

TRAUMA COVER



What is Trauma Cover?

Insurance that pays you a lump sum amount if you get a defined illness or condition for the first time.

Why do you need Trauma Cover?

On-going improvements and advancements in modern medicine mean you have a greater chance of surviving a serious illness or condition but the financial impact it can have on you (and your family) can be significant. Having Trauma Cover in place can help minimise the financial impact, allowing you to focus on what's important – your recovery.

You will receive a lump sum amount and it's your choice how you use the money. Some examples of how this money can help are:

- › subsidise a lost income
- › cover day-to-day expenses (e.g. power, phone, food, petrol)
- › help cover debts (e.g. mortgage, credit cards)
- › assist with medical costs associated with recovery
- › seeking alternative treatments
- › paying for home alterations, rehabilitation and home help.

Trauma Cover overview

Entry criteria:		Minimum entry age 16 Maximum entry age 70 (age 60 for Trauma Cover 'level to age 65' and age 65 for Trauma Cover 'level to age 70' premium option)
Cover amount:		Maximum sum insured amount \$2,000,000
Cover term:		To age 75

Accelerated or standalone

Trauma Cover can be 'accelerated' against Life Cover. This means that the Life Cover sum insured will be reduced by the amount we pay for any Trauma Cover claims.

Alternatively, Trauma Cover can be 'standalone', which means that any Trauma Cover claim paid is independent of any Life Cover.

What conditions are covered?

Trauma Cover provides you with comprehensive cover for a number of illnesses and conditions as outlined in the table below. To make a claim, you need to meet the relevant criteria of the condition. The full criteria can be found in the terms and conditions of the Trauma Cover.

A Full Trauma Benefit, Partial Benefit or Diagnosis Benefit may be payable depending on the criteria met for the condition.

Full Trauma Benefit - covered conditions			Partial Benefit - covered conditions
Alzheimer's disease	End Stage Chronic Lung Disease ⁺	Muscular dystrophy	Adult insulin dependent diabetes mellitus
Aortic surgery	Heart attack [*]	Open heart surgery	Angioplasty [*]
Aplastic anaemia	Heart valve replacement	Organ transplant	Burns of limited extent
Benign brain tumour or spinal cord tumour	HIV - medically acquired	Out of hospital cardiac arrest	Carcinoma in situ [*]
Blindness ⁺	HIV - occupationally acquired	Paraplegia, quadriplegia, diplegia, tetraplegia and hemiplegia	Chronic lymphocytic leukaemia [*]
Cancer [*]	Intensive care treatment	Parkinson's disease	Colostomy and/or ileostomy
Cardiomyopathy ⁺	Loss of hearing ⁺	Peripheral neuropathy	Early stage malignant melanoma [*]
Chronic kidney (renal) failure ⁺	Loss of independent existence	Pneumonectomy	Heart valve replacement [*]
Chronic liver failure ⁺	Loss of limb and sight	Primary pulmonary hypertension	Loss of limb
Cognitive impairment	Loss of limbs	Severe diabetes	Low grade prostate cancer [*]
Coma	Loss of speech ⁺	Severe inflammatory bowel disease	Severe osteoporosis
Coronary artery surgery [*]	Major burns	Stroke [*]	Severe rheumatoid arthritis
Creutzfeldt-Jakob disease	Major head trauma	Systemic sclerosis	Systemic lupus erythematosus (SLE) with lupus nephritis
Dementia	Meningitis and/or meningococcal disease	Terminal illness [*] (standalone only)	Optional condition
Encephalitis	Motor neurone disease	Triple vessel angioplasty [*]	Total and permanent disablement
	Multiple sclerosis ⁺		

* No claim is payable where you suffer from, are diagnosed with, or have signs or symptoms of, the condition within 90 days immediately after we get your application for this cover.

+ If the Diagnosis Benefit Criteria for this condition is met for the first time, a early partial payment may be made.

Some facts to think about



1 in 20 adults have been diagnosed with coronary heart disease.

(www.heartfoundation.org.nz, 2017)



It's estimated that **1 in 3** New Zealanders who get cancer are cured.

(NZ Ministry of Health, cancer programme, 2018)



There are an estimated 60,000 stroke survivors in New Zealand; many are disabled and in need of significant daily support.

(stroke.org.nz: 2018)

If you're still not sure, ask yourself.

If I was diagnosed with a serious illness or condition, would I have enough money to support my family while I receive treatment and recover?

If 'no', then now is a good time to talk to your financial adviser.

What's not covered?

- › Intentional self-harm, including attempted suicide
- › Taking part in a criminal activity
- › If you or any child we cover doesn't survive for at least 14 days after first meeting the criteria for a covered condition
- › Harm to a child we cover under a benefit that you or the child's parents or guardians cause

Benefit details

Trauma Cover provides several benefits that are built-in to the cover as well as some options you can choose to add at an additional cost, so it's easy to tailor your Trauma Cover to suit your needs and budget.

Premium details

Minimum premium:



\$20 per month
(incl. policy fee)

Payment frequency:



Weekly, fortnightly,
monthly, half-yearly,
yearly

Payment method:



Direct debit,
credit/debit card

Premium review periods

There are a number of options available to you regarding how often you choose to have your premiums reviewed. At the end of each premium review period, your premiums will be recalculated based on your sum insured, age-related changes and, if applicable, any changes to Cigna's protection premium rates or relevant laws. Your premiums will change if you change your cover. Your adviser will work with you to help you choose the best premium review period to suit your needs.

Under Trauma Cover any one of the following premium review periods can be selected.

Premium details cont...

- › **1 Year** - Your premiums will be recalculated on each anniversary date.
- › **5 Year** - Your premiums will remain at the same level for 5 years and will be recalculated on every 5th anniversary date.

The protection premium rate is guaranteed for 5 years and your premiums will not be recalculated until the end of your premium review period.

- › **5 Year 5% Stepped** - Your premiums will increase by 5% on each anniversary date for 5 years and will be recalculated on every 5th anniversary date.

The protection premium rate is guaranteed for 5 years and your premiums will not be recalculated until the end of your premium review period.

- › **10 Year** - Your premiums will remain at the same level for 10 years and will be recalculated on every 10th anniversary date.

However, any changes in Cigna's protection premium rates can change your premiums and these changes may apply on your policy's next anniversary date.

- › **To Age 65/70/75** - Your premiums will remain at the same level until the anniversary date after your 65th, 70th or 75th birthday (depending on your selection). Your premiums will be recalculated yearly thereafter.

However, any changes in Cigna's protection premium rates can change your premiums and these changes may apply on your policy's next anniversary date.

**Open out for more
details on the benefits**

Built-in benefits

Trauma Cover provides the following benefits that are built-in:

Benefit	What is it?	How it works	Why it's important
Full Trauma Benefit	Payment of the full Trauma Cover sum insured if you get a covered condition listed under our Full Trauma Benefit.	If you meet the Full Trauma Benefit criteria for a condition we cover, the full Trauma Cover sum insured may be payable.	Provides financial support to assist you and your family while you focus on your recovery.
Diagnosis Benefit	An early payment of 25 percent of the Trauma Cover sum insured (up to \$75,000), if you're diagnosed with one of the specific conditions.	If you meet the Diagnosis Benefit criteria for a condition we cover, an early payment of 25 percent of the Trauma Cover sum insured up to \$75,000 may be payable. We'll subtract the amount we pay under the Diagnosis Benefit from the Trauma Cover sum insured. The balance of the Trauma Cover sum insured may be payable when the Full Trauma Benefit criteria for the covered condition is met.	Being diagnosed with some conditions, like Multiple sclerosis for example, may not have an immediate impact on your health; however, receiving a diagnosis like this can be life changing. This benefit helps with any immediate adjustments you may need to make following a diagnosis.
Partial Benefit	A partial payment of 25 percent of the Trauma Cover sum insured (up to \$75,000), if you get a condition listed under our Partial Benefit.	If you meet the Partial Benefit criteria for a condition we cover, a partial payment of 25 percent of the Trauma Cover sum insured up to \$75,000 may be payable. We'll subtract the amount we pay under the Diagnosis Benefit from the Trauma Cover sum insured.	Provides financial assistance for less severe conditions which may not qualify for a Full Trauma Benefit.
Return to Home Benefit	Cover for costs of up to \$10,000 to get you back to New Zealand if you get a condition listed under our Full Trauma Benefit while living overseas.	If you have been living outside of New Zealand for more than 3 months in a row and meet the Full Trauma Benefit criteria for a condition we cover for the first time, this benefit will pay the lesser of the cost to get you back to New Zealand or \$10,000.	Peace of mind knowing that if you become seriously ill while overseas you can get home immediately.
Support Person Accommodation Grant and Transfer Benefit	Cover for costs of accommodation and transport for a support person to go with you if you need to travel away from your home area for treatment.	If a medical practitioner confirms you need treatment for your condition, where the treatment is not available within 50-kilometres from your main home and, recommends that a support person goes with you, this benefit will pay \$200 for each night the support person stays with you for treatment, for up to 10 nights. This benefit will also reimburse you for reasonable public transport the support person uses to travel directly to and from the treatment for up to 10 nights.	You don't have to worry about the additional costs of having your loved one with you if treatment is unavailable locally.
Financial and Legal Advice Benefit	A reimbursement of up to \$2,500 for the costs of receiving professional advice.	This benefit is paid as a reimbursement for the costs of getting legal or financial planning advice about using money from a Full Trauma Benefit.	Allows for consultation of a financial planner or legal professional if you require financial or legal advice in regards to how to invest the benefit paid.
Life Events Benefit	Allows you to increase your sum insured by up to \$250,000 if you experience a certain life event, without further assessment of your health.	These certain life events include getting married or entering a civil union, giving birth to or legally adopting a child, getting an annual salary increase, taking out a mortgage or buying a property. For a full list of events covered, please refer to the terms and conditions of the Trauma Cover. All increases under this benefit can't be more than 75 percent of the original Trauma Cover sum insured. You must apply for the Life Events Benefit within 180 days of the event happening, or within 60 days of the anniversary date after the event happened. This benefit ends on your 60 th birthday.	Allows you to keep your insurance up to date with your changing lifestyle, without providing any further evidence of your health.
Complimentary Children's Benefit	Complimentary Trauma Cover of up to \$50,000 for your child (aged 3 months to 18 years inclusive).	This benefit will pay up to \$50,000 if your biological or legally adopted child meets the criteria for a condition we cover for the first time. Any congenital conditions, or conditions which showed signs or symptoms, or were diagnosed before the commencement date or date of legal adoption of the child, are not covered.	Your child will automatically have the same comprehensive cover should they suffer a severe illness at no additional cost.

Optional benefits

Optional benefits that you can choose to add for an additional premium:

Optional benefit	What is it?	How it works	Why it's important
Optional Children's Benefit	Allows you to add additional trauma coverage for your child (aged 3 months to 18 years inclusive) to your policy.	<p>This option allows for an additional lump sum cover of up to \$200,000 which is payable if your child meets the criteria for a condition we cover for the first time. This Optional Children's Benefit is payable in addition to any benefit payable under the Complimentary Children's Benefit.</p> <p>Any congenital conditions, or conditions which showed signs or symptoms, or were diagnosed before the commencement date or date of legal adoption of the child, are not covered.</p> <p>If your child (or children) covered under this Optional Children's Benefit turns 19 years old, you can apply to convert this benefit to a standalone Trauma Cover on your policy without any medical underwriting.</p>	Provides an additional sum insured above that already provided for under the Complimentary Children's Benefit, at an additional cost.
Optional Guaranteed Insurability	Allows you to increase your sum insured every 2 years by up to \$50,000 without further assessment of your health.	<p>This option allows you to increase the Trauma Cover sum insured on every second anniversary date by the lesser of 20 percent of the underwritten sum insured or \$50,000, without further assessment of your health.</p> <p>All increases under this option can't be more than the lesser of 2 times the underwritten Trauma Cover sum insured or \$500,000.</p> <p>The Optional Guaranteed Insurability must be used within 30 days of the relevant anniversary date.</p> <p>This option ends on your 60th birthday.</p>	Allows you to keep your insurance up to date with your changing lifestyle, without providing any further evidence of your health.
Optional Life Cover Buy-Back (accelerated only)	You can 'buy back' your Life Cover (that has been reduced) if you've made a claim on your accelerated Trauma Cover.	<p>This option allows for the 'buy back' of some or all of the Life Cover sum insured that has been reduced as a result of a Full Trauma Benefit paid on the accelerated Trauma Cover, without further assessment of your health.</p> <p>You have 60 days to use this option after 6 months has passed since the Full Trauma Benefit claim was paid for one of the conditions listed below, or after 12 months for all other conditions.</p> <p>Alzheimer's Disease, Blindness, Dementia, Loss of Limbs, Loss of Limb or Sight, Multiple Sclerosis, Parkinson's Disease, Paraplegia, Quadriplegia, Diplegia, Tetraplegia and Hemiplegia.</p>	Allows you to regain the level of your Life Cover after a Trauma Cover claim has been paid.
Optional Trauma Cover Buy-Back	You can 'buy back' your Trauma Cover if you've made a claim under the Full Trauma Benefit.	<p>This option allows for the 'buy back' of some or all the Trauma Cover sum insured paid under the Full Trauma Benefit.</p> <p>You have 60 days to use this option after 12 months has passed since the Full Trauma Benefit claim was paid.</p>	Allows you to regain your level of Trauma Cover at a time when it will be difficult to buy additional insurance due to your claim.
Optional Total and Permanent Disability	An additional condition payable under the Full Trauma Benefit if you're unlikely to ever be able to work again because of an illness or injury.	<p>This option adds an additional condition under the Full Trauma Benefit, where the full Trauma Cover sum insured may be payable if you are unable to work, and unlikely to ever be able to return to work because of an illness or injury.</p> <p>This option ends on your 65th birthday.</p>	Helps to compensate for lost income as a result of your illness.

Talk to your financial adviser

Call us on 0508 464 999

Visit cigna.co.nz

Email insurancenz@cigna.com

Fax 0508 464 777 (toll free)

Cigna Life Insurance New Zealand Limited

Private Bag 92131,
Victoria Street West,
Auckland 1142

Important information

This brochure is for information purposes and is a summary only. Please refer to the policy wordings for our full requirements and eligibility criteria. The content is intended to be of a general nature, does not take into account your financial situation or goals, and is not a personalised financial adviser service under the Financial Advisers Act 2008. It is recommended you seek advice from a financial adviser which takes into account your individual circumstances before you acquire a financial product. This brochure is based on information current as at November 2020 and is subject to change.

Cigna Life Insurance New Zealand Limited

