

Trauma Insurance

1. What is Trauma Insurance?
2. About your Policy
3. Definitions
4. What you are insured for:
 - Alzheimer's Disease
 - Cancer
 - Chronic Kidney Failure
 - Chronic Liver Failure
 - Chronic Lung Disease
 - Coronary Artery Angioplasty
 - Coronary Artery Bypass Surgery
 - Heart Attack
 - Loss of Ability to Live Independently
 - Loss of Use of a Limb
 - Loss of Use of Multiple Limbs
 - Major Organ Transplant
 - Major Head Trauma
 - Multiple Sclerosis
 - Motor Neurone Disease
 - Muscular Dystrophy
 - Parkinson's Disease
 - Permanent Deafness
 - Permanent Loss of Sight
 - Stroke
 - Third Degree Burns
5. Other terms and conditions
6. Exclusions
7. How to make a claim

Your Policy – important

This document contains the terms and conditions that apply to your **CIGNA Trauma Insurance** Policy.

Together with your original application form and the Policy Schedule it forms the basis of the contract between you (as the insured person) and the insurer, CIGNA Life Insurance New Zealand Limited (CIGNA).

Please make sure that the Policy meets your requirements, and if you

have any questions or want further information please contact CIGNA directly.

We rely on your information to issue your Policy and pay any claim. If you're not absolutely truthful or if you fail to disclose all material information to us, we may cancel your Policy.

If you decide that you do not wish to continue with the Policy, you must notify CIGNA within 30 days of receiving it. Any premiums that you have paid will be refunded and CIGNA will confirm in writing to you that the Policy has been cancelled.

If you cancel outside this 30 day period there will be no refund of premiums.

1. What is Trauma Insurance?

Trauma Insurance pays a partial or full benefit if you are diagnosed with a specific, serious medical condition or if you have to undergo specific surgery to treat a serious medical condition.

A serious illness or injury can cause unforeseen expenses for you and your family. The lump sum payment provided by your Policy may be used to help cover some of those expenses such as medical treatment, rehabilitation or to pay off debt. This will allow you to concentrate on your recovery with financial peace of mind.

CIGNA's Trauma Insurance

CIGNA's Trauma Insurance provides cover for Cancer, Stroke, Heart Attack, Coronary Artery Bypass Surgery, Major Organ Transplant, Chronic Kidney Failure, Chronic Liver Failure and Chronic Lung Disease as well as other listed events that have a major impact on your life.

Some early stage cancers that have not progressed to severe and other specific conditions listed in the Policy wording will result in a partial payment of 10% of the current Sum Insured and the Policy will continue with the remainder of the Sum Insured.

We have also included a benefit called Loss of Ability to Live Independently. This benefit is paid if you are no longer able to carry out two activities of daily living. In general, this means you are unable to perform specific daily activities without assistance. The advantage of this benefit is that you are covered for many other conditions that may not be listed.

2. About your Policy

This Policy is designed to pay you one or more benefits if you suffer a covered condition or event as defined in this document.

Providing you continue to pay the premiums, your Policy will continue until the Anniversary Date after your 65th birthday.

The Policy is underwritten by CIGNA Life Insurance New Zealand Limited (CIGNA) who will be responsible for all claims and other matters relating to your Policy. CIGNA's contact details are on the back page of this document.

All correspondence to you will be sent to the most recent address that CIGNA holds on record for you. If you change your address it is your responsibility to notify CIGNA.

Meanings of important and frequently used words and terms are set out in section 3.

3. Definitions

The following words and terms appear in your Policy Schedule and in the Policy Wording. They are defined as:

Accidental Injury means bodily injury, occurring after the Cover Start Date, which occurs solely, directly and independently of any other cause by violent, unexpected, external and visible means.

Activities of Daily Living means:

- dressing/undressing, which is the ability to put on and fasten and take off and unfasten all necessary clothing and any braces, artificial limbs or surgical appliances;
- washing/bathing, which is the ability to wash in the shower or bath so that an adequate level of personal hygiene can be maintained. This includes being able to get in and out of the shower or bath;
- toileting, which is the ability to manage bowel and bladder functions so that an adequate level of personal hygiene can be maintained. Toileting includes the ability to get on and off a toilet or commode;
- eating and drinking, which is the ability to feed oneself once food and drink have been prepared and made available;
- moving from place to place (with or without a wheelchair, prosthetic device or an aid), which is the ability to move indoors from one room to another on a level surface in your home.

Anniversary Date means the date 12 months after the Cover Start Date and the same date every year after that.

Cover Start Date is shown on your Policy Schedule and means the date that your cover began.

Expiry Date is shown on your Policy Schedule and means the date that cover under your Policy will automatically end.

Material Information means all relevant information that CIGNA needed when it decided the terms relating to your Policy. It includes, but is not limited to, information about your health and medical history, occupation and leisure activities.

Medically Acquired HIV means your accidental infection with the Human Immuno-deficiency Virus (HIV) resulting from one of the following medically necessary events performed in New Zealand or Australia by a recognised and registered health professional:

- a transfusion of blood or blood products; or
- organ transplant; or
- assisted reproductive techniques; or
- a medical procedure or operation performed by a medical practitioner.

Notification and proof of the incident will be required via a statement from a District Health Board or equivalent body confirming that the infection was medically acquired.

Occupationally Acquired HIV means your infection with HIV was acquired as a result of:

- an accident arising out of your normal occupation or a malicious act of another person or persons arising out of your occupation;

and sero-conversion to HIV occurred within 6 months of the accident or malicious act.

Any incident giving rise to a potential claim must be:

- reported to the relevant authority or employer within 7 days of the incident; and
- reported to CIGNA with proof of the incident within 7 days of the incident; and
- supported by a negative HIV Antibody test taken within 7 days of the incident.

Policy means the terms and conditions applying to this insurance, as described in the Policy Wording and the Policy Schedule.

Premium Start Date is shown on your Policy Schedule and means the date that your first premium is due.

Sum Insured means the amount of your cover as shown on your Policy Schedule.

Survival Period means that you survive at least 14 days after the later of the following:

- diagnosis of the covered condition or event; or
- undergoing a surgical procedure that is necessitated by a covered condition or event; or
- undergoing a covered surgical procedure.

If you are on a life support system for more than 3 days during these 14 days, the period that you must survive will extend by one day for each day (beyond 3 days) that you remain on life support.

Terrorism means the use or threatened use of force or violence against human life or property, or commission of an act dangerous to human life or property, or commission of an act that interferes with or disrupts an electronic or communication system, undertaken by any person or group, whether or not acting on behalf of or in any connection with any organisation, government power, authority or military force, when the intent is to intimidate, coerce or harm a government, civilian population or any segment thereof, or to disrupt any segment of the economy.

War means any war whether declared or not, or any warlike activities, including the use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial or religious ends.

4. What you are insured for – CIGNA's Insurance Promise

Providing you meet the terms and conditions and the premiums are up to date, CIGNA will pay you as detailed in this section of the Policy provided that:

- CIGNA's medical advisors agree that the condition or event for which you are claiming meets the definition of that event or condition; and
- the Survival Period is reached.

Can I claim more than once?

If you have had a claim paid for the full Sum Insured then your Policy will end and no further claims will be payable.

If you have had a claim paid for an insured event for which only a partial payment was made, then you can make a subsequent claim for the balance of the Sum Insured upon the occurrence of another insured event.

However, only one partial payment can be made for any insured event.

Definitions of Covered Conditions

In this section some information is provided as general background to the covered conditions. The highlighted wording in this section describes the actual circumstances in which CIGNA will pay a claim.

Alzheimer's Disease

What is Alzheimer's disease?

Alzheimer's disease is the most common cause of dementia. Dementia, which is the loss of intellectual and social abilities, occurs in people with Alzheimer's disease because healthy brain tissue degenerates, causing a steady decline in memory and mental abilities.

What causes Alzheimer's disease?

At present the causes of Alzheimer's are not clear, although researchers have developed some theories.

A healthy brain has billions of nerve cells called neurons, which generate electrical and chemical signals that are relayed from neuron to neuron. These help a person think, remember and feel. Chemicals called neurotransmitters help these signals flow seamlessly between neurons.

In the early stages of Alzheimer's, neurons in certain locations of the brain begin to die. When they die, lower levels of neurotransmitters are produced, creating signalling problems in the brain.

Signs and symptoms of Alzheimer's disease¹

Signs and symptoms of Alzheimer's disease may include:

- increasing and persistent forgetfulness;
- difficulties with abstract thinking;
- difficulty finding the right word;
- loss of judgement;
- difficulty performing familiar tasks;
- personality changes.

If you are diagnosed with Advanced Dementia or Alzheimer's disease and the Survival Period is reached, CIGNA will pay a one-off payment to you of 10% of the current Sum Insured on diagnosis. Your Policy will continue with the balance of the Sum Insured.

Advanced Dementia or Alzheimer's disease means diagnosis of either Advanced Dementia or Alzheimer's disease by a consultant neurologist, psychiatrist or geriatrician which meets the following criteria:

- there must be permanent clinical loss of the cognitive ability to do one or more of the following for which no other physical cause has been identified:

- remember
- reason
- perceive, understand, express and give effect to ideas; and
- neurological and physical investigations are required to confirm the diagnosis such as blood and urine tests, brain scans, mental status assessment to determine the level of mental deterioration.

If the Policy is still active, any remainder of the original Sum Insured will be paid and the Policy will end when:

- the Advanced Dementia or Alzheimer's disease results in you requiring continual supervisory care; or
- you are permanently unable to perform, independently, at least two of the Activities of Daily Living.

Loss of cognitive ability caused directly or indirectly by alcohol, drugs, AIDS and all other types of dementia are excluded.

Cancer

What is Cancer?

Cancer is a term that is used for diseases in which abnormal cells divide without control and are able to invade other tissues.

Cancer is not just one disease but many diseases and although there are more than 100 different types of cancer, the main categories of cancer include:

- Carcinoma – cancer that begins in the skin or in tissues that line or cover internal organs;
- Sarcoma – cancer that begins in bone, cartilage, fat, muscle, blood vessels, or other connective or supportive tissue;

¹ Source of information for this section was the Mayo Clinic website, May 2008.

- Leukaemia – cancer that starts in blood-forming tissue such as the bone marrow and causes large numbers of abnormal blood cells to be produced and enter the blood;
- Lymphoma and myeloma – cancers that begin in the cells of the immune system.

How does Cancer form?

The body is made up of many types of cells which grow and divide in a controlled way to produce more cells as needed to keep the body healthy. When cells become old or damaged, they die and are replaced with new cells. Sometimes this orderly process goes wrong and a cell's DNA can become damaged or changed, producing mutations that affect normal cell growth. When this happens, cells do not die when they should and new cells form when the body does not need them. The extra cells may form a mass of tissue called a tumour.

Not all tumours are cancerous and they can be classified as benign or malignant. The main differences between benign and malignant tumours are that:

- benign tumours often can be removed, and, usually, they do not grow back. Cells in benign tumours do not spread to other parts of the body;
- cells in malignant tumours can invade nearby tissues and also spread to other parts of the body. This spread of cancer from one part of the body to another is called metastasis.

Common signs and symptoms of Cancer

Cancer can cause a variety of symptoms. Possible signs of cancer include the following:

- new thickening or lump in the breast or any other part of the body;
- nagging cough or hoarseness;

- new mole or an obvious change in the appearance of an existing wart or mole;
- a sore that does not heal.

Cancer in NZ²

According to the most recent statistics there were:

- Over 19,000 new cancer registrations in 2004;
- Approximately 10,000 males and 9,000 females were registered in 2004;
- 8,145 recorded deaths from cancer.

The most commonly registered cancer in 2004 was cancer of the colorectum and anus and the leading cause of death from cancer in 2004 was cancer of the trachea, bronchus and lung.

If you are diagnosed with Cancer as defined here, 90 or more days after the Cover Start Date and the Survival Period is reached, CIGNA will pay you either:

1. the full current Sum Insured and your Policy will end; or
2. a partial payment of 10% of the current Sum Insured for specific early stage cancers and your Policy will continue with the balance of the Sum Insured. If your Cancer progresses and meets the conditions defined then the remainder of the Sum Insured will be paid.

1: Full current Sum Insured

Cancer is characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of tissue for which major interventional treatment or surgery (excluding endoscopic

procedures alone) is considered medically necessary.

The following conditions are specifically excluded under this section of the Policy:

- all cancers which are histologically described as pre-malignant, non-invasive, carcinoma in situ except as otherwise specifically detailed in this section of the Policy;
- malignant melanomas of less than 1.5 mm maximum thickness as determined by histological examination using the Breslow method;
- all other skin cancers unless there is evidence of metastases;
- papillary micro-carcinoma of the bladder;
- chronic lymphocytic leukaemia less than Rai Stage 3;
- cancers associated with AIDS or HIV, unless they are the result of Medically or Occupationally Acquired HIV.

Carcinoma in situ of the breast is covered under this section of the Policy where it leads to the removal of the breast by a mastectomy. The procedure must be:

- performed as a direct result of the carcinoma in situ; and
- specifically to arrest the spread of malignancy; and
- medically considered the necessary and appropriate treatment.

2 Information sourced from the New Zealand Health Information Service (NZHIS) publication "Cancer: New Registrations and Deaths 2004"

2: Partial Payment:

If you are diagnosed with Carcinoma in situ of the breast, cervix, prostate or thyroid, CIGNA will pay you a one-off payment of 10% of the current Sum Insured for each condition and your Policy will continue with the balance of the Sum Insured.

Carcinoma in situ of the breast means localised, pre-invasive Stage 0 cancer of the breast which is classified as TisN0M0 using the TNM classification.

Carcinoma in situ of the cervix means localised, pre-invasive CIN-3 grade cancer of the cervix uteri which is confirmed by biopsy and classified as a FIGO Stage 0 or TNM stage TisN0M0. Tumours classified as CIN-1 or CIN-2 are specifically excluded.

Carcinoma in situ of the prostate means localised, pre-invasive prostatic tumours confirmed by biopsy and classified TNM stage T1, all categories, and which have a Gleason score of 6 or less.

Carcinoma in situ of the thyroid means localised, pre-invasive cancer of the thyroid classified as TNM stage 0.

Chronic Kidney Failure

What is Chronic Kidney Failure?

The kidneys are part of a system that removes excess fluid and waste material from the body by filtering them out of the blood. Although usually the kidneys can clear all the waste products produced by the body, problems can occur for various reasons. When kidneys lose their ability to filter, dangerous levels of fluid and waste accumulate in the body; this condition is known as kidney failure.

Chronic kidney failure is a form of kidney failure. It usually develops slowly, and people often experience few signs or symptoms in the early stages. By the time people with chronic kidney failure realise they have a problem, their kidney function is often less than 25% of normal.

The main goal of treatment of chronic kidney failure is to delay or stop the progression of the disease. Chronic kidney failure can progress to end-stage kidney disease, where the kidneys function at a fraction of normal capacity. At this point, either artificial dialysis or a kidney transplant is necessary to stay alive.

Why does Chronic Kidney Failure occur?

Progressive kidney damage most often results from a chronic illness over a period of years. Common causes include:

- diabetes (both type 1 and type 2);
- high blood pressure (hypertension);
- obstructive nephropathy;
- kidney diseases such as polycystic kidney disease.

Signs and symptoms of Chronic Kidney Failure

Signs and symptoms of chronic kidney failure may not appear until irreversible damage has occurred. Initially the signs and symptoms can be non-specific – i.e. they can also be caused by other illnesses. Signs and symptoms of Chronic Kidney Failure include:

- high blood pressure;
- unexplained weight loss;
- anaemia;
- nausea or vomiting;
- fatigue;
- yellowish-brown cast to your skin.

Chronic Kidney Failure in NZ³

The number of new patients entering renal failure programmes in 2006 was 484. This was an increase of 6%

from 2005 and was the highest ever recorded, 39% of these patients had Type 2 diabetes and 25% had coronary artery disease.

If you suffer Chronic Kidney Failure, 90 or more days after the Cover Start Date and the Survival Period is reached, CIGNA will pay you the full current Sum Insured, and your Policy will end.

Chronic Kidney Failure means end stage renal disease with permanent and irreversible loss of function of both kidneys which requires permanent dialysis or kidney transplantation.

Chronic Liver Failure

What is Chronic Liver Failure?

The liver, which is a large organ located on the right-hand side of the abdomen, forms part of the digestive system. Some of the functions performed by the liver include:

- filtering toxins, bacteria and waste products from the blood;
- producing substances such as proteins, that help blood to clot and bile, which breaks down fats;
- storing vitamins, iron, sugar and cholesterol.

Why does Chronic Liver Failure occur?

While in some cases there is no known cause for Chronic Liver Failure, known causes include:

- viruses such as Hepatitis A and Hepatitis B;
- toxins from industrial chemicals and bacteria;
- vascular disease;
- metabolic disease;
- cancer.

3 Sourced from the Australia and New Zealand Dialysis and Transplant Registry, 30th Annual Report 2007 Report – Data to 2006

Signs and symptoms of Chronic Liver Failure

Before a person's liver fails, they may experience signs and symptoms of liver disease such as:

- yellowing of the skin and eyeballs (jaundice);
- tenderness in the upper right area of the abdomen.

Encephalopathy (damage to the brain and nervous system) may develop as the liver struggles to metabolise toxins into harmless substances. As the toxins build up, signs and symptoms develop such as changes in mental state, behaviour and personality.

Other signs and symptoms of encephalopathy include:

- confusion, forgetfulness, disorientation and delirium;
- sleepiness or decreased responsiveness;
- muscle tremors and stiffness;
- bleeding problems because a failing liver can not produce enough substances to cause blood to clot.

If you suffer Chronic Liver Failure and the Survival Period is reached, CIGNA will pay you the full current Sum Insured and your Policy will end.

Chronic Liver Failure means permanent end stage liver failure characterised by all of the following:

- permanent jaundice;
- oesophageal varices;
- ascites and hepatic encephalopathy.

Liver disease which is secondary to drug or alcohol use is excluded.

Chronic Lung Disease

What is end-stage Lung Disease?

Lung failure occurs when the lung is weakened by disease and is unable to expand and contract with breathing. This prevents the lungs from oxygenating the blood properly, which can cause other organ systems to fail. Weakened lungs also cause:

- fatigue;
- dizziness;
- fluid retention;
- breathing difficulties;
- recurrent infections.

What are the causes of end-stage Lung Disease?

The causes of end stage lung disease can be grouped in the following categories:

- emphysema;
- restrictive lung diseases;
- infectious lung diseases;
- pulmonary vascular disease.

Chronic Lung Disease in NZ⁴

530 people were treated in public hospitals in 2003/2004 due to lung diseases caused by external agents.

If you are diagnosed with Chronic Lung Disease and the Survival Period is reached, CIGNA will pay you the full current Sum Insured and your Policy will end.

Chronic Lung Disease means confirmed diagnosis by a respiratory medical specialist of final or end stage lung disease, causing chronic respiratory failure, as demonstrated by all of the following:

- FEV1 test results consistently less than 1 litre;
- requiring permanent supplementary oxygen therapy for hypoxemia; and

- arterial blood gas analyses with partial oxygen pressure (pO₂ of 55mmHg or less); and
- dyspnoea at rest.

Coronary Artery Angioplasty

What is Coronary Artery Angioplasty?

Coronary Artery Angioplasty is a surgical procedure that is performed to improve blood flow to the heart.

Angioplasty involves the use of imaging techniques to create space in a blocked artery by inserting and inflating a tiny balloon, which compresses some of the blocking plaque against the arterial wall. When the balloon is deflated and removed, the plaque still remains compressed, clearing space in the artery and improving blood flow. A vascular stent (which is a small wire mesh tube) is often inserted with angioplasty. The stent is designed to help keep the newly opened artery open.

Generally this procedure requires only a few days in hospital.

When would Coronary Artery Angioplasty be necessary?

Angioplasty (with or without a vascular stent) is commonly used to treat conditions that involve a narrowing or blockage of arteries in the heart such as:

- atherosclerosis (hardening of the arteries) which occurs when cholesterol and other fatty deposits called plaques build up on arterial walls; or
- coronary artery disease where coronary arteries that carry blood and oxygen to the heart muscle become narrowed.

If you undergo Coronary Artery Angioplasty, 90 or more days after the Cover Start Date and the Survival Period is reached, CIGNA will pay you 10% of the current Sum Insured. Your Policy will continue with the balance of the Sum Insured.

Coronary Artery Angioplasty means the first undergoing of a coronary angioplasty with or without atherectomy, laser therapy or insertion of a vascular stent to overcome arterial narrowing or obstruction.

Coronary Artery Bypass Surgery

What is Coronary Artery Bypass Surgery?

Coronary artery bypass surgery (medically referred to as CABG) is an operation to bypass a narrowed or blocked segment of a coronary artery using a graft.

Usually, the graft is a length of vein taken from the patient's leg although a small length of artery can be taken from the chest wall or a forearm. Grafts are sewn to the affected artery, bypassing the narrowed part, which then provides a new channel for blood to flow through to the heart muscle. The resulting improvement in blood flow will then relieve the symptoms of angina.

The benefits of Coronary Artery Bypass Surgery

Coronary artery bypass surgery is primarily performed to relieve symptoms of angina, a pressure or discomfort usually felt in the chest which is caused by insufficient oxygen getting into the heart muscle. Because surgery improves blood flow to the heart, it can lead to a more active and better quality of life. It can also reduce or eliminate angina and may mean a person has to take less medication.

How successful is the surgery in NZ?

For approximately 8 out of 10⁵ people, coronary artery bypass surgery will provide immediate and lasting relief from angina; however, for others the improvement is more gradual.

Arteries or grafts can narrow again but usually this only happens if people do not make lifestyle changes such as stopping smoking or lowering their cholesterol levels.

If you undergo Coronary Artery Bypass Surgery, 90 or more days after the Cover Start Date and the Survival Period is reached, CIGNA will pay you the full current Sum Insured and your Policy will end.

Coronary Artery Bypass Surgery means the open heart surgical grafting of a bypass to a coronary artery to overcome narrowing or obstruction.

Heart Attack

What is a Heart Attack?

A heart attack or myocardial infarction refers to the interrupted flow of blood to the heart which can damage or destroy a part of the heart muscle.

A heart attack usually occurs when a blood clot blocks the flow of blood through a coronary artery (a blood vessel that feeds blood to the heart muscle). Over time, a coronary artery can become narrowed from the build up of cholesterol, these build ups are known as plaques. During a heart attack, one of these plaques can rupture forming a blood clot on the site of the rupture. If the clot is large enough, it can block the flow of blood through the artery.

Like any muscle, the heart needs a steady supply of blood, so without blood, heart cells are injured, causing pain or pressure. If blood flow isn't restored, heart cells can die and scar tissue can form, replacing working heart tissue.

A heart attack is the end of a process that typically evolves over several hours. With each passing minute, more heart tissue is deprived of blood and deteriorates or dies. However, if blood flow can be restored in time, damage to the heart can be limited or prevented.

Common signs and symptoms

While some heart attacks strike suddenly, many people who experience a heart attack have warning signs and symptoms hours, days or weeks in advance. The earliest predictor of an attack may be recurrent chest pain called angina. Angina is caused by temporary, insufficient blood flow to the heart and is triggered by exertion and relieved by rest.

Common signs and symptoms include:

- pressure, fullness or a squeezing pain in the centre of the chest that lasts for more than a few minutes;
- pain which extends beyond the chest to the shoulder, arm, back, or even to the teeth and jaw;
- shortness of breath;
- sweating.

Women may experience different heart attack signs and symptoms than men do. Additional symptoms in women may include abdominal pain or "heartburn" and light-headedness or dizziness.

Heart Attacks in NZ⁶

Heart disease accounts for 30% of all deaths in New Zealand.

There were 6,368 deaths in 2001 due to disease of the coronary (heart) arteries. Recent surveys suggest that 30% of those aged 65 to 74 have symptoms of coronary disease.

⁵ Source: NZ Heart Foundation website

⁶ Information source: The New Zealand Medical Journal, 7 October 2005, Vol 118, No 1223.

If you suffer a Heart Attack, 90 or more days after the Cover Start Date and the Survival Period is reached, CIGNA will pay you the full current Sum Insured and your Policy will end.

Heart Attack means diagnosis of the death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The diagnosis must be supported by the following criteria being present, and consistent with a Heart Attack:

- confirmatory new electrocardiogram (ECG) changes; and
- diagnostic elevation of cardiac enzyme CK-MB or an elevation of Troponin of 5 times the upper limit of normal.

Other causes of severe non-cardiac chest pain, heart failure and angina are specifically excluded.

Loss of Ability to Live Independently

Loss of ability to live independently could be caused by accident, illness or disease. A person may require assistance to undertake some activities, although the level and nature of the assistance required will depend on the nature of the incapacity.

If you suffer Loss of Ability to Live Independently and the Survival Period is reached, CIGNA will pay the full current Sum Insured and your Policy will end.

Loss of Ability to Live Independently means that you are permanently and irreversibly unable to perform, independently, at least two of the Activities of Daily Living, where such loss of capacity has lasted for a period of at least 6 months after the Cover Start Date.

Loss of Use of a Limb

The loss of use of a limb could result from an accident such as a car or industrial accident or diseases such as gangrene or diabetes.

If you suffer irreversible Loss of Use of a Limb and the Survival Period is reached, CIGNA will pay 10% of the current Sum Insured. Your Policy will continue with the balance of the Sum Insured.

Loss of Use of a Limb means the total and permanent loss of use of:

- a hand or a foot; or
- a leg above the ankle; or
- an arm above the wrist; or

where such loss of use has lasted for a period of at least 6 months.

Loss of Use of Multiple Limbs

If you suffer irreversible Loss of Use of Multiple Limbs and the Survival Period is reached, CIGNA will pay you the full current Sum Insured and your Policy will end.

Loss of Use of Multiple Limbs means the total and permanent loss of use of:

- both hands or both feet; or
- both legs above the ankles; or

- both arms above the wrists; or
- one leg above the ankle and one arm above the wrist,

where such loss of use has lasted for a period of at least 6 months.

Major Organ Transplant

Why the need for a Major Organ Transplant?

Various illnesses, diseases and conditions can lead to major organs failing to function properly, and if all other treatment options have been exhausted, transplant of an organ may be the only treatment option left.

Major Organ Transplant Operations in NZ

The first organ to be transplanted in New Zealand was the kidney in the mid 1960s. The 1990s saw the start of lung, liver and pancreas transplantation. In 2007 there were 191 major organ transplants in New Zealand and 84% were liver and kidney transplants.

Some of the reasons why the covered organs may require major organ transplant are outlined below⁷.

Heart

More than 9 people receive a heart transplant in New Zealand each year. The success of heart transplantation is very good with approximately 86% of recipients alive after one year and 75% alive after five years. Conditions which may lead to transplant are:

- congenital heart disease;
- coronary artery disease;
- graft failure.

⁷ Information and statistics source: Organ Transplant New Zealand website (this info last updated in 2005)

Lungs

Lung transplantation allows people whose own lungs are severely damaged to return to a normal, active life.

The survival rate for lung transplantation is approximately 80% of recipients alive after one year and 40% after five years. Conditions which may lead to transplant are:

- cystic fibrosis;
- emphysema;
- primary pulmonary hypertension.

Liver

Approximately 35 people receive a liver transplant in New Zealand each year with 95% of those transplanted alive and well after one year, and 87% after five years. Conditions which may lead to transplant are:

- cirrhosis;
- biliary atresia.

Kidneys

Approximately 6 people receive kidney transplantation in New Zealand each year with 92% of all kidneys transplanted functioning one year after the operation and 73% after five years. Conditions which may lead to transplant are:

- cancer;
- diabetes;
- polycystic kidneys.

Pancreas

Approximately 6 people receive pancreas transplantation in New Zealand each year and 92% are still functioning after one year and 87% after 5 years. Diabetes is a condition which may lead to the need for a pancreas transplant.

Bone marrow

Over 100 people undergo bone marrow transplantation each year with a survival rate of over 80%. Conditions which may lead to transplant are:

- aplastic anaemia;
- bone marrow failure;
- leukaemia.

If you are the recipient of a Major Organ or Bone Marrow Transplant, 90 or more days after the Cover Start Date and the Survival Period is reached, CIGNA will pay you the full current Sum Insured and your Policy will end.

Major Organ or Bone Marrow Transplant means the transplant of one or more of the following:

- heart;
- lungs;
- liver;
- kidney;
- pancreas;
- small bowel;
- bone marrow.

The transplant of all other organs or any other tissue transplant, or transplantation of isolated pancreatic islets, is excluded.

Major Head Trauma

Head Injuries

Head injuries often cause damage to the brain including concussions, contusions, lacerations and haemorrhage. Other complications including deafness, headaches, loss of sense of smell and changes in personality can also occur.

There are some groups in the community who are more susceptible to head injury than others:

- Young adults aged 17-25, mainly male, make up 50% of known head injury victims, usually as the result of car accidents;
- Pre-schoolers are the next most vulnerable with falls from play equipment, windows and down stairs;
- The elderly are also vulnerable to head injury mainly from falls in the home.

Head Injuries in New Zealand

About 170 New Zealanders are hospitalised with head injuries every week and many more are concussed or have mild head injuries. These can be caused by:

- traffic accidents;
- sporting accidents;
- accidents at home;
- industrial accidents;
- strokes;
- birth injuries;
- tumours.

If you suffer a Major Head Trauma and the Survival Period is reached, CIGNA will pay you the full current Sum Insured and your Policy will end.

Major Head Trauma means that an Accidental Injury to the head has caused a permanent neurological deficit, confirmed by a consultant neurologist, which results in you permanently being unable to perform, independently, at least two of the Activities of Daily Living.

Multiple Sclerosis

What is Multiple Sclerosis?

Multiple Sclerosis (MS) is a chronic, potentially debilitating disease of the central nervous system. It is widely believed that MS is an autoimmune disease – a condition in which the immune system attacks parts of the body as if they are foreign.

MS is an unpredictable disease that varies in severity from person to person – i.e. it can be a mild illness in some people but lead to permanent disability in others. Likewise, some people have periods where they are free of symptoms, whereas others have symptoms that progressively worsen.

The Central Nervous System (CNS) directs a person's conscious and unconscious functioning, including movement and response to sensations such as sight and touch. The CNS sends instructions via electrical impulses to the appropriate sites along nerve fibres which are coated in a protective insulating covering called the myelin sheath.

The term "multiple sclerosis" refers to multiple areas of scarring (sclerosis) scattered throughout the brain and spinal cord. These scars result from healing patches of inflammation and they are the basic cause of damage to nerve fibres and of the suddenly appearing symptoms of MS.

As the patches of inflammation heal, symptoms may completely disappear, however, if they do not heal, residual impairment may result.

What causes MS?

Although the exact cause of MS is still not known, it is widely believed that it is due to malfunctioning of the immune system – i.e. the immune system attacks parts of the body as if they are foreign.

What are the signs and symptoms of MS?

The signs and symptoms of MS not only differ from person to person but often vary in the same person from time to time depending on which area of the central nervous system becomes inflamed and scarred.

Common symptoms include:

- lack of coordination or weakness in the limbs;
- impaired balance or instability walking;
- sensory disturbances;
- blurred or double vision;
- impaired urinary or sexual function;
- cognitive dysfunction such as impaired memory or concentration;
- fatigue.

Usually a person with MS will experience more than one symptom but not necessarily all of them.

MS in NZ⁸

It is estimated that there are 25 to 70 cases of MS per 100,000 New Zealanders.

MS affects significantly more women than men and symptoms usually appear in people aged 20 to 50 with a peak in the early 30s. MS is more prevalent in Caucasians than any other group and, as it is more common in cooler climates, it is more common in the South Island than the North Island. Hereditary factors also appear to play a part so a person with a near relative with MS has an increased chance of developing MS.

If you are diagnosed with Multiple Sclerosis and the Survival Period is reached, CIGNA will pay 10% of the current Sum Insured and your Policy will continue with the balance of the Sum Insured.

Multiple Sclerosis (MS) means a definite diagnosis of MS by a consultant neurologist which meets the following criteria:

- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months;
- there must be confirmed adverse results from neurological investigations such as lumbar puncture, MRI evidence of lesions in the central nervous system; and
- evoked visual and auditory responses are required to confirm diagnosis.

If the Policy is still active, any remainder of the original Sum Insured will be paid and the Policy will end when the MS results in you:

- requiring continual supervisory care; or
- being permanently unable to perform, independently, at least two of the Activities of Daily Living.

Motor Neurone Disease

What is Motor Neurone Disease?

Motor Neurone Disease is a neurological condition that causes the progressive degeneration of specialised nerve cells, called motor neurons, in the brain and spinal cord.

Motor neurons in the brain and spinal cord convey electrical messages from the brain to the muscles to stimulate movement in the arms, legs, trunk, neck and head. As motor neurons degenerate, the muscles do not work properly and gradually weaken and waste away. This muscle weakness and wasting affects speech, swallowing, movement and breathing.

The three main forms of motor neurone disease are Amyotrophic Lateral Sclerosis (ALS), Progressive Muscular Atrophy (PMA) and Progressive Bulbar Palsy (PBP). Each form is named according to the pattern of symptoms it presents. The most common form is ALS, which affects about 75% of all motor neurone disease sufferers.

What are the signs and symptoms of Motor Neurone Disease?

Usually the onset is gradual but younger patients may show a more rapid progression. Initial symptoms will depend on the form of the condition. However, the most common early sign is weakness in the arms and legs. Other early signs of the condition include:

- muscle twitching;
- muscle wasting;
- an increasingly stiff, clumsy walk;
- general fatigue;
- difficulty with chewing, swallowing and speech.

Motor Neurone Disease in NZ

Motor Neurone Disease generally starts between the age of 40 and 60 years, although symptoms can first appear as early as the 20s. In New Zealand about 200 to 250 people have Motor Neurone Disease at any one time. Slightly more men than women develop the disease.

If you are diagnosed with Motor Neurone Disease and the Survival Period is reached, CIGNA will pay you 10% of the current Sum Insured on diagnosis. Your Policy will continue with the balance of the Sum Insured.

Motor Neurone Disease means a definite diagnosis of Motor Neurone Disease confirmed by a consultant neurologist. There must be permanent clinical impairment of motor function.

If the Policy is still active, any remainder of the original Sum Insured will be paid and the Policy will end when the Motor Neurone Disease results in you:

- requiring continual supervisory care; or
- being permanently unable to perform, independently, at least two of the Activities of Daily Living.

Muscular Dystrophy

What is Muscular Dystrophy?

Muscular Dystrophy is a term used to describe a number of inherited disorders characterised by progressive weakness and wasting of the muscles.

Muscular dystrophies are characterised by loss of muscle strength as progressive muscle wasting or nerve deterioration occurs. There are over 60 different types of Muscular Dystrophy and related Neuromuscular Conditions (NMCs).

The conditions affect males and females of all ages, occur across all ethnic groups and often more than once in one family. Contrary to popular belief, Muscular Dystrophy is not exclusively a childhood disorder, and specific symptoms vary widely.

The severity of the symptoms, age at which they appear, speed at which they progress, and inheritance pattern are all factors which differ between the various forms of NMCs.

It is estimated that approximately 4,000 people in New Zealand are affected physically by a Neuromuscular Condition.

What are the signs and symptoms of Muscular Dystrophy?

Principal symptoms include:

- progressive muscle wasting, weakness, and loss of function;
- in Duchenne's Muscular Dystrophy, delayed development of basic muscle skills and coordination in children. Common signs include poor balance with frequent falls, walking difficulty with waddling gait and calf pain, and limited range of movement;
- obesity;
- joint contractures;
- cataracts, frontal baldness, drooping eyelids, gonadal atrophy, and mental impairment (with myotonic dystrophy).

If you are diagnosed with Muscular Dystrophy and the Survival Period is reached, CIGNA will pay 10% of the Sum Insured and your Policy will continue with the balance of the Sum Insured.

Muscular Dystrophy means the diagnosis of Muscular Dystrophy, confirmed by a consultant neurologist, and based on a combination of all of the following:

- clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction; and
- characteristic electromyogram; and
- clinical suspicion confirmed by muscle biopsy.

If the Policy is still active, any remainder of the original Sum Insured will be paid and the Policy will end when the Muscular Dystrophy results in you:

- requiring continual supervisory care; or
- being permanently unable to perform, independently, at least two of the Activities of Daily Living.

Parkinson's Disease

What is Parkinson's Disease?

Parkinson's Disease is a serious neurological disorder that affects nerve cells in the part of the brain that controls muscle movement.

While symptoms of Parkinson's Disease usually develop after age 60, some people affected by Parkinson's Disease are younger than age 50. Although the disease can lead to eventual disability, often the disease progresses gradually leaving most people with many years of productive living following diagnosis.

What causes Parkinson's Disease?

Parkinson's Disease develops when certain nerve cells (neurons) in a specific part of the brain are damaged or destroyed. Normally, these nerve cells release dopamine which is a chemical that transmits signals between specific parts of the brain. These signals cause muscles to make smooth, controlled movements.

While everybody loses some dopamine-producing neurons as a normal part of ageing, people with Parkinson's disease lose half or more of the neurons in the part of the brain that is critical to movement. Exactly what causes this is still subject to research, but scientists believe Parkinson's Disease may result from a combination of genetic and environmental factors. Certain drugs, diseases and toxins also may cause symptoms that are similar to Parkinson's Disease.

What are the signs and symptoms of Parkinson's Disease

The earliest symptoms of Parkinson's Disease can be very subtle – for example, it may take a person longer to do routine tasks such as eating or bathing or a person may notice a mild tremor in the fingers of one hand. The signs and symptoms of Parkinson's Disease become more pronounced as the disease progresses.

They may include:

- tremor;
- slowed motion;
- rigid muscles;
- impaired balance;
- loss of automatic movements such as smiling and blinking;
- impaired speech;
- difficulty swallowing;
- dementia.

Parkinson's Disease in NZ⁹

1 in 500 people in NZ have Parkinson's Disease. Around 1% of people over 60 have the condition and the average length of hospital stay is 187 days.

If you are diagnosed with Parkinson's Disease and the Survival Period is reached, CIGNA will pay 10% of the current Sum Insured and your Policy will continue with the balance of the Sum Insured.

Parkinson's Disease means a definite diagnosis of idiopathic Parkinson's Disease by a consultant neurologist which meets the following criterion:

- there must be permanent clinical impairment of motor function with associated tremor, rigidity of movement and postural instability.

Parkinson's Disease which is secondary to drug use is excluded.

If the Policy is still active, any remainder of the original Sum Insured will be paid and the Policy will end when the Parkinson's Disease results in you:

- requiring continual supervisory care; or
- being permanently unable to perform, independently, at least two of the Activities of Daily Living.

Permanent Deafness

Deafness can be caused by a variety of factors including:

- genetic factors;
- illnesses such as mumps, rubella or meningitis;

- repetitive and lengthy exposure to loud noises such as machinery or music;
- accidents.

Deafness in NZ

Men are much more likely than women to suffer from hearing loss with the cause of the difference in hearing problems between men and women appearing to be due to occupational noise exposure. The difference in hearing problems between men and women first emerges in the age-group 25-44 years¹⁰.

Noise-induced hearing loss is a major cause of disability and compensation in working populations¹¹

Between July 1994 and June 2003, there were 17,687 new paid entitlement claims for "industrial deafness" recorded by ACC, of which 2,629 were recorded for 2002/3¹².

If you suffer Permanent Deafness in Both Ears and the Survival Period is reached, CIGNA will pay the full current Sum Insured and your Policy will end.

Permanent Deafness in Both Ears means the total, irreversible, irreparable loss of hearing whether aided (including cochlear implants) or unaided as evidenced by a loss of hearing greater than 95 decibels across all frequencies in the better ear, using a pure tone audiogram.

Deafness caused by the normal effects of ageing is excluded.

¹⁰ Source: The Hearing Impaired & Deaf Population of New Zealand – Summary, October 2001, Anne Greville PhD.

¹¹ Driscoll T, Mannetje A, Dryson E, Feyer A-M, Gander P, McCracken S, Pearce N, Wagstaffe M. The burden of occupational disease and injury in New Zealand: Technical Report. NOHSAC: Wellington, 2004.

¹² Accident Compensation Corporation. ACC Injury Statistics 2004. 2004, ACC: Wellington.

Permanent Loss of Sight

Permanent loss of sight could result from an accident such as an industrial accident or diseases such as diabetes or glaucoma. If you suffer loss of sight in one or both eyes, CIGNA will pay you a benefit as outlined below.

If you suffer Permanent Loss of Sight in One Eye and the Survival Period is reached, CIGNA will pay 10% of the current Sum Insured. Your Policy will continue with the balance of the Sum Insured.

Permanent Loss of Sight in One Eye means the total and permanent loss of sight in one eye, whether aided or unaided as evidenced by:

- visual acuity less than 6/60 in the affected eye; or
- a field of vision constricted to 10 degrees or less of arc in the affected eye; or
- a combination of visual defects resulting in the same degree of visual impairment as listed above.

If you suffer Permanent Loss of Sight in Both Eyes and the Survival Period is reached, CIGNA will pay the full current Sum Insured and your Policy will end.

Permanent Loss of Sight in Both Eyes means the permanent and irreversible loss of sight in both eyes whether aided or unaided as evidenced by:

- visual acuity less than 6/60 in both eyes; or
- a field of vision constricted to 10 degrees or less of arc in both eyes; or
- a combination of visual defects resulting in the same degree of visual impairment as listed above.

Stroke

What is a stroke?

A stroke occurs when the blood supply to a part of the brain is interrupted or severely reduced, depriving brain tissue of oxygen and nutrients. Within a few minutes, brain cells begin to die.

Strokes affect people in different ways depending on what part of the brain was damaged. A person may lose one or more of the following functions:

- speech;
- part of vision;
- co-ordination;
- balance;
- memory;
- perception;
- the ability to perform movements (usually affects one side of the body).

Common signs and symptoms

The signs and symptoms of stroke usually occur suddenly and frequently people experience more than one symptom. Signs and symptoms include:

- sudden numbness, weakness, or paralysis of the face, arm or leg (usually on one side of the body);
- sudden difficulty speaking or understanding speech;
- confusion, or problems with memory, spatial orientation or perception.

Strokes often come without warning, however there are warning signs. A possible sign that someone is at serious risk of having a stroke is a transient ischemic attack or TIA. A TIA is a temporary interruption of blood flow to a part of the brain. Although the signs and symptoms of TIA are the same as for a stroke, they last for a shorter period (from a few minutes to 24 hours) and then disappear without leaving apparent

effects. People who have had a TIA are much more likely to have a stroke than people who haven't had a TIA.

Strokes in NZ¹³

In New Zealand stroke affects all ages and is the major cause of adult disability. Each year, 40 stroke victims will be children and nearly 2,000 (a quarter of all strokes) will be under retirement age.

The risk of stroke in women is greater than in men and is the third major cause of death in women after heart disease and cancer.

If you suffer a Stroke, 90 or more days after the Cover Start Date, and the Survival Period is reached, CIGNA will pay the full current Sum Insured and your Policy will end.

Stroke means diagnosis of a cerebrovascular accident or event producing a permanent neurological deficit lasting more than 24 hours. A consultant neurologist must produce clear evidence:

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

The following are specifically excluded:

- transient ischaemic attacks (TIAs);
- cerebral events due to reversible neurological deficits;
- vascular accidents affecting solely the eyes;
- neurological deficits due to migraines, hypoxia or trauma, physical head injury, or any blood vessel outside the cranium except embolism resulting in Stroke.

Third Degree Burns

What are major burns?

Major burns are extensive burns which penetrate all three layers of skin (epidermis, dermis and subcutis). They may be caused by exposure to excessive heat such as hot liquids or flames, electricity or certain chemicals such as industrial chemicals. Extreme cold can also cause burns.

Burns are classified according to the amount of tissue affected and the depth of injury. A common classification of burns is:

- first degree – burns which cause damage to the outer layer of the skin (epidermis);
- second degree – burns causing deeper damage to the layer below the epidermis (the dermis);
- third degree – those burns causing the deepest and most severe damage – i.e. destruction of entire skin and damage to tissues below it (subcutis).

Why do major burns have such a significant impact?

The skin is the body's largest organ and as such it plays an important role in various functions including:

- protecting the body against pathogens;
- providing insulation;
- regulating body temperature.

If the skin is burned, its ability to carry out its functions is compromised. Thus, the greater the area of burns to the body and the more deeply the burns penetrate, the greater the overall impact on a person's body.

If you sustain Third Degree Burns and the Survival Period is reached, CIGNA will pay the full current Sum Insured and your Policy will end.

Third Degree Burns means burns destroying the full thickness of the skin and covering at least 20% of your body's surface as measured by the age appropriate use of the Rule of Nines or the Lund and Bowder Body Surface chart.

5. Other terms and conditions

Policy increases

If you increase the Sum Insured of your Policy and then, within 90 days of the date of the increase, you suffer from or develop symptoms of a covered condition for the first time, CIGNA will only pay the Sum Insured that applied prior to the increase.

If CIGNA makes a partial payment for a covered condition and the Sum Insured under this Policy is subsequently increased, any remaining payment for that particular condition or a related condition will be based on the original Sum Insured.

Indexation

To keep your cover up to date with inflation, CIGNA may offer you a yearly increase of between 2.5% and 7.5% on each Anniversary Date.

You don't have to accept an increase but further increases will not be offered once:

- you have declined three indexation offers; or
- a claim has been accepted by CIGNA; or
- you have reached the age of 60.

Your premiums

The initial premium payable is shown on your Policy Schedule. From the first Anniversary Date, the premium rate will adjust each year until the Policy stops.

The premium payable is based in part on the Sum Insured. Therefore if the cover has:

- increased as a result of indexation, the premium will increase accordingly; and
- decreased because CIGNA has paid a partial benefit as indicated in section 4 above, the premium will decrease accordingly.

CIGNA will write to you each year, prior to the Anniversary Date, to advise of the premium and Sum Insured that will apply to your Policy for the following year.

You can apply at any time to change the method and frequency of your premium payments.

Premium changes

CIGNA may review and adjust the premium rates at any time. If the rates are changed they will apply to all policies, not just yours, and CIGNA will write to you at least 90 days before the new rates apply to advise you of your new premium.

When your Policy stops

Your Policy will stop when any one of the following happens:

- if your premiums remain unpaid for 3 months, in which case cover will end on the date the last premium was paid up to;
- you request CIGNA to cancel your Policy;
- the full current Sum Insured under this Policy has been paid to you because CIGNA has paid one or more claims;
- CIGNA cancels all policies and gives you 90 days notice in writing;
- the Expiry Date is reached.

Policy reinstatement

If your Policy is stopped due to unpaid premiums, you can apply to CIGNA for it to be reinstated. You will need to provide CIGNA with any information it requires about your health, lifestyle and occupation and reinstatement is at CIGNA's discretion.

The terms and conditions applying to the reinstated cover may be different to those applying to your Policy before it was stopped and you will be issued with a new Policy Schedule.

If your Policy is reinstated by CIGNA your Cover Start Date will be shown on your Policy Schedule as the date of reinstatement.

Policy changes

CIGNA may at any time change any of the conditions and exclusions applying to this Policy. Any such changes will apply to all policies, not just yours, and CIGNA will notify you at least 30 days prior to the changes coming into effect.

Disputes

If you have a complaint, in the first instance you should contact CIGNA to discuss it. This will initiate CIGNA's internal complaints resolution process. Refer to the section at the end of this document for CIGNA's contact details.

CIGNA is a member of the Insurance and Savings Ombudsman scheme, which is a free, independent service which can help settle any unresolved disputes you may have.

Any dispute or action relating to this Policy will be determined in accordance with New Zealand law.

Surrender value

Your Policy does not have any surrender or cash value.

There will be no refund of premiums unless you advise CIGNA within 30 days of receiving your Policy that you wish to cancel it.

Policy ownership

You, as the insured person, are the Policy owner and ownership cannot be transferred to any other person, entity or organisation.

6. Exclusions

CIGNA will not pay any benefit if:

- you did not completely and truthfully answer the questions asked of you when your Policy was issued, upgraded or reinstated. In this event CIGNA reserves the right to cancel your Policy immediately and to keep any of the premiums you have paid;
- you failed to provide CIGNA with any Material Information before your Policy was issued, upgraded or reinstated. In this event CIGNA reserves the right to cancel your Policy immediately and to keep any of the premiums you have paid;

- you have already received the maximum Sum Insured, as specified in your Policy Schedule, for one or more conditions or events;
- you do not comply with the treatment prescribed by a registered medical practitioner that you have consulted regarding the condition or event that you are claiming for;
- your condition or event occurs in any country that is classified by the Ministry of Foreign Affairs and Trade (or its equivalent if it changes) as High Risk or Extreme Risk. (A full explanation of these classifications can be found at www.safetravel.govt.nz).

Additionally, CIGNA will not pay any benefit if the condition or event is as a direct or indirect result of any of the following circumstances:

- any intentional self-inflicted injury;
- alcohol or drugs taken by you (unless prescribed and taken as prescribed by a registered medical practitioner);
- HIV infection transmitted by sexual activity or recreational intravenous drug use;
- driving a motor vehicle with a blood alcohol level in excess of the legal limit;
- racing any motor-propelled conveyance;
- engaging in aerial activities unless you are a fare-paying passenger on a recognised commercial airline;
- engaging in a hazardous activity that is not carried out under the supervision of a qualified guide including, but not limited to, mountaineering, rock climbing, scuba diving, trans ocean racing, parachuting, sky-diving, bungy jumping or hang-gliding;

- War or any act of War, invasion, act of foreign enemy, hostilities (whether War be declared or not), strike, riot and/or civil commotion, civil war, rebellion, revolution, insurrection or military or usurped power;
- Terrorism.

7. How to make a claim

If you need to make a claim against your Policy, you should contact CIGNA as soon as possible to request a claim form. The claim form will be sent out to you within 24 hours of your request.

You will need to complete the claim form and return it to CIGNA together with any supporting documents that CIGNA may reasonably require.

Any medical information required to support your claim must be:

- provided by appropriately qualified medical practitioners registered in New Zealand or Australia (or any other country approved by CIGNA); and
- paid for by you.

If CIGNA requires you to undergo any further examination or tests then these costs will be met by CIGNA.

About CIGNA

CIGNA Corporation, based in Philadelphia USA, is one of the world's largest life and health insurance companies. CIGNA operates in 27 countries, employs 27,000 people and has invested assets of USD\$17.8 billion.

The company originally started over 200 years ago and has been operating in New Zealand since 1968, with a strong presence in the Asia Pacific Region.

CIGNA now insures over 275,000 Kiwis, many through the relationships it has developed with banks and finance companies.

Contact CIGNA

By phone
0800 270 714

By fax
04 470 9152

By e-mail
contactus.nz@cigna.com
for general information about your Policy including premiums, address changes etc.

complaintsandquality.nz@cigna.com
to register a complaint

claims.nz@cigna.com
to request a claim form or ask any questions related to a claim

By letter
CIGNA Life Insurance
PO Box 24031
Wellington, 6142

A copy of CIGNA's latest financial statements is available on request.