

TRAUMA INSURANCE

Policy Wording



Trauma Insurance Policy Wording

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Your Policy – important

This booklet 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 call 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 booklet.

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 seven days of the incident; and
- reported to Cigna with proof of the incident within seven days of the incident; and
- supported by a negative HIV Antibody test taken within seven 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.

Covered Conditions

Alzheimer's Disease

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

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: 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

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

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

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 one 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

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

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

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 five 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

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 six months after the Cover Start Date.

Loss of Use of a Limb

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

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

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

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

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

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 cerebro-spinal 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

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

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.

Permanent Loss of Sight

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

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

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 three 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, bungee 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 New Zealand is a leading specialist provider of insurance products and services including life insurance, identity theft protection, funeral insurance, income protection insurance, accidental death insurance and trauma insurance.

We've been operating in New Zealand for nearly a century, and protect over 500,000 New Zealanders with our insurance policies.

Cigna New Zealand is part of Cigna Corporation, a Fortune 500 company and one of the world's largest publicly-owned companies.

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

Cigna Life Insurance New Zealand Limited has an A (Excellent) financial strength rating which was given by A.M. Best Company Inc.

The rating scale is:

Secure	Vulnerable
A++ A+ Superior	B B- Fair
A A- Excellent	C++ C+ Marginal
B++ Good	C C- Weak
	D Poor
	E Under regulatory Supervision
	F In Liquidation
	S Suspended



Contact us

By phone

0800 900 047

By e-mail

contactus.nz@cigna.com

for general information about your Policy
such as premiums and address changes

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

Manners Street

Wellington 6142

By Fax

04 470 9152