condition. The return to home benefit will pay the cost of a single standard economy airfare to New Zealand by the most direct route available plus any transport costs to a medical facility approved by **ING Life** in New Zealand where necessary.

## 8. Support Person Accommodation Grant and Transfer Benefit

The support person accommodation grant is payable if a life assured suffers from a covered condition and an appropriate registered medical practitioner recommends that a support person is required to accompany the life assured outside of their residential region for treatment, which is deemed necessary but cannot be provided locally.

The support person accommodation grant will pay an amount of \$200.00 for each day that the life assured remains outside of their local region up to a maximum of 10 days.

**ING Life** will also reimburse the actual transport costs of the support person provided that those costs are the usual, reasonable and customary costs for public transport directly to and from the treatment destination.

## 9. Life Events Benefit

This trauma cover benefit may be increased without further evidence of health if the life assured undergoes the following events:

- Marriage; or
- The birth or legal adoption of a child; or
- Purchasing a home as a primary residence which requires an additional or increased mortgage obtained from a registered mortgage provider.

In order to increase this trauma cover benefit under this life events benefit a written application must be received by **ING Life** within 90 days of the event occurring. The written application must be accompanied by evidence of the applicable event.

Each increase under this life events benefit cannot exceed \$150,000 or the amount of any additional or increased mortgage, whichever is the lesser.

The maximum total increase under this life events benefit during the duration of the contract is limited to a maximum of 75% of the original trauma cover sum assured.

If the trauma cover benefit is increased under the life events benefit then the **Protection Premium** and **Total Premium** will increase accordingly on the effective date of the increase.

This life events benefit expires on the life assured's 55<sup>th</sup> birthday.

## 10. Covered Conditions and Criteria

For **Group A** conditions the life assured, or child covered under the optional children's benefit, must not have suffered from the condition for the first time until after the **Commencement Date**.

For **Group B** conditions the life assured, or child covered under the optional children's benefit, must not have suffered from the condition for the first time until at least 90 days after the **Commencement Date**. If the life assured, or child covered under the optional children's benefit, suffers one of the covered conditions within the first 90 days following the **Commencement Date** then no benefit will be payable. If the trauma cover benefit is increased then this 90-day stand-down period will also apply for the increased amount from the effective date of the increase.

| Group A Conditions  | Full Criteria  | Diagnosis Criteria |
|---|--|--------------------|
| Paraplegia, Quadriplegia, Diplegia Tetraplegia and Hemiplegia | Means the total and permanent loss of function of two or more limbs as a result of injury to or disease of the spinal cord. Limb is defined as the complete arm or the complete leg. | Not applicable     |

| Group A Conditions                      | Full Criteria   | Diagnosis Criteria |
|---|---|--------------------|
| Major Head Trauma                       | Means accidental cerebral injury caused by trauma, resulting in neurological deficit causing at least 25% impairment of whole person function that is permanent.  | Not applicable     |
| Intensive Care Treatment                | Means that an <b>Accident</b> or <b>Illness</b> has resulted in the life assured requiring continuous mechanical ventilation by means of tracheal intubation for at least 3 consecutive days (24 hours per day) or to be admitted to the intensive care ward of a registered medical hospital for at least 5 consecutive days (24 hours per day) at the recommendation of an appropriate specialist.<br><br>Medically induced coma or coma caused by alcohol or drug abuse is specifically excluded.                                  | Not applicable     |
| Meningitis and/or Meningococcal Disease | Means the unequivocal diagnosis of Meningitis and/or meningococcal disease including meningococcal septicaemia causing either: <ul style="list-style-type: none"> <li>• A 25% impairment of whole person function that is permanent or</li> <li>• The total and irreversible inability to perform at least one of the <b>Activities of Daily Living</b> without the assistance of another adult person.</li> </ul>  | Not applicable     |
| Coma                                    | Means a state of unconsciousness with no reaction to external stimuli or internal needs for which the life assured requires continuous mechanical ventilation by means of tracheal intubation for at least 3 consecutive days (24 hours per day) or to be admitted to the intensive care ward of a registered medical hospital for at least 5 consecutive days (24 hours per day) at the recommendation of an appropriate specialist.<br><br>Medically induced coma or coma caused by alcohol or drug abuse is specifically excluded. | Not applicable     |
| Major Burns                             | Means third degree burns to at least 20% of the body surface area as measured by The Rule 9 or the Lund & Browder Body Surface Chart.   | Not applicable     |
| Encephalitis                            | Means severe inflammatory disease of the brain resulting in a neurological deficit causing either: <ul style="list-style-type: none"> <li>• A 25% impairment of whole person function that is permanent or</li> <li>• The total and irreversible inability to perform at least one of the <b>Activities of Daily Living</b> without the assistance of another adult person</li> </ul>   | Not applicable     |

| Group A Conditions                                    | • Full Criteria   | Diagnosis Criteria   |
|---|---|--|
| Organ Transplant<br><i>(Diagnosis)</i>                | <p>Means the actual undergoing of human to human organ transplant from a donor to the life insured of one or more of the following organs:</p> <ul style="list-style-type: none"> <li>• Kidney</li> <li>• Heart</li> <li>• Lung</li> <li>• Liver</li> <li>• Pancreas or</li> <li>• the transplant of Bone Marrow</li> </ul> <p>The transplant of all other organs, parts of organs or any other tissue or cell transplant is excluded.</p>  | <p>A diagnosis benefit will be paid if the life insured has been placed on a New Zealand Waiting List, approved by us, for an organ transplant from a human donor for one or more of the following organs:</p> <ul style="list-style-type: none"> <li>• Kidney</li> <li>• Heart</li> <li>• Liver</li> <li>• Pancreas</li> <li>• Lung; or</li> </ul> <p>The transplant of bone marrow</p> |
| Parkinson's Disease<br><i>(Diagnosis)</i>             | <p>Means the unequivocal diagnosis of Parkinson's disease that has caused at least a 25% impairment of whole person function that is permanent.</p>   | <p>The unequivocal diagnosis of Parkinson's disease by an appropriate specialist.</p>  |
| Alzheimer's Disease or Dementia<br><i>(Diagnosis)</i> | <p>Means the unequivocal diagnosis of Alzheimer's Disease or Dementia. Progressive deterioration in mental function of at least six months duration resulting in abnormal behaviour or deterioration of intellectual capacity caused by irreversible organic brain disease such as Alzheimer's disease. There must be reduction in the executive functions of abstract thinking, judgement and problem solving. As a result the insured must require permanent supervision by a third party to ensure their safety or be unable to carry out 2 or more of the <b>Activities of Daily Living</b> without the assistance of another adult person.</p> | <p>The unequivocal diagnosis of Alzheimer's disease or Dementia by an appropriate specialist.</p>  |
| Motor Neurone Disease<br><i>(Diagnosis)</i>           | <p>Means Motor Neurone disease results in at least 25% impairment of whole person function that is permanent.</p>   | <p>The unequivocal diagnosis of Motor Neurone disease by an appropriate specialist</p>   |
| Muscular Dystrophy                                    | <p>Means the unequivocal diagnosis of muscular dystrophy causing either:</p> <ul style="list-style-type: none"> <li>• A 25% impairment of whole person function that is permanent or</li> <li>• The total and irreversible inability to perform at least one of the <b>Activities of Daily Living</b> without the assistance of another adult person</li> </ul>   | <p>Not applicable</p>  |

| <b>Group A Conditions</b>             | <b>Full Criteria</b>  | <b>Diagnosis Criteria</b>  |
|---------------------------------------|---|--|
| Loss of Hearing<br><i>(Diagnosis)</i> | Means the total and irreversible loss of hearing of both ears as a result of illness or injury.   | The unequivocal diagnosis that all hearing of both ears is likely to be lost within the next twelve months by an appropriate specialist.   |
| Loss of Speech<br><i>(Diagnosis)</i>  | Means the total and irreversible loss of speech as a result of illness or injury.   | The unequivocal diagnosis that all speech is likely to be lost within the next twelve months by an appropriate specialist.   |
| Blindness<br><i>(Diagnosis)</i>       | Means the total and irreversible loss of sight of both eyes as a result of illness or injury. Loss of sight is defined as: <ul style="list-style-type: none"> <li>• Visual acuity less than 6/60 in both eyes after correction; or</li> <li>• A field of vision constricted to 20 degrees or less of arc; or</li> </ul> A combination of visual defects resulting in the same degree of visual impairment as that occurring in either of the above. | The unequivocal diagnosis that all sight is likely to be lost within the next twelve months by an appropriate specialist or the total and irreversible loss of sight in one eye. |
| Loss of Two Limbs                     | Means the total and permanent loss of function of two or more limbs, or a combination of these. Limb is defined as the whole hand or whole foot.  | Not applicable   |
| Combined Loss of Limb and Sight       | Means the total and permanent loss of function of one limb and the total and irreversible loss of all sight in one eye. Limb is defined as the whole hand or whole foot.  | Not applicable   |
| Aplastic Anaemia                      | Means the acquired abnormality of blood production characterised by total and permanent aplasia of bone marrow.   | Not applicable   |
| Loss of Independent Existence         | Means the total and irreversible inability to perform at least 2 of the 5 <b>Activities of Daily Living</b> , without the assistance of another adult person.   | Not applicable   |

| Group B Conditions                           | Full Criteria  | Diagnosis Criteria   |
|--|--|--|
| Heart Attack                                 | <p>Means part of the heart muscle dies due to lack of blood supply to the heart muscle. Diagnosis must be based on:</p> <ul style="list-style-type: none"> <li>• Confirmatory new ECG changes; and either: <ul style="list-style-type: none"> <li>• The diagnostic rise (other than as a result of cardiac intervention) of the insured's cardiac enzymes CK-MB above standard laboratory levels of normal;</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• The diagnostic rise (other than as a result of cardiac intervention) of either Troponin I levels to higher than 2 ug/l or Troponin T to levels higher than 0.6 ug/l</li> </ul> <p>If the above tests are inconclusive, <b>ING Life</b> may consider other appropriate and any other medical evidence in support of a diagnosis</p> <p>Lesser acute coronary syndromes including unstable angina and acute coronary insufficiency are excluded as part of this definition.</p> | Not applicable   |
| Coronary Artery Surgery ( <i>Diagnosis</i> ) | Means the actual undergoing of Coronary Artery Bypass Grafting to correct or treat coronary artery disease.  | A diagnosis benefit will be paid if the life insured undergoes for the first time Coronary Artery Balloon Angioplasty to correct or treat coronary artery disease. |
| Triple Vessel Angioplasty                    | Means the actual undergoing of coronary artery angioplasty to correct a narrowing or blockage of three or more coronary arteries within the same procedure that is considered necessary on the basis on angiographic evidence, indicating at least 50% obstruction of three or more coronary arteries.   | Not applicable   |
| Cardiomyopathy ( <i>Diagnosis</i> )          | Means impaired ventricular function of variable aetiology, resulting in permanent and irreversible physical impairments to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment. Cardiomyopathy related to alcohol or drug use is excluded.   | <p>The unequivocal diagnosis of cardiomyopathy as diagnosed by an appropriate specialist.</p> <p>Cardiomyopathy related to alcohol or drug use is excluded.</p>    |
| Heart Valve Replacement                      | Means the actual undergoing of surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities. Repair via valvotomy, catheter surgery, minimally invasive 'keyhole' or similar techniques are specifically excluded.   | Not applicable   |

| Group B Conditions | Full Criteria   | Diagnosis Criteria |
|--------------------|---|--------------------|
| Aortic Surgery     | <p>Means the actual undergoing of surgery to repair or correct:</p> <ul style="list-style-type: none"> <li>• an aortic aneurysm,</li> <li>• an obstruction of the aorta,</li> <li>• a coarctation of the aorta,</li> <li>• a traumatic rupture of the aorta</li> </ul>  | Not applicable     |
| Cancer             | <p>Means the presence of one or more malignant tumours including leukemia, lymphomas and Hodgkin's disease characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.</p> <p>The following tumours are excluded:</p> <ul style="list-style-type: none"> <li>• 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 premalignant,</li> <li>• All skin cancers, unless there is evidence of metastases. Malignant melanoma with a depth of invasion of greater than Clark Level 3 or thickness greater than 1.5mm using the Breslow method as determined by histological examination are covered,</li> <li>• Prostatic cancers which are histologically described as TNM Classification T1 or a Gleason Score of less than 6,</li> <li>• Chronic Lymphocytic Leukaemia less than Rai Stage I</li> </ul> <p>*Carcinoma in Situ of the breast is covered if it results directly in the removal of the entire breast. The procedure used must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment.</p> | Not applicable     |
| Terminal Illness   | <p>The diagnosis, by an appropriate registered medical practitioner that a life assured has an illness, which is likely to result in the death of that life assured within the following 12 months.</p>   | Not applicable     |

| <b>Group B Conditions</b>                 | <b>Full Criteria</b>  | <b>Diagnosis Criteria</b>   |
|---|---|---|
| Stroke                                    | <p>Means the suffering of a stroke as a result of a cerebrovascular event. There must be clear evidence on a CT, MRI or similar appropriate scan that a stroke has occurred and of either:</p> <ul style="list-style-type: none"> <li>• Infarction of brain tissue; or</li> <li>• Intracranial or subarachnoid haemorrhage.</li> </ul> <p>Cerebral symptoms due to transient ischaemic attacks, migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.</p>                      | Not applicable  |
| Benign Brain Tumour                       | <p>Means a non-cancerous tumour in the brain which gives rise to characteristic symptoms of intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment, resulting in at least 25% impairment of whole person function that is permanent. The presence of the underlying tumour must be confirmed by CT Scan, MRI or other imaging studies. Excluded are cysts, granulomas, cholesteatomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the cranial nerves, meninges, pituitary gland or spine.</p> | Not applicable  |
| Multiple Sclerosis<br><i>(Diagnosis)</i>  | <p>Means the unequivocal diagnosis of Multiple Sclerosis that has caused persistent neurological abnormalities resulting in at least 25% impairment of whole person function that is permanent.</p>   | The unequivocal diagnosis of Multiple Sclerosis by an appropriate specialist.   |
| Major Organ Disease<br><i>(Diagnosis)</i> | <p>Means end stage failure of the following organs requiring extensive treatment by an appropriate specialist and likely to require an organ transplant:</p> <ul style="list-style-type: none"> <li>• Both Lungs</li> <li>• Liver</li> <li>• Both Kidneys</li> <li>• Heart</li> <li>• Pancreas</li> </ul>   | The unequivocal diagnosis that the organ function has resulted in at least 25% impairment of whole person function that is permanent. |
| Primary Pulmonary Hypertension            | <p>Means the life assured has Primary Pulmonary Hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterisation, resulting in permanent irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association Classification of Cardiac Impairment.</p>  | Not applicable  |

| Group B Conditions            | Full Criteria   | Diagnosis Criteria |
|-------------------------------|---|--------------------|
| HIV – Medically Acquired      | <p>The diagnosis of HIV infection where sero-conversion to HIV infection occurs within six months of the incident which <b>ING Life</b> believes on the balance of probabilities, arose from one of the following medical procedures conducted by an appropriate registered medical practitioner in New Zealand:</p> <ul style="list-style-type: none"> <li>• A blood transfusion; or</li> <li>• Transfusion with blood products; or</li> <li>• Organ transplant to the life assured; or</li> <li>• Assisted reproductive techniques; or</li> <li>• A medical procedure or operation performed by a doctor.</li> </ul> <p>Notification and proof of the incident will be required from a recognised health authority that the infection is medically acquired. HIV infection transmitted by any other means including sexual activity or intravenous drug use is specifically excluded. The benefit will cease to apply where a cure for HIV or AIDS has become available prior to the procedure which caused the infection.</p>  | Not applicable     |
| HIV – Occupationally Acquired | <p>The diagnosis of HIV infection where sero-conversion to HIV infection occurs within six months of the incidence and which <b>ING Life</b> believes on the balance of probabilities, arose as a result of:</p> <ul style="list-style-type: none"> <li>• An accident arising out of the life assured’s normal occupation; or</li> <li>• A malicious act of another person arising out of the life assured’s normal occupation.</li> </ul> <p>Any incident giving rise to a potential claim must be:</p> <ul style="list-style-type: none"> <li>• Reported to the relevant authority or employer within seven days of the incident; and</li> <li>• Reported to <b>ING Life</b> with proof of the incident within seven days of the incident; and</li> </ul> <p>Be supported by a negative HIV antibody test taken within seven days of the incident. <b>ING Life</b> must be given access to independently test any blood samples used.</p> <p>HIV infection transmitted by any other means including sexual activity or intravenous drug use is specifically excluded. The benefit will cease to apply where a cure for HIV or AIDS has become available prior to the procedure, which caused the infection.</p> | Not applicable     |

The evaluation of 25% of whole person function is derived from The American Medical Association's book Guides to the Evaluation of Permanent Impairment.5<sup>th</sup> edition

## 11. Partial Benefit

For the following listed covered conditions the life assured, or child covered under the optional children's benefit, must not have suffered from the condition for the first time until at least 90 days after the **Commencement Date**. If the life assured, or child covered under the optional children's benefit, suffers one of the covered conditions within the first 90 days following the **Commencement Date** then no benefit will be payable. If the trauma cover benefit is increased then this 90-day stand-down period will also apply for the increased amount from the effective date of the increase.

For the following listed covered conditions detailed below **ING Life** may pay the lesser of 25% of the trauma cover benefit (or optional children's benefit) or \$50,000 if a life assured meets the diagnosis criteria detailed below. When a partial benefit is paid the trauma cover benefit (or optional children's benefit) will be instantly reduced by the amount of capped benefit.

### Severe Rheumatoid Arthritis

Means the unequivocal diagnosis of severe rheumatoid arthritis by an appropriate specialist. The diagnosis must confirm all of the following:

- Morning stiffness of the joints
- Swelling and pain in the joints of at least three joint groups, involving the corresponding joints in both sides of the body. One of these groups must be joints on the fingers or toes, the knuckles of the hand or the wrist
- Small nodular swelling beneath the skin
- A positive rheumatoid factor test or serological markers consistent with the diagnosis of Severe Rheumatoid Arthritis
- X-ray evidence showing multiple and extensive changes to joints typical of rheumatoid arthritis
- Diffuse osteoporosis with severe hand and spinal deformity

### Severe Osteoporosis

Means the unequivocal diagnosis of severe osteoporosis by an appropriate specialist. The diagnosis must confirm all of the following:

- Before the age of 50, suffers at least two vertebral body fractures or a fracture of the neck of femur, due to osteoporosis,
- Has bone mineral density reading with a T-score of less than -2.5. This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA)

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

Means the unequivocal diagnosis of SLE according to internationally accepted criteria. Internationally accepted criteria would include the 'American College of Rheumatology revised criteria for the classification of Systemic Lupus Erythematosus'.

- A diagnosis of systemic lupus erythematosus in the clinical setting is the presence of any four or more of the eleven criteria listed in the table below by a suitably qualified specialist
- In addition to the diagnosis of systemic lupus erythematosus, lupus nephritis must be confirmed by renal changes as measured by a renal biopsy that it is grade 3 to 5 of the WHO classification of lupus nephritis and be associated with persisting proteinuria (more than 2+)

| <b>Criteria</b>          | <b>Definition</b>   |
|--------------------------|---|
| 1. Malar rash            | Fixed erythema, flat or raised, over the malar eminences, tending to spare the nasolabial folds   |
| 2. Discoid rash          | Erythematous, raised patches with adherent kerotic scaling and follicular plugging, atrophic scarring may occur in older lesions  |
| 3. Photosensitivity      | Shin rash as a result of unusual reaction to sunlight, evidenced by patient history or physician's report   |
| 4. Oral ulcers           | Oral or nasopharyngeal ulceration reported by physician   |
| 5. Arthritis             | Non-erosive arthritis involving two or more peripheral joints, characterised by tenderness, swelling, or effusion   |
| 6. Serositis             | Pleuritis – convincing history of pleuritic pain or pleuritic rub heard by a physician or evidence of pleural effusion<br><b>or</b><br>Pericarditis – documented by ECG or rub or evidence of pericardial effusion  |
| 7. Renal disorder        | Persistent proteinuria greater than 0.5 grams per day or greater than 2+ if quantitation not performed<br><b>or</b><br>Tubular casts – may be red cell, haemoglobin, granular, cellular or mixed  |
| 8. Neurological disorder | Seizures – in the absence of offending drugs or known metabolic derangements, e.g. uraemia, ketoacidosis or electrolyte imbalance   |
| 9. Hematologic disorder  | Hemolytic anaemia – with reticulocytosis<br><b>or</b><br>Leucopenia – less than 3,500/mm <sup>3</sup> on two or more occasions<br><b>or</b><br>Thrombocytopenia – less than 100,000/mm <sup>3</sup> in the absence of offending drugs   |
| 10. Immunologic disorder | Positive LE cell preparation<br><b>or</b><br>Anti-DNA: antibody to native DNA in abnormal titre<br><b>or</b><br>Anti-Sm: presence of antibody to Sm (Smooth Muscle) nuclear antigen<br><b>or</b><br>False positive serologic test for syphilis known to be positive for at least six months and confirmed by Treponema pallidum immobilisation or fluorescent treponemal antibody absorption test |
| 11. Antinuclear antibody | An abnormal titre of antinuclear antibody by immunofluorescence or an equivalent assay at any point in time and in the absence of drugs known to be associated with 'drug-induced lupus' syndrome.  |

## Loss of Limb

Means the total and permanent loss of function of one limb. Limb is defined as the whole hand or the whole foot.

## 12 Optional Cancer Benefit

You are only provided cover under this benefit if it is shown on the **Policy Schedule**.

For each of the optional cancer conditions detailed below the life assured, or child covered under the optional children's benefit, must not have suffered from the condition for the first time until at least 90 days after the **Commencement Date**. If the life assured, or child covered under the optional children's benefit, suffers one of the optional cancer conditions within the first 90 days following the **Commencement Date** then no benefit will be payable. If the trauma cover benefit is increased then this 90-day stand-down period will also apply for the increased amount from the effective date of the increase.

For the optional cancer conditions detailed below **ING Life** may pay the lesser of 25% of the trauma cover benefit (or optional children's benefit) or \$50,000 if a life assured meets the diagnosis criteria detailed below. When an optional cancer benefit is paid the trauma cover benefit (or optional children's benefit) will be instantly reduced by the amount of that payment.

### 12.1 Optional Female Cancers

**Carcinoma in Situ** means the Life Assured has a carcinoma in situ characterised by a focal autonomous new growth of carcinomatous cells which has not yet resulted in invasion of normal tissue beyond the basement membrane. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of Carcinoma-in-situ must always be positively diagnosed by histological examination.

Carcinoma in situ of the following sites is covered:

- **Breast:** This tumour must be classified as TisNOMO according to the TNM classification or FIGO stage 0. This includes, but is not limited to, pre-invasive cancer of the milk ducts or lobules.
- **Cervix uteri:** This tumour must be classified as TisNOMO according to the TNM classification or FIGO stage 0. Cervical Intra epithelial Neoplasia (CIN) classifications including CIN I and CIN II are specifically excluded.
- **Vagina:** This tumour must be classified as TisNOMO according to the TNM classification or FIGO stage 0.
- **Vulva:** This tumour must be classified as TisNOMO according to the TNM classification or FIGO stage 0.
- **Fallopian Tubes:** The tumour must be limited to the tubal mucosa and classified as TisNOMO according to the TNM classification or FIGO stage 0.

### 12.2 Optional Male Cancer

**Prostate Cancer** means the presence of one or more malignant tumours characterised by uncontrolled growth and spread of malignant cells, with the invasion and destruction of normal tissue. The tumour must be histologically described as TNM Classification T1 or having a Gleason Score of equal to or less than 5 (or equivalent histological classification).

### 13 Optional Total and Permanent Disability Benefit

If the optional total and permanent disability benefit is included under the Trauma Cover Benefit in the **Policy Schedule**, then one of the following conditions will also be covered under this benefit, depending on the type of total and permanent disability you have chosen as identified in the **Policy Schedule**:

#### **Total & Permanent Disability – Any Occupation**

Disablement by illness or injury to the extent that the life assured is completely unable to work in the occupation they were employed in just prior to becoming disabled and is unlikely to ever be able to work in that occupation or any other occupation that they are reasonably suited to by way of education, training or experience. The benefit will be payable, after the life assured has been totally and permanently disabled for more than six uninterrupted months and **ING Life** has accepted the claim. The total and permanent disability coverage expires at age 65.

#### **Total & Permanent Disability – Own Occupation**

Disablement by illness or injury to the extent that the life assured is completely unable to work in the occupation they were employed in just prior to becoming disabled and is unlikely to ever be able to work in that occupation or any other occupation that is, in **ING Life's** opinion, the same as their pre-disability work. The benefit will be payable, after the life assured has been totally and permanently disabled for more than six uninterrupted months and **ING Life** has accepted the claim. The total and permanent disability coverage expires at age 65.

### 14. Claim Proofs

**ING Life** has no obligation to pay any claim under this trauma cover benefit until it has received all information it requires to assess the claim and is satisfied that the life assured, or child covered under the optional children's benefit, fulfils the relevant criteria.

**ING Life** will need to assess the validity of any claim made under the trauma cover benefit. To allow this process to be completed **ING Life** will require the documentation listed below and any other information **ING Life** deems necessary:

- This policy document; and
- Proof of identity and age of the life assured, or child covered under the optional children's benefit, unless this had previously been provided to and recorded by **ING Life**, and
- Proof of occurrence of the insured event supported by:
  - Appropriate Specialist Medical Practitioners registered in New Zealand (or other Country approved by **ING Life**), not being the policy owner, the life assured, the respective partner or spouse, or any immediate family member of the life assured or policy owner and
  - Confirmatory investigations including, but not limited to, clinical, radiological, Histological and laboratory evidence.

If the insured event requires a surgical procedure to be performed, the procedure must be the usual treatment for the condition and be medically necessary.

**ING Life** reserves the right to require the life assured to undergo a medical examination or other reasonable tests to confirm the occurrence of an insured event.

Depending on the individual circumstances surrounding each claim, **ING Life** may also request any other additional claim proof that it determines, at its sole discretion, is necessary to complete its assessment of the claim. In the event that **ING Life** does not approve of a specialist or medical practitioner from whom you have obtained your diagnosis of the condition on which your claim is based, **ING Life** can require that you obtain a second diagnosis from a specialist or medical practitioner approved by **ING Life**.

## 15. Exclusions

**ING Life** will not pay any claim if a life assured, or child covered under the optional children's benefit, suffers one of the covered conditions as a direct or indirect result of:

- Self-inflicted harm including attempted suicide, alcohol or drug abuse; or
- Participating in criminal activity; or
- Harm to a child covered under the optional children's benefit which has been directly or indirectly caused by you, the child's parents or guardians.

**ING Life** will also not pay a trauma cover claim if the life assured, or child covered under the optional children's benefit, dies within the 14 days following the date that they first suffered one of the covered conditions (or within 14 days of being withdrawn from all continuous mechanical ventilation by means of tracheal intubation under the intensive care treatment condition).