

TRAUMA COVER



What is Trauma Cover?

Trauma Cover is an insurance that pays you a lump sum amount if you suffer from a defined serious illness or condition.

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.

How does it work?

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
Cover amount:		Maximum cover amount \$2,000,000
Cover term:		To age 75

Accelerated or standalone

Trauma Cover can be 'accelerated' against Life Cover. This means that in the event of a claim for Trauma Cover, the amount paid will be deducted from the balance of the Life Cover sum insured.

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 serious illnesses and conditions as outlined in the table below. To be eligible for a claim, you need to be suffering from the illness for the first time and meet the relevant criteria of the specific condition. The full criteria can be found in the policy wordings.

A full or partial payment may be payable, depending on the condition.

Covered conditions - full payment			Covered conditions - partial payment
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 benefit only)	Optional condition
Encephalitis	Motor neurone disease	Triple vessel angioplasty [*]	Total and permanent disablement
	Multiple sclerosis ⁺		

* No cover is provided for the 90 days immediately following the receipt of the application form by Cigna.

+ Upon meeting the diagnosis criteria of 1 of these conditions a diagnosis 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.

Built-in benefits

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

Benefit	What is it?	How it works	Why it's important
Diagnosis Benefit	An early partial payment of 25% of the Trauma Cover (up to \$75,000) upon diagnosis of specific conditions.	The Trauma Cover remaining on the policy will be reduced by any amount paid under this benefit. The balance of the payment (up to the full amount of cover) will be made when the full criteria of the relevant covered condition has been met. There is no limit to the number of diagnosis benefits that can be paid, to a maximum of the full amount of the Trauma Cover benefit.	Being diagnosed with some conditions, like Parkinson's for example, doesn't have an immediate impact on your health; however, receiving a diagnosis like this can be life changing. This benefit allows you to start planning for your business future following a diagnosis.
Partial Benefit	A partial payment of 25% of the Trauma Cover (up to \$75,000) if you meet the relevant criteria for specific conditions.	The Trauma Cover remaining on the policy will be reduced by any amount paid under this benefit.	Provides cover for less severe conditions which may not qualify for a full payment.
Return to Home Benefit	Cover for transport costs of up to \$10,000 to get back to New Zealand if you suffer one of the covered conditions overseas.	If you have been residing outside of New Zealand for more than three consecutive months when you suffer from one of the covered conditions, this benefit provides a reimbursement of the cost of returning to New Zealand, up to \$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	Reimbursement of costs incurred when a support person is required to accompany you outside your residential region for treatment that is necessary but not available locally.	An appropriate medical practitioner must confirm a support person is required. The accommodation cost may be payable up to a total of 10 days, with a maximum of \$200 per day. Reimbursement for support person transport costs may be payable provided that those costs are the usual, reasonable and customary costs for public transport directly to and from the treatment destination.	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	An additional payment of up to \$2,500 for reimbursement of financial planning or legal advice fees.	The benefit is paid as a reimbursement for fees for financial planning or legal advice obtained for the use and protection of the Trauma Cover.	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	Ability to increase your cover by up to \$250,000 after certain 'life events' without providing any further evidence of your health.	These events include marriage or civil union, divorce or legal separation, full-time care of a dependent relative, having a child, an increase in annual salary, taking out a mortgage or purchasing property. For a full list of events covered, please refer to policy wordings. The maximum increase under the Life Events Benefit during the duration of the contract is limited to 75% of the original Trauma Cover sum insured. You must apply for the Life Events Benefit within 180 days of the event occurring, or within 60 days of the policy anniversary date after the event occurring. This benefit expires 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 pays up to \$50,000 if your child suffers one of the covered conditions for the first time. This Complimentary Children's Benefit is payable in addition to any benefit payable under the Optional Children's Benefit. The Complimentary Children's Benefit will not be payable if harm to the child (or children) has been directly or indirectly caused by you, the child's parent or guardians. Any congenital or pre-existing conditions are excluded.	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 your child (aged 3 months to 18 years inclusive) to your policy.	<p>This option allows for the selection of a lump sum (multiple of \$10,000 up to \$200,000) which is payable if your child suffers one of the covered conditions 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>Your child (or children) may remain on the policy after age 19 with no medical underwriting (a 60-day window applies and additional premium will be payable).</p> <p>The Optional Children's Benefit will not be payable if harm to the child (or children) has been directly or indirectly caused by you, the child's parent or guardians.</p> <p>Any congenital or pre-existing conditions are excluded.</p>	Provides an additional sum insured above that already provided for under the Complimentary Children's Cover, at an additional cost.
Optional Guaranteed Insurability	Allows you to increase your cover every 2 years by up to 20% or \$50,000 (whichever is the lesser) without providing any further evidence of your health.	<p>The total maximum increase available is 2 times the underwritten Trauma Cover sum insured, up to \$500,000.</p> <p>Optional Guaranteed Insurability must be exercised within 30 days of the applicable policy anniversary date.</p> <p>This option expires 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 Trauma Cover only)	You can 'buy back' your Life Cover (that has been reduced) if you've made a claim on your accelerated Trauma Cover.	<p>The Optional Life Cover Buy-Back allows for the 'buy back' of the Life Cover that has been reduced as a result of a claim payment for the full accelerated Trauma Cover sum insured, without any medical underwriting.</p> <p>This option must be exercised within 60 days of the expiry of 12 months from the date the accelerated Trauma Cover claim was paid.</p> <p>If a claim has been paid for any of the following covered conditions the relevant wait period is 6 months from the date the accelerated Trauma Cover claim was paid:</p> <p>Alzheimer's Disease, Blindness, Combined Loss of Limb and Sight, Dementia, Loss of Limbs, 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 based on your original terms of acceptance.	This option allows the 'buy back' of the Trauma Cover, up to the original sum insured, if your cover has been lost through a claim payment for the full Trauma Cover sum insured. Conditions apply.	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	If you suffer a major illness or injury and after 3 months it's clear that you're unlikely to ever be able to work again, you will receive a full Trauma Cover payment, even if the cause is not a covered condition.	<p>As an option, Total and Permanent Disability can be added as an additional condition under which the Trauma Cover may be paid.</p> <p>This benefit expires on your 65th Birthday.</p>	Helps to compensate for lost income as a result of your illness.

What's not covered?

- › Intentional self-inflicted harm including attempted suicide
- › Participating in a criminal activity
- › If you die within 14 days of the first occurrence of any of the covered conditions, a Trauma Cover claim will not be payable.

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.

Open out for more details on the benefits

Premium details

Minimum premium:



\$20 per month (incl. policy fee)

Payment frequency:



Weekly, fortnightly, monthly, half-yearly, annually

Payment method:



Direct debit, credit/debit card

Premium review structure

- › **1 Year** - Premiums will adjust each year on your policy anniversary in line with your increasing age and any underlying premium rate changes that have occurred since your last policy anniversary date.
- › **5 Year** - Assuming your cover doesn't change, your premiums will remain the same for each 5 year period.

The underlying premium rate is guaranteed which means if there is a change in the underlying premium rates, your premium will remain the same until each 5th policy anniversary.

- › **5 Year 5% Stepped** - Your premiums will increase by a fixed rate of 5% each year on your policy anniversary for 5 years (assuming your cover doesn't change).

The underlying premium rate of 5% is guaranteed for each 5 year period.

- › **10 Year** - Assuming your cover doesn't change, your premiums will remain the same for each 10 year period. However, your premiums may increase if there is an increase in Cigna's underlying premium rates.

Talk to your financial adviser

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Cigna Life Insurance New Zealand Limited

