



ULTIMATE LIFE &
LIVING INSURANCE

nib Ultimate Trauma Insurance



Policy Document



a healthier approach





Welcome to nib

We don't believe in set-and-forget policies or a fingers crossed approach to your day-to-day wellness. We're your partner in health and life, providing cover that's easy to use and empowering you with the right tools and guidance. Wherever life takes you, we'll be here to help support you.

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01.

How this policy works

The documents making up your Ultimate Life & Living Insurance policy are:

- your policy document(s). There is a separate policy document for each type of cover under your policy. This is the policy document for Ultimate Trauma Insurance.
- your latest **policy schedule** which sets out the insurance cover(s) you have under your policy and other details as set out below.
- your application(s) for your insurance cover and any other underwriting forms.

Your Ultimate Trauma Insurance policy document tells you:

- when benefits are available if the **person insured** suffers from a listed trauma condition
- what benefits are not available (including general exclusions that apply)
- any other important information you need to know about this Ultimate Trauma Insurance

Your **policy schedule** tells you:

- who's the **policyowner(s)**
- who's the **person insured** on your policy
- what insurance cover(s) you have, and the amount(s) of each insurance cover(s)
- whether you have selected any **options**, which you can choose to add to your policy to provide an additional set of benefits
- how much your policy costs (this is called the premium)
- when each of your insurance cover(s) start or restart
- any special terms, which can include:
 - personal exclusions. These are usually **pre-existing conditions** that the **person insured** has, or a specific pastime or occupation risk, which won't be covered under this policy
 - loadings. These are additional costs that are added to your premium due to the **person insured** having a specific health or lifestyle risk

Each policy document provides a separate type of insurance cover under your Ultimate Life & Living Insurance policy. Each policy document should be read together with your **policy schedule** as these form the terms of that insurance cover. If there's any inconsistency between this policy document and your **policy schedule**, your **policy schedule** takes priority.

If you need help understanding this policy document, you can get in touch with your adviser or contact us by visiting our [Help Centre](#).

Important words

Some words in this policy document are in **bold** text. This means they have a specific meaning in relation to your cover. You can find the meaning of these words below, or at the end of this document.

In addition, where we use the words:

- "**person insured**", we're referring to the person named as the 'person insured' in your **policy schedule**. This person can be different from the **policyowner**
- "**policy schedule**", we're referring to the most recent schedule to your policy
- "us", "our", "we" or "nib", we're referring to nib nz limited
- "you", "your" or "yourself", we're referring to the **policyowner(s)**. This is the person(s) who owns this policy

Your policy document provides information about your Benefits and the Options you can add.



Benefits

A standard set of benefits that every **person insured** on your policy is covered for.



Options

These are the sections of your policy you can choose to add to your policy to provide an additional set of benefits or to change the terms of your policy. Your **policy schedule** specifies any **option(s)** that you have selected under this Ultimate Trauma Insurance cover.

Cover overview

The list below outlines the Ultimate Trauma Insurance benefits. You can find out more details about each benefit in the following pages of the policy document.

Benefits

- ⊗ [Full Trauma Benefit](#)
- ⊗ [Partial Trauma Benefit](#)
- ⊗ [Trauma Cover Conversion Benefit](#)
- ⊗ [Special Life Events Increase Benefit](#)
- ⊗ [Newborn Children's Benefit](#)
- ⊗ [Children's Trauma Benefit](#)
- ⊗ [Children's Trauma Conversion Benefit](#)
- ⊗ [Financial and Legal Advice Benefit](#)
- ⊗ [Counselling Benefit](#)
- ⊗ [Support Person Accommodation Benefit](#)
- ⊗ [Support Person Transport Benefit](#)
- ⊗ [Return to Home Benefit](#)
- ⊗ [Suspension of Cover Benefit](#)



Early Cancer Benefit Option



Life Cover Buy-back Benefit Option



Trauma Cover Deferred Buy-back Benefit Option



Multiple Trauma Cover Immediate Buy-back Benefit Option

Cover types

This Ultimate Trauma Insurance has two cover types:

- accelerated
- standalone

Your **policy schedule** tells you whether your Ultimate Trauma Insurance for the **person insured** is accelerated or standalone.

Accelerated Ultimate Trauma Insurance

If you have an accelerated Ultimate Trauma Insurance, it is linked to your Ultimate Life Insurance. Benefits paid out under the accelerated Ultimate Trauma Insurance will reduce the Ultimate Life Insurance 'amount insured' by that amount.

Any accelerated cover linked to that Ultimate Life Insurance will also be reduced, if necessary, to ensure that the reduced Ultimate Life Insurance 'amount insured' always equals or exceeds the 'amount insured' of the highest of all accelerated covers within the policy.

For example, the accelerated Ultimate Trauma Insurance cannot have a higher **amount insured** than the Ultimate Life Insurance. If the Ultimate Life Insurance 'amount insured' is reduced to zero, all associated accelerated covers will be removed.

Standalone Ultimate Trauma Insurance

If we pay a claim under the standalone Ultimate Trauma Insurance, then that payment does not affect any Ultimate Life Insurance 'amount insured'.



02.

Your
cover



Benefits

Full Trauma Benefit

✓ What am I covered for?

If the **person insured** suffers from one of the listed full trauma conditions for the first time after the **start date**, we'll pay the **amount insured**.

The full trauma conditions covered under this benefit and whether a 90-day **stand-down period** applies are listed in the table on page 21-22. The full definition for these conditions is on page 48-60.

✓ What else do I need to know?

- to claim on this benefit:
 - you'll need to provide us with the documents we request to support your claim

- you'll need to provide us with a letter from the **specialist** who is treating the **person insured** to certify the diagnosis and prognosis
- we may need the **person insured** to be assessed by another **specialist** chosen and paid for by us
- if the **person insured** suffers more than one listed full trauma condition, we will pay the benefit for the condition suffered first. The maximum we will pay is the **amount insured**
- for standalone Ultimate Trauma Insurance, the **person insured** must survive for at least 14 days after the diagnosis before we pay the **amount insured**.

Partial Trauma Benefit

✓ What am I covered for?

If the **person insured** suffers from one of the listed partial trauma conditions for the first time after the **start date**, we'll pay the lesser of:

- 25% of the **amount insured**
- \$100,000

The partial trauma conditions covered under this benefit and whether a 90-day **stand-down period** applies are listed in the table on page 21-22. The full definition for these conditions is on page 48-60.

✓ What else do I need to know?

- if the Partial Trauma Benefit is paid, it will reduce the **amount insured** by that amount
- to claim on this benefit:
 - you'll need to provide us with the documents we request to support your claim
 - you'll need to provide us with a letter from the **specialist** who is treating the **person insured** to certify the diagnosis and prognosis

Partial Trauma Benefit *(continued)*

- we may need the **person insured** to be assessed by another **specialist** chosen and paid for by us
- any payment made under this benefit will reduce the **amount insured** by that amount. Your premium will be automatically adjusted to take into account the reduced **amount insured**
- for standalone Ultimate Trauma Insurance(s), the **person insured** must survive for at least 14 days after the diagnosis before we pay this benefit

Trauma Cover Conversion Benefit

✓ What am I covered for?

Under this benefit, you can convert some or all of your standalone Ultimate Trauma Insurance to an accelerated Ultimate Trauma Insurance. On conversion, the **person insured** will be covered under an Ultimate Life Insurance cover on the same policy for an amount equal to the converted standalone Ultimate Trauma Insurance. The **person insured** won't need to answer any additional health questions as part of this conversion.

📅 When can I apply for the conversion?

The last opportunity to apply for the conversion under this benefit is the last **policy anniversary date** before the **person insured** turns 60 years old.

✓ What else do I need to know?

- if any of the below have occurred, then no conversion is available under this benefit. If conversion has happened under this benefit at a time when any of the below apply, then any additional amount of converted cover will be immediately cancelled, and any overpaid premium will be refunded:
 - we've paid a claim under this Ultimate Trauma Insurance
 - the **person insured** has met all the criteria for a claim under this Ultimate Trauma Insurance, even if the claim hasn't been made yet
 - the **person insured** has undergone, is undergoing, or has been advised to undergo investigation due to any signs or symptoms which could be caused by, or be an indication of, the existence of an **illness** or **injury** that can lead to a claim under the Ultimate Trauma Insurance
- the **person insured** was aware of any signs or symptoms which could be caused by, or be an indication of, the existence of an **illness** or **injury**, that would cause a reasonable person to seek diagnosis, care or treatment
- this benefit is not available when your Ultimate Trauma Insurance is suspended
- this benefit is only available if your Ultimate Trauma Insurance was issued on standard rates. Standard rates mean there are no special terms, exclusions or premium loadings applicable to the **person insured**
- once converted, the standalone Ultimate Trauma Insurance **amount insured** for the **person insured** reduces by the amount of standalone Ultimate Trauma Insurance that has been converted to the accelerated Ultimate Trauma Insurance
- we'll only allow one conversion under this benefit for the **person insured**
- if you are issued a new Ultimate Life Insurance cover (for the amount of the standalone Ultimate Trauma Insurance benefit being converted), any personal exclusions, loadings or special terms that apply to this cover will also apply to the new Ultimate Life Insurance cover
- if the **person insured** dies within six months of date of conversion, and the death was not the result of an **accident** after the date of conversion, this conversion will be cancelled
- the new cover will begin on the date we issue it and your premium will be adjusted, based on the age of the **person insured** and our premium rates at the date of the conversion

Special Life Events Increase Benefit

✓ What am I covered for?

Each time the **person insured** has one of the following life events occur, you can choose to apply to increase the **amount insured** on your Ultimate Trauma Insurance. The **person insured** won't need to answer any additional health questions as part of this increase, if they experience one of these life events:

- gets married, enters into a civil union, or first meets the definition of living with someone in the **nature of marriage**
- gets divorced, dissolves a civil union or separates from a relationship that was in the **nature of marriage**
- their **partner** dies or is diagnosed with **terminal illness** or **terminal condition**
- completes five continuous years of cover of this Ultimate Trauma Insurance (every five-year period counts)
- takes on **full-time care** (for the first time) of their **close relative**
- pregnancy at 28 weeks gestation
- they or their **partner** give birth to, or legally adopt, a **child**
- increases their existing residential mortgage
- takes out a new mortgage to purchase a new home, residential investment property, holiday home, or a bare block on residential-zoned land
- their **child** has started secondary school or full-time tertiary education for the first time
- their annual salary has been increased as an employee
- they are self-employed, and their annual net business profit has increased

💰 How much can I increase my cover by?

You can apply to increase the **amount insured** on each life event by up to the lesser of the following:

- up to 50% of the **original amount insured**
- up to \$300,000

When taking out or increasing an existing mortgage, the individual increase to the **amount insured** can't exceed the amount of the new mortgage, or the increase in the existing mortgage.

For an annual salary increase or annual increase in net business profits, the individual increase to the **amount insured** can't exceed five times the increase in salary or net business profits.

The total of all increases made under this benefit must be the lesser of:

- the **original amount insured**; or
- \$750,000

The **amount insured** can no longer be increased if it's reached the maximum that we set



When can I apply for the increase?

- you'll need to apply for the increase within whichever is the later out of the following:
 - 180 days of any of the life events listed above
 - 60 days of the first **policy anniversary date** after the life event happened
- the last opportunity to apply for this benefit is the last **policy anniversary date** before the **person insured** turns 60 years old



What else do I need to know?

- to apply for the increase, you'll need to provide evidence of the life event
- you can only apply for one of the benefits listed below once in any 12-month period
 - this benefit
 - the Special Life Events Conversion Benefit under Ultimate Life Insurance to add accelerated Ultimate Trauma Insurance
- if any of the below have occurred, then no increase is available under this benefit. If the **amount insured** is increased under this benefit at a time when any of the below apply, then any additional amount of cover will be immediately cancelled, and any overpaid premium will be refunded:
 - we have paid a claim under this Ultimate Trauma Insurance
 - the **person insured** has met all the criteria for a claim under this Ultimate Trauma Insurance, even if the claim hasn't been made yet
 - the **person insured** has undergone, is undergoing, or has been advised to undergo investigation due to any signs or symptoms which could be caused by, or be an indication of, the existence of an **illness** or **injury** that can lead to a claim under the Ultimate Trauma Insurance
 - the **person insured** was aware of any signs or symptoms which could be caused by, or be an indication of, the existence of an **illness** or **injury** that would cause a reasonable person to seek diagnosis, care or treatment

Special Life Events Increase Benefit *(continued)*

- this benefit is not available when your Ultimate Trauma Insurance is suspended
- this benefit is not available if you have selected either the Trauma Cover Deferred Buy-back Benefit Option or the Multiple Trauma Cover Immediate Buy-back Benefit Option and your cover has been reinstated under either option
- any personal exclusions, loadings or special terms that apply to the **original amount insured** will also apply to any increase in cover and the premium will be adjusted accordingly
- the additional amount will begin when we accept your request to increase the **amount insured**. Your premium will be automatically adjusted based on the age of the **person insured** and our premium rates at the date of the increase
- for the first six months after we've increased your cover, we'll only pay the increased amount under your Ultimate Trauma Insurance in the event of **injury**
- no increases are available to the Early Cancer Benefit Option (if selected)

Newborn Children's Benefit

✓ What am I covered for?

You can claim on this benefit if the **child** is born with one of the following listed conditions and survives for at least 30 days after birth:

- cleft palate
- Down syndrome
- spina bifida
- **blindness**
- absence of one or more **limbs**
- tetralogy of Fallot
- transposition of Great Vessels
- **deafness**

💰 How much am I covered for?

We'll pay you \$50,000 for each **child** who suffers one of the above listed conditions.

📅 When will I be covered?

This benefit is payable where the birth of the **child** occurs at least 12 months after the Ultimate Trauma Insurance **start date** as shown on your **policy schedule**.

✓ What else do I need to know?

- this benefit is payable in addition to the **amount insured**
- you'll need to provide us with a letter from the **specialist** treating the **child** to certify the diagnosis and prognosis within four months of the **child's** birth.
- we may need the **child** to be assessed by another **specialist** chosen and paid for by us
- where a conclusive diagnosis can't be made at birth or within four months of the **child's** birth, we'll defer the assessment of our claim until sufficient evidence can be provided by the **specialist** that the first signs or symptoms of the **child's** birth. For example, this might apply in the case of total **blindness** or **deafness**, where a conclusive diagnosis may not be possible until later in the **child's** life. In these cases, the claims assessment will be based on the **child's** sight or hearing impairment at the date that conclusive diagnosis is first possible
- we will only pay this benefit once for each **child** even if their parents have more than one trauma cover with us.
- we'll pay a maximum of one claim per **child** under either the Children's Trauma Benefit (see below) or the Newborn Children's Benefit, under this policy.

Children's Trauma Benefit

✓ What am I covered for?

We'll pay the Children's Trauma Benefit if the **child** between the age of 3 months and 20 years old (inclusive), suffers for the first time after the **start date** from one of the listed children's full trauma conditions or listed children's partial trauma conditions.

The listed children's full trauma conditions or children's partial trauma conditions covered under this benefit are marked with a '✓' in the table on page 21-22. The definition for these conditions are on page 48-60.

💰 How much am I covered for?

We'll pay you:

- \$50,000 for each **child** who suffers one of the listed children's full trauma conditions
- \$12,500 for each **child**, who suffers one of the listed children's partial trauma conditions

We'll only pay the benefit:

- for a full trauma condition once for each **child**; or
- for up to four partial trauma conditions for each **child**,

even if the **child** has another trauma benefit available under a separate nib cover or separate nib policy

📅 When will I be covered?

The **person insured's** child must be between three months to 20 years (inclusive) upon diagnosis.

✓ What else do I need to know?

- this benefit is payable in addition to the **amount insured**
- the **child** must suffer from one of the children's full trauma conditions or children's partial trauma conditions for the first time after the **start date** and must survive for at least 14 days after diagnosis, before we pay out this benefit
- to claim on this benefit:
 - you'll need to provide us with the documents we request to support your claim
 - you'll need to provide us with a letter from the **specialist** treating the **child** to certify the diagnosis and prognosis
 - we may need the **child** to be assessed by another **specialist** chosen and paid for by us
- we won't pay out this benefit if a claim is directly or indirectly related to any of the following:
 - a **pre-existing condition**
 - a **congenital condition**
 - an **injury** caused by you or the **person insured**, or a parent or guardian of the **child**
- we'll pay a maximum of one claim per **child** under either the Children's Trauma Benefit or the Newborn Children's Benefit (see above), under this policy

Children's Trauma Conversion Benefit

✓ What am I covered for?

We'll allow you to convert the Children's Trauma Benefit, when the **child** turns 21, without having to answer any additional health questions on the **child**, to a standalone Ultimate Life & Living policy with either of the following:

- a standalone Ultimate Trauma Insurance cover
- an accelerated Ultimate Trauma Insurance cover with an equal amount of Ultimate Life Insurance

for that **child**.

💰 How much can I convert?

We'll convert up to an **amount insured** of \$50,000, once only, for each **child** even if the **child** is covered under another policy

📅 When will I be covered?

Your application for conversion must be received in writing by us within 60 days of the next **policy anniversary date** after the **child's** 21st birthday.

Children's Trauma Conversion Benefit *(continued)*

✓ What else do I need to know?

- this benefit does not affect your **amount insured** after conversion
- the new policy will begin when we accept your request, and a premium will be payable for the new policy

- this benefit is not available if the **child** has claimed or was eligible to claim under the Newborn Children's Benefit or Children's Trauma Benefit
- the **policyowner(s)** under this policy will continue to be the **policyowner(s)** under the new policy created on conversion

Financial and Legal Advice Benefit

✓ What am I covered for?

If the **person insured** suffers from one of the listed full trauma conditions and we've paid the **amount insured**, we'll then reimburse you for any fees that you pay towards getting financial or legal advice from either of the below:

- a financial adviser registered on the Financial Service Providers Register
- a lawyer with a current practising certificate

💰 How much am I covered for?

- up to \$2,500 per **person insured**
- we'll only make one payment under this benefit per policy for the **person insured**, even if the **person insured** has a financial and legal advice benefit available under a separate cover on this policy

What else do I need to know?

- this benefit is payable in addition to the **amount insured**
- the advice you receive must be regarding the **amount insured** that you've received
- you must pay for the advice within 12 months of being paid the **amount insured**
- to claim on this benefit, you'll need to provide us with a claim form and receipts within three months of using these services

Counselling Benefit

✓ What am I covered for?

If the **person insured** suffers from one of the listed full trauma conditions and we've paid the **amount insured**, we'll then reimburse you towards the cost of counselling for you, the **person insured** or the **person insured's** close relative(s).

💰 How much am I covered for?

- up to \$2,500 per **person insured**
- we'll only pay a counselling benefit once per policy even if the **person insured** has a counselling benefit available under a separate cover on this policy

✓ What else do I need to know?

- this benefit is payable in addition to the **amount insured**
- you must pay for the **counselling** within 12 months of being paid the **amount insured**
- to claim on this benefit, you need to provide us with a claim form and receipts within three months of using these services

Support Person Accommodation Benefit

✓ What am I covered for?

If the **person insured** suffers from one of the listed full trauma conditions and we've paid the **amount insured**, we'll reimburse the accommodation costs of the support person when:

- a treating **specialist** recommends that a support person should accompany the **person insured** outside of their residential region (100km or more from their usual place of residence) for necessary medical assessment or treatment that can't be provided locally
- this necessary medical assessment or treatment is directly related to the **illness** or **injury** which led to the **person insured's** trauma claim

This applies for each day that the **person insured**, along with support person, remains outside of their residential region for assessment or treatment in New Zealand.

💰 How much am I covered for?

- up to \$300 per night, up to a maximum of 10 nights
- we'll only make one payment under this benefit per policy for each **person insured**, even if the **person insured** has a support person accommodation benefit available under a separate cover on this policy

✓ What else do I need to know?

- this benefit is payable in addition to the **amount insured**
- the costs must be incurred within six months after being paid the **amount insured**
- if the **person insured** is eligible to receive accommodation support from any other source including **ACC** or under any other insurance policy, you and the **person insured** must use best endeavours to pursue any entitlement available from that other source before we will consider a claim under this benefit.
- you must provide us with a completed claim form and receipts, satisfactory to us, verifying the accommodation costs you are claiming

Support Person Transport Benefit

✓ What am I covered for?

If the **person insured** suffers from one of the listed full trauma conditions and we've paid the **amount insured**, we'll reimburse the actual transport costs of the support person when:

- a treating **specialist** recommends that a support person should accompany them outside of their residential region (100km or more from their usual place of residence in New Zealand) for necessary medical assessment or treatment that can't be provided locally
- this necessary medical assessment or treatment is a direct result of the **illness** or **injury** which led to the **person insured's** trauma claim

💰 How much am I covered for?

We'll reimburse the lesser of the following:

- the actual transport costs (such as airfares or petrol costs) of the support person, provided that those costs are the **usual and reasonable charges** for transport directly to and from the treatment destination; or
- up to \$1,000
- we'll only make one payment under this benefit per policy for each **person insured**, even if the **person insured** has a support person transport benefit available under a separate cover on this policy

Support Person Transport Benefit *(continued)*

✓ What else do I need to know?

- this benefit is payable in addition to the **amount insured**
- the costs must be incurred within six months after we have paid the **amount insured**
- you must provide us with a completed claim form and receipts, satisfactory to us, verifying the transport costs you are claiming.
- if the **person insured** is eligible to receive transport support from any other source including **ACC** or under any other insurance policy, you and the **person insured** must use best endeavours to pursue any entitlement available from that other source before we will consider a claim under this benefit.
- the support person can either travel with the **person insured** or travel at a later date to accompany the **person insured**

Return to Home Benefit

✓ What am I covered for?

If the **person insured** suffers from one of the listed full trauma conditions while overseas, and we have paid the **amount insured**, we'll reimburse the cost of a standard economy flight back to New Zealand or Australia for the **person insured** and one support person.

💰 How much am I covered for?

We'll pay the lesser of the following:

- the transport costs actually incurred for the **person insured** and one support person to return to New Zealand or Australia
- the cost of a standard economy flight back to New Zealand or Australia from the overseas location where the **person insured** suffered the trauma condition, and one support person. Where more than one airline provides flights back to New Zealand or Australia at the relevant time we reserve the right to select which airline's standard economy fare will apply.
- \$10,000

✓ What else do I need to know?

- this benefit is payable in addition to the **amount insured**
- to claim on this benefit, you'll need to provide us with evidence of the transport costs before we reimburse you
- the amount we pay under this benefit will be offset against any direct costs which can be, or have been claimed, reimbursed, or paid for under any of the following:
 - a travel insurance policy
 - any other insurance policy
 - government aid or assistance
 - any other source

Suspension of Cover Benefit

When can I suspend my cover?

You can apply to suspend this Ultimate Trauma Insurance for up to 12 months if the **person insured** is experiencing any of the below:

- made redundant or becomes unemployed
- becomes bankrupt
- on leave without pay
- travelling overseas
- undertaking tertiary study
- has their salary or wages reduced by at least 20% (comparing the most recent payslips against other payslips within the same year)
- self-employed, and their revenue is reduced by at least 30% (by comparing revenue against the same month for the previous year)
- experiencing any other event we agree to

You cannot suspend your cover if the **person insured** suffers from any listed trauma condition before the suspension period starts.

What happens if I suspend my cover?

You don't have to pay premiums on your Ultimate Trauma Insurance while it is suspended. We won't cover any event that might give rise to a claim under this policy that occurs during the suspension period that may have otherwise led to an accepted claim. We won't accept any claims for benefits that relate to a previously accepted Full Trauma Benefit or Partial Trauma Benefit (for example a counselling benefit) that are made during the suspension period.

What happens when my cover is resumed?

When the Ultimate Trauma Insurance is resumed, a claim will only be payable if the **person insured** first meets the criteria for an eligible claim under this policy after the date that your Ultimate Trauma Insurance has been resumed. We won't pay a claim if the trauma **condition** was diagnosed during the suspension period.

How long can I suspend my cover?

- your Ultimate Trauma Insurance cover must be suspended for at least 90 days, and up to a maximum of 12 months

- you can only suspend your Ultimate Trauma Insurance cover once in any 12-month period
- you can only suspend your Ultimate Trauma Insurance cover for a total of 24 months within any 10-year period

When can I use this benefit?

After six months of continuous cover following your Ultimate Trauma Insurance **start date** as shown on your **policy schedule**.

What else do I need to know?

- When applying to suspend your Ultimate Trauma Insurance:
- any **options** that apply to the Ultimate Trauma Insurance that is being suspended will be suspended at the same time.
- you'll need to let us know the duration of the suspension within three months of one of the listed events occurring
- you must provide us with any supporting documentation we request
- your premium payments must be up-to-date before you can suspend your Ultimate Trauma Insurance
- the suspension cannot be backdated to a date prior to us receiving your application to suspend your Ultimate Trauma Insurance, and you cannot resume your Ultimate Trauma Insurance before the end of the suspension period you've chosen.
- once your suspension period ends, your Ultimate Trauma Insurance will automatically resume. Any changes to your **amount insured** during this time due to an Inflation Adjustment or Increasing Adjustment type will apply when suspension ends. The premium payable will be based on our premium rates at the time the suspension ends.
- if your policy passes a **policy anniversary date** while your Ultimate Trauma Insurance is suspended, an increase in your premium may apply
- the time during which your cover is suspended does not count towards any **stand-down periods**. Any **stand-down periods** that have not ended will need to be completed when the Ultimate Trauma Insurance resumes



03.

Trauma conditions

03. Trauma conditions

The following table shows all the trauma **conditions** we cover, and whether we cover them with the Full Trauma Benefit, Partial Trauma Benefit, Children's Trauma Benefit (full or partial).

It also shows whether the 90-day **stand-down period** applies. The 90 day **stand-down period** means we will not pay a benefit for that trauma **condition** if the **illness** or **injury** that directly or indirectly led to the trauma **condition** is first diagnosed, or the **person insured** or the **child** first shows any signs or symptoms, or receives any treatment or surgery for the trauma **condition** within 90 days immediately after:

- the **start date** for your Ultimate Trauma Insurance, or
- the **start date** for an increase to the **amount insured** (this exclusion applies to the increased portion only).

The definition for these trauma **conditions** can be found on page 48-60.

Trauma conditions	90-day stand-down*	Full Trauma (FT)	Partial Trauma (PT)	Children's Trauma (full) (CF)	Children's Trauma (partial) (CP)
Adult Insulin Dependent Diabetes Mellitus	✓		✓		
Advanced AIDS		✓		✓	
Alzheimer's Disease		✓			
Aneurysm	✓		✓		✓
Angioplasty - one or two vessels	✓		✓		✓
Angioplasty - triple vessels or more	✓	✓		✓	
Aortic Surgery	✓	✓		✓	
Aplastic Anaemia		✓		✓	
Benign Brain Tumour		✓	✓	✓	✓
Benign Spine Tumour		✓	✓	✓	✓
Blindness	✓	✓		✓	
Cancer	✓	✓		✓	
Carcinoma-in-situ	✓		✓		✓
Cardiac Defibrillator Insertion	✓		✓		✓
Cardiomyopathy		✓		✓	
Chronic Kidney Failure		✓		✓	
Chronic Liver Failure	✓	✓	✓	✓	✓
Chronic Lung Failure	✓	✓		✓	
Colostomy and or Ileostomy			✓		✓
Coma		✓		✓	
Coronary Artery Bypass Surgery	✓	✓		✓	
Creutzfeldt-Jakob Disease (CJD)		✓		✓	
Deafness		✓		✓	
Deafness in one ear			✓		✓
Dementia		✓	✓		
Encephalitis		✓		✓	
Heart Attack	✓	✓		✓	
Heart Valve Replacement Surgery	✓	✓		✓	
HIV - Medically Acquired		✓		✓	

03. Trauma conditions

Trauma conditions	90-day stand-down*	Full Trauma (FT)	Partial Trauma (PT)	Children's Trauma (full) (CF)	Children's Trauma (partial) (CP)
HIV – Occupationally Acquired		✓		✓	
Hydrocephalus			✓		✓
Intensive Care		✓	✓	✓	✓
Loss of Cognitive Function		✓		✓	
Loss of Independent Existence		✓		✓	
Loss of Limb			✓		✓
Loss of Limbs or Sight		✓		✓	
Loss of Sight in One Eye			✓		✓
Loss of Speech		✓		✓	
Major Burns		✓		✓	
Major Head Injury		✓		✓	
Meningitis and/or Meningococcal Disease		✓		✓	
Minor Burns			✓		✓
Motor Neurone Disease		✓		✓	
Multiple Sclerosis	✓	✓		✓	
Muscular Dystrophy		✓		✓	
Open Heart Surgery	✓	✓		✓	
Organ Transplant		✓		✓	
Out of Hospital Cardiac Arrest		✓		✓	
Paralysis		✓		✓	
Parkinson's Disease		✓		✓	
Peripheral Neuropathy		✓		✓	
Pneumectomy	✓	✓		✓	
Primary Pulmonary Hypertension		✓		✓	
Severe Diabetes	✓	✓		✓	
Severe Illness or Injury	✓	✓		✓	
Severe Inflammatory Bowel Disease		✓		✓	
Severe Osteoporosis			✓		✓
Severe Peripheral Vascular Disease		✓		✓	
Severe Rheumatoid Arthritis		✓		✓	
Stroke	✓	✓		✓	
Systemic Lupus Erythematosus (SLE) with Lupus Nephritis		✓		✓	
Systemic Sclerosis		✓	✓	✓	✓
Terminal Illness	✓	✓		✓	



04.

Options


The following **options** may apply if they have been added to your Ultimate Trauma Insurance cover. Your **policy schedule** specifies any **option(s)** that a **person insured** has selected.

These are the **options** that are available to you:

 **Early Cancer Benefit Option**

 **Life Cover Buy-back Benefit Option**

 **Trauma Cover Deferred Buy-back Benefit Option**

 **Multiple Trauma Cover Immediate Buy-back Benefit Option**



Early Cancer Benefit Option

This section outlines the benefits that are covered under the Early Cancer Benefit Option.

When will I be covered?

You're covered from the **start date** of this **option** under your standalone Ultimate Trauma Insurance or accelerated Ultimate Trauma Insurance, as shown on your **policy schedule**.

What am I covered for?

If the **person insured** suffers from one of the following cancer conditions (referred to as listed early cancer conditions) below for the first time after the **start date** under this **option**, we'll pay this Early Cancer Benefit Option:

- carcinoma-in-situ with an unequivocal diagnosis by a **specialist** of carcinoma in situ characterised by focal autonomous new growth of carcinomatous cells, which haven't yet caused invasion. Invasion means an infiltration, active destruction, or both of normal tissue beyond the basement membrane for the following:
 - ovary.
 - fallopian tube: tumour limited to tubal mucosa.

The tumour must be confirmed through a tissue biopsy and classified as Tis according to the TNM staging method or FIGO Stage 0

- prostate cancer: An unequivocal diagnosis by a **specialist** of prostate cancer that's histologically described as TNM Classification T1 or having a Gleason Score of equal to or less than 5 (and/or equivalent histological classification). Treatment, including radiotherapy, chemotherapy or surgery must not have been recommended. The tumour must be confined within the prostate.
- chronic lymphocytic leukaemia: Histologically described as Rai Stage 0
- malignant melanoma less than 1.0mm depth of invasion using the Breslow method, and less than Clark Level 3 as determined by a histological examination. All forms of skin cancer that are not melanoma are excluded.

How much am I covered for?

We'll pay the **Early Cancer Benefit Option amount insured**, as shown on your **policy schedule**.

✓ What else do I need to know?

- this benefit is payable in addition to the **amount insured**
- if you have accelerated Ultimate Trauma Insurance, payment of this benefit will not reduce the Ultimate Life Insurance 'amount insured'.
- we won't pay a claim for the listed early cancer conditions if any of the following apply to the **person insured** within 90 days immediately after your **start date** for this **option** or the **start date** of the increase to the **Early Cancer Benefit Option amount insured** (for the increased amount):
 - they are diagnosed with the listed early cancer condition above
 - they have signs or symptoms of the listed early cancer condition above
 - they receive treatment or surgery for the listed early cancer condition above
- the **person insured** must survive for at least 14 days after diagnosis before we pay out this benefit
- to claim for this benefit:
 - you'll need to provide us with the documents we request to support your claim
 - you'll need to provide us with a letter from the **specialist** who is treating the **person insured** to certify the diagnosis and prognosis
 - we may need the **person insured** to be assessed by another **specialist** chosen and paid for by us
- the Early Cancer Benefit Option will end after a claim is paid under this benefit and your premiums will be adjusted accordingly

- the **Early Cancer Benefit Option amount insured** is calculated and underwritten at the **start date** for this **option**. This amount does not change when the Ultimate Trauma Insurance **amount insured** increases or decreases due to:
 - Inflation Adjustment or Increasing Adjustment
 - Special Life Events Increase Benefit
 - any increase or reduction to the **amount insured**
- any requests to increase the **Early Cancer Benefit Option amount insured** after the **start date** will require the **person insured** to answer additional health questions



When will this benefit end?

This benefit will end when the earliest of the following event occurs:

- the date we receive your request to cancel this Early Cancer Benefit Option
- when we have paid you this benefit once
- the date your Ultimate Trauma Insurance ends
- the date your Ultimate Life Insurance ends, where your accelerated Ultimate Trauma Insurance is linked to your Ultimate Life Insurance
- the **person insured** dies



Life Cover Buy-back Benefit Option

This section outlines the benefits that are covered under the Life Cover Buy-back Benefit Option. This option is only available for accelerated Ultimate Trauma Insurance.

When will I be covered?

You're covered from the **start date** of this option under your accelerated Ultimate Trauma Insurance, as shown on your **policy schedule**.

How much can I buy back?

You can buy back your amount insured under your Ultimate Life Insurance after we have paid a claim under the Full Trauma Benefit or Partial Trauma Benefit, up to the Ultimate Life Insurance amount insured immediately before the claim was paid without needing to answer any additional health questions.

When can I apply for the buy back?

You must apply within 60 days of either of the following:

- six months have passed since we have paid a claim for one of the conditions listed below
 - Alzheimer's disease
 - blindness
 - dementia
 - loss of limb
 - loss of limbs or sight
 - multiple sclerosis
 - Parkinson's disease
 - paralysis
- 12 months have passed since we have paid the claim for any other listed trauma condition.

What else do I need to know?

- this benefit cannot be exercised if the **person insured** has suffered a:

- **terminal condition**; or
- **terminal illness**,

which would be covered under any policy offered by us, whether or not a claim has been made.

- any personal exclusions, loadings or special terms that applied to your Ultimate Life Insurance will also apply to your reinstated or increased Ultimate Life Insurance or the additional amount insured on your Ultimate Life Insurance and the premium will be adjusted accordingly
- the reinstated or increased cover will begin when we accept your request to buy back the Ultimate Life Insurance. Your premium will be automatically adjusted based on the age of the **person insured** and our premium rates at the date of the buy-back

When will this benefit end?

This benefit will end when the earliest of the following event occurs:

- the date we receive your request to cancel this Life Cover Buy-back Benefit Option
- you have exercised this benefit once
- the date your Ultimate Trauma Insurance ends
- the date your Ultimate Life Insurance ends, where your accelerated Ultimate Trauma Insurance is linked to the Ultimate Life Insurance
- the **person insured** dies



Trauma Cover Deferred Buy-back Benefit Option

This section outlines the benefits that are covered under the Trauma Cover Deferred Buy-back Benefit Option.

When will I be covered?

You're covered from the **start date** of this option under your standalone Ultimate Trauma Insurance or accelerated Ultimate Trauma Insurance, as shown on your **policy schedule**.

When can I apply for the buy back?

You must apply to buy back your cover within 60 days after 12 months have passed since we have paid a claim under the Full Trauma Benefit or Partial Trauma Benefit. You will not need to answer any additional health questions under this option.

How much can I buy back?

Standalone Ultimate Trauma Insurance

For standalone Ultimate Trauma Insurance, the amount you can buy back for your Ultimate Trauma Insurance, will be up to the **amount insured** in place immediately before the claim was paid.

Accelerated Ultimate Trauma Insurance

For accelerated Ultimate Trauma Insurance, the amount you can buy back will be the lesser of the following:

- up to the **amount insured** in place immediately before the claim was paid; or
- your remaining Ultimate Life Insurance 'amount insured'

What else do I need to know?

- we will exclude any **related conditions** for which a Full Trauma Benefit or Partial Trauma Benefit has been paid, except where a Partial Trauma Benefit claim leads to an eligible Full Trauma Benefit claim we will still pay the Full Trauma Benefit claim
- where we pay a Partial Trauma Benefit and then a Full Trauma Benefit for a **related condition** the amount of the Full Trauma Benefit payable will be calculated by deducting the amount paid under the Partial Trauma Benefit claim paid from the **amount insured** at the time the Full Trauma Benefit is payable

- if the **person insured** show signs or symptoms of any listed trauma condition during the 12-month period after we have paid a claim for a Full Trauma Benefit or Partial Trauma Benefit, no claim will be payable for that **condition**, even if the **person insured** meets the definition for that **condition** after the cover has been reinstated except where the paragraph above applies and the Full Trauma Benefit claim is for a **related condition** to a Partial Trauma Benefit
- the Special Life Events Increase Benefit will not apply to the Ultimate Trauma Insurance after you have exercised this Trauma Cover Deferred Buy-back Benefit Option
- any personal exclusions, loadings or special terms that applied to your Ultimate Trauma Insurance before the buy-back will apply to the cover that has been bought back
- the reinstated Ultimate Trauma Insurance and any **options** (if applicable) will begin when we accept your request to buy back the Ultimate Trauma Insurance. Your premium will be automatically adjusted based on the age of the **person insured** and our premium rates at the date of the reinstatement



When will this benefit end?

This benefit will end when the earliest of the following event occurs:

- the date we receive your request to cancel this Trauma Cover Deferred Buy-back Benefit Option
- you have exercised this benefit once, whether that is for a Partial Trauma Benefit or Full Trauma Benefit
- the date your Ultimate Trauma Insurance ends
- the date your Ultimate Life Insurance ends, where your accelerated Ultimate Trauma Insurance is linked to the Ultimate Life Insurance
- the **person insured** dies



Multiple Trauma Cover Immediate Buy-back Benefit Option

This section outlines the benefits covered under the Multiple Trauma Cover Immediate Buy-back Benefit Option.

When will I be covered?

You're covered from the **start date** of this option under your standalone Ultimate Trauma Insurance or accelerated Ultimate Trauma Insurance, as shown on your **policy schedule**.

When will I get the buy-back?

Your Ultimate Trauma Insurance will be automatically reinstated on the date the claim is paid. This means the **person insured** remains covered by the Ultimate Trauma Insurance despite the claim pay out. The amount that will be reinstated will depend on whether you have a standalone Ultimate Trauma Insurance or an accelerated Ultimate Trauma Insurance.

Standalone Ultimate Trauma Insurance

For standalone Ultimate Trauma Insurance, the amount we will reinstate will be up to the **amount insured** in place immediately before the claim was paid.

Accelerated Ultimate Trauma Insurance

For accelerated Ultimate Trauma Insurance, the amount we will reinstate will be the lesser of the following:

- up to the **amount insured** in place immediately before the claim was paid; or
- your remaining Ultimate Life Insurance 'amount insured' when this option was used

What am I covered for?

We will automatically reinstate your Ultimate Trauma Insurance **amount insured** for the **person insured** after we pay a Full Trauma Benefit or Partial Trauma Benefit payment. The total value of all reinstatements under this option will be limited such that the total amount payable under your Ultimate Trauma Insurance will be four times the **amount insured** at the time of your first Full Trauma Benefit or Partial Trauma Benefit payment.

What else do I need to know?

- any Ultimate Trauma Insurance reinstated under the Multiple Trauma Cover Immediate Buy-back Option will exclude any **related conditions** for which a Full Trauma Benefit or Partial Trauma Benefit has been paid, except where a Partial Trauma Benefit claim leads to an eligible Full Trauma Benefit claim we will still pay the Full Trauma Benefit claim

- where we pay a Full Trauma Benefit or Partial Trauma Benefit and your cover is reinstated, there will be a **stand-down period** for certain **conditions** before a Full Trauma Benefit or Partial Trauma Benefit is available again, depending on the type of **condition** that we paid the claim for:
 - for cardiovascular system conditions (defined below), a **stand-down period** of 36 months will apply from the date a claim was paid for a cardiovascular condition.
 - for cancer conditions (defined below), a **stand-down period** of 24 months will apply from the date the claim was paid for a cancer condition.
 - if we pay a claim for any other **condition**, a **stand-down period** of 12 months will apply to that **condition** from the date the claim was paid for that **condition**.
- where we pay a Partial Trauma Benefit and then a Full Trauma Benefit for a **related condition**:
 - the **stand-down periods** above will not apply
 - the amount of the Full Trauma Benefit payable will be calculated by deducting the amount paid under the Partial Trauma Benefit claim paid from the **amount insured** at the time the Full Trauma Benefit is payable
- if the **person insured** shows any signs or symptoms, is diagnosed with, or receives any treatment or surgery for any listed trauma condition during the applicable **stand-down period** noted above, no claim will be payable for that **condition**, even if the **person insured** meets the definition noted on page 21-22 after the cover has been reinstated.
- the Special Life Events Increase Benefit will not apply to the Ultimate Trauma Insurance after a Multiple Trauma Cover Immediate Buy-back Benefit Option reinstatement has first occurred, whether it is for a Full Trauma Benefit claim or a Partial Trauma Benefit claim
- any personal exclusions, loadings or special terms that applied to your original Ultimate Trauma Insurance will apply to your reinstated cover
- the reinstated Ultimate Trauma Insurance and any **options** (if applicable) will begin immediately after we have paid a Full Trauma Benefit or Partial Trauma Benefit claim. Your premium will be automatically adjusted based on the age of the **person insured** and our premium rates at the date of the reinstatement.

For the purposes of this Multiple Trauma Cover Immediate Buy-back Option, the following definitions apply:

Cardiovascular system conditions means the following listed trauma conditions:

- **aneurysm**
- **angioplasty – one or two vessels**
- **angioplasty – triple vessels or more**
- **aortic surgery**
- **cardiac defibrillator insertion**
- **cardiomyopathy**
- **coronary artery bypass surgery**
- **heart attack**
- **heart valve replacement surgery**
- **open heart surgery**
- **out of hospital cardiac arrest**
- **primary pulmonary hypertension**
- **stroke**

Cancer conditions means the following listed trauma conditions:

- **cancer**
- **carcinoma-in-situ**



When will this benefit end?

This benefit will end when the earliest of the following event occurs:

- the date we receive your request to cancel the Multi Trauma Immediate Buy-back Benefit Option
- after we have paid an amount equal to four times the **amount insured** at the time of the first Full Trauma Benefit payment or Partial Trauma Benefit payment. Your final Full Trauma Benefit payment or Partial Trauma Benefit payment under this cover may be reduced to reflect the amount remaining under this option
- the date your Ultimate Trauma Insurance ends
- the date your Ultimate Life Insurance ends, where your accelerated Ultimate Trauma Insurance is linked to the Ultimate Life Insurance
- the **person insured** dies



05.

What
we don't
cover

⊗ What we don't cover

There are some things we don't provide cover for.

We won't pay any claims that are related directly or indirectly to, or are the consequences of any of the following:

Self-inflicted

- any intentional self-inflicted act by the **person insured** (whether sane or insane)

Crime or Conflict

- any listed trauma **condition** suffered in the course of a crime committed by you or the **person insured** where you or the **person insured** is charged for that crime under the Crimes Act

We will not make any claim payments while you or the **person insured** is in jail or home detention

We also don't provide cover for any other specific exclusions set out in the **policy schedule**.



06.

Types of adjustments

What type of adjustments to the amount insured can I select?

You must choose from the following three adjustment types:

- Inflation Adjustment
- Increasing Adjustment
- No Adjustment

The adjustment you've selected will be shown on your **policy schedule**. You can also have a combination of these adjustment types on different portions of your **amount insured**.

The adjustment type on any accelerated Ultimate Trauma Insurance must match the adjustment type on the linked Ultimate Life Insurance.

If you've selected the Early Cancer Benefit Option, there will be no inflation or increasing adjustments applied to the amount insured for that option.

The three types of adjustment are explained below:

Inflation Adjustment

If you've selected Inflation Adjustment, the **amount insured** will increase every **policy year** by a percentage, at our discretion, of between 1% and 10%.

We'll decide what the percentage increase will be each **policy year**, and it will be guided by the most recently published **Consumer Price Index (CPI)** changes.

Any increase to the **amount insured** will automatically apply at your next **policy anniversary date**. If you don't want the **amount insured** to increase in any year, you can choose to opt out of the next increase by advising us at any time before your next **policy anniversary date**.

Your premium will be automatically adjusted to take into account the increase in the **amount insured**.

The **person insured** won't need to answer any additional health questions as part of this increase.

The Inflation Adjustment increase won't apply if:

- you've asked us not to apply the inflation increase for that **policy year**
- you've declined the inflation increase for three **policy years** in a row. If this happens, your cover will automatically change to No Adjustment.
- the **amount insured** can no longer be increased as it's reached the maximum that we set

Increasing Adjustment

If you've selected Increasing Adjustment, the **amount insured** will increase every **policy year** by a fixed percentage of 5%.

The increase to the **amount insured** will automatically apply at your next **policy anniversary date**. If you don't want the **amount insured** to increase in any year, you can choose to opt out of the next increase by advising us at any time before your next **policy anniversary date**.

Your premium will be automatically adjusted to take into account the increase in the **amount insured**.

The **person insured** won't need to answer any additional health questions as part of this increase.

The Increasing Adjustment won't apply if:

- you've asked us not to apply the increase for that **policy year**
- you've declined the increase for three **policy years** in a row. If this happens, your cover will automatically change to No Adjustment
- the **amount insured** can no longer be increased as it's reached the maximum that we set

No Adjustment

If you've selected No Adjustment, the **amount insured** won't be automatically increased at each **policy anniversary date**.

How can I change my adjustment type?

You can apply to change your adjustment type. Any requests will need to be made in writing and can be made through your adviser or our [Help Centre](#). We'll then let you know if you can change the adjustment type, at our discretion.

Changing your adjustment type may:

- result in your premiums changing
- require the **person insured** to answer some additional health questions



07.

**Using
your cover**

What do I need to do to submit my claim?

It's important that you tell us as soon as possible about any event that may lead to a claim. To make a claim, your policy and the cover you're claiming for must still be in force at the time of the event.

If there's more than one **policyowner**, all **policyowners** must agree to the claim being made in writing, in addition to the standard requirements for making a claim.

It's important we receive all the information we ask from you in a timely manner during the claims process, as we may not be able to approve a claim payment until we have all the required information. We'll only pay out a claim after we're satisfied that the claim is legal and valid.

All fees for information we may request to support your claim must be paid for by you. However, if we need the **person insured** to take additional steps, such as providing additional information or undergoing any assessment by another **health professional** chosen by us to further help us assess your claim, these costs will be met by us.

We reserve the right to recover any claim amounts that:

- have been paid out by mistake
- have been paid out as a result of:
 - you breaching the terms of your policy
 - your dishonesty or fraud or the dishonesty or fraud of the **person insured**.

Who does my claim get paid to?

Any claim payments we make under this Ultimate Trauma Insurance will be paid to the **policyowner(s)** provided your premium payments are up to date.

We may contact the **policyowner(s)** to ensure we have received all the requirements before assessing the claim.

Once we're satisfied that a claim is payable in accordance with the terms of this policy document, we'll transfer the claim payments to one New Zealand bank account nominated by the **policyowner**. If there's more than one **policyowner**, all **policyowners** must jointly nominate one New Zealand bank account.

Am I covered while overseas?

The **person insured** is covered by this policy anywhere in the world unless you have a relevant personal exclusion that applies. All benefit payments made under this policy will be in New Zealand dollars.

Renewal of your Ultimate Trauma Insurance

We will automatically renew your Ultimate Trauma Insurance every 12 months on your **policy anniversary date** until your Ultimate Trauma Insurance ends, so long as you continue to pay your premiums and meet the terms and conditions of your policy.

When does my Ultimate Trauma Insurance end?

The cover for a **person insured** will automatically end when one of the following happens:

- you cancel this Ultimate Trauma Insurance or your policy
- we cancel this Ultimate Trauma Insurance or your policy as provided for in the section '[Can nib cancel my policy?](#)'
- the **amount insured** reduces to zero (unless any of the buy-back **options** are selected under your policy)
- the expiry date of this Ultimate Trauma Insurance as shown on your **policy schedule** occurs
- the **person insured** dies

If your cover has ended because we've paid out the **amount insured**, we'll still pay the Financial and Legal Advice Benefit, Support Person Transport Benefit, Support Person Accommodation Benefit, Return to Home Benefit and the Counselling Benefit, providing the relevant benefit criteria have been met and nothing has happened that would enable us to cancel your Ultimate Trauma Insurance for any other reason.



08.

Making changes to your policy

Who can view and change my policy?

Any **policyowner** can ask about claims for the **person insured** under your policy. When we give information to any one **policyowner**, we will treat that as giving it to all **policyowner(s)** (unless you have asked us to do otherwise).

It's possible to request to change some aspects of your Ultimate Trauma Insurance cover, including the following:

- increasing or decreasing the **amount insured**
- adding, removing or changing the **options**
- changing how often you pay your premiums
- changing the adjustment type on your Ultimate Trauma Insurance cover

Any requests to change your policy need to be made in writing by all the **policyowner(s)** other than a request to change how often you pay your premiums which can be made by the **policyowner** who is responsible for making the premium payment and can be made through your adviser or our [Help Centre](#).

You may also transfer policy ownership of your policy at any time provided your premiums are up to date. We will need to register the transfer for it to be legally binding. If you remove yourself as a **policyowner**, you give up all rights and obligations under this policy.

If we approve your request, we will update your policy, adjust your premiums (if necessary), and provide the new **policyowner(s)** with an updated **policy schedule**. Any change to your premiums will start from the date of the premium payment after the change is approved.

How do I cancel my Ultimate Trauma Insurance or the policy?

If you'd like to cancel your Ultimate Trauma Insurance cover or the policy, all **policyowner(s)** will need to tell us in writing. This can be done through your adviser or our [Help Centre](#) at least 30 days before you want the policy to end. Any overpaid premiums at the time the policy is cancelled will be refunded.

Can nib cancel my policy?

It's important you and the **person insured** give us all information we need to decide the terms we'll offer for your policy. We may, subject to the Insurance Law Reform Act 1977, cancel your policy from the policy **start date** (and we may keep any premiums and recover any claim payments made) where you or the **person insured**:

- do not disclose all relevant information; or
- provide information that is substantially incorrect and material to our decision to issue your policy.

We may cancel the entire policy immediately if any of the following applies:

- your premium payment is overdue by more than 90 days
- the **person insured** on your policy has died
- you or the **person insured** have breached the terms of your policy
- information provided by the **person insured**, you, or on your behalf (when applying for or making changes to the policy or making a claim) is not true, correct or complete
- your claim is fraudulent in any way
- you or the **person insured** behaves in an offensive or intimidating way towards an nib employee

08. Making changes to your policy

If we cancel your policy for any reason, including fraud, we'll let you know in writing, and may keep any premiums that have been paid to us. If we've already made any benefit payments for claims that were submitted fraudulently, we may recover the money from the **policyowner(s)**. Where there is more than one **policyowner**, each **policyowner** is severally liable for any resulting debt we are entitled to recover, and we may seek recovery from any one or more **policyowners** in our discretion.

We may cancel your Ultimate Trauma Insurance cover if your cover wasn't resumed after a suspension period. If this happens, we will let you know in writing and may keep any premiums that have been paid to us.

We won't provide any cover, or be liable to pay any claim, if the provision of that cover, or claim payment would be to or in respect of a person who is the subject of any sanction, prohibition or restriction under:

- United Nations resolutions or trade or economic sanctions applied in New Zealand under the United Nations Act 1946
- the Russia Sanctions Act 2022
- the laws or regulations of the European Union, United States of America, Australia and/or New Zealand

This applies without limitation not only to the **policyowner**, but to the **person insured** and any third party or related party of this policy.

Should we determine that the above is applicable, we may cancel the policy with immediate effect.

No surrender value

This policy has no surrender value or cash value if cancelled.

What if the person insured's lifestyle changes?

If the **person insured**:

- changes their lifestyle that means their personal exclusions may no longer apply - for example a diving exclusion was applied and the **person insured** no longer dives;
- stops smoking or vaping,

you'll need to let us know as it may affect your premiums and/or the exclusions on your policy.

Where the **person insured** has stopped smoking or vaping, they need to have stopped smoking or vaping for at least 12 months continuously for us to be able to change the smoking status to non-smoker.

Any change to your premiums will take effect from your policy's next premium due date.



09.

Conditions of your policy

Who can be a policyowner?

You need to be at least 16 years old to be a **policyowner**. There can be more than one **policyowner**. The **policyowner** is named in your **policy schedule**.

What happens if the policyowner passes away?

If there's a single **policyowner** and they passed away, the ownership of the policy will transfer to the **policyowner's** estate.

If there is more than one **policyowner** and one of the **policyowners** passes away, the ownership of the policy will transfer to the surviving **policyowner(s)**. If the deceased **policyowner** is the **person insured**, the proceeds of the claim will be paid to the surviving **policyowner(s)**.

Your responsibilities

As a **policyowner** or **person insured**, you must do the following:

- comply completely with your policy
- read your policy documents and ask us or your adviser if you're unsure about what you have cover for
- be truthful, correct and complete when making a claim
- ensure your premiums are paid on time
- let us know if your contact details, or any details that might affect your cover, change
- provide us with any information we ask for if it is reasonable and related to your policy. The information must be true, correct, and complete at the time it's provided to us. You'll also need to tell us about any changes to the information you've provided as soon as possible.

If you, or someone acting on your behalf, or the **person insured** don't provide us with true, correct, and complete information (that you or they know, or should know), when you apply for insurance, change your policy or make a claim, depending on the individual facts of any situation, we may do all or any of the following:

- cancel your policy with immediate effect
- change the terms and conditions of cover provided under your policy, and apply these changes back to the **start date** of the Ultimate Trauma Insurance, the **start date** of any other cover or the policy **start date** as we determine appropriate
- not pay any claims after the **start date** of the Ultimate Trauma Insurance or the policy **start date** as we determine appropriate
- keep any premiums that have been paid to us
- recover any claim payments that we have already made



10.

About your premiums and benefits

Managing your payments

To keep your policy active so you can make a claim, you'll need to make sure that payments for your premiums are up to date. Your premium includes any applicable policy fee.

If your premium payments are overdue and you're eligible for a claim payment, we will automatically deduct any unpaid premiums from any claim payments due under this policy, and pay you the difference.

If we send you communications about your premiums and they're returned to us, we'll keep making deductions until you tell us to stop. This is to ensure your policy continues until it's cancelled (see section '[Can nib cancel my policy?](#)').

You can pay your premiums up to 12 months in advance from your **policy anniversary date**.

How are my premiums and claims being managed?

Under the Insurance (Prudential Supervision) Act 2010, we are required to establish a statutory fund. All premiums we receive under your policy will be held in the nib nz Life Statutory Fund. All claims paid will also be paid out from this Fund.

Changes to your benefits

Safeguarded benefits and future upgrades

The benefit wording, terms, important words and exclusions for this policy are safeguarded from detrimental changes by us.

We can only make changes to these that may be detrimental, if:

- a law that applies to your policy has changed (including tax changes); or
- information provided by you, or on your behalf, or by the **person insured** is not true, correct and complete.

If we make any improvements to our on-sale Ultimate Trauma Insurance cover in future, that favourable change will automatically apply to you if that benefit exists in your policy. Any enhancements or improvements to any **options** will only be passed back if the **options** are shown in your **policy schedule**.

When a claim is made, we'll compare the enhanced benefit of the latest policy wording against your original policy wording and apply the most favourable terms to your claim. If we can't determine which version of the policy wording is more favourable, you'll decide which version you want to claim under. Once you've made this decision, you won't be able to change this.

The improvement to the policy will only apply from the date that we choose. This date is called the **pass-back date**. The improvement will only apply to claim events that first happen on or after the **pass-back date**. The improvements will not apply to any claim when any sign, symptom, treatment, or surgery of the claimed **condition** happened on or before the **pass-back date**.

Any personal exclusions, loadings or special terms that apply to your policy won't be impacted by any improvement in the policy wording and will continue to apply to your policy.

Any premium increase as a result of the improvement(s) will apply at your next **policy anniversary date**.

Changes to your premiums

As the **person insured** gets older, we'll review and adjust your premiums on each **policy anniversary date** to reflect their current age and **amount insured**.

There may also be a change to your premiums for any of the following reasons:

- the **amount insured** has changed
- a cover has been added or removed from your policy
- our premium rates have changed
- we determine that a policy fee needs to increase due to an increase in operational expenses
- there has been a change in how premiums are calculated
- a law that applies to your policy has changed (including tax changes)

We won't make changes to your premiums because of any individual claims that have been made under this policy.

If we need to make changes to your premiums, we'll let you know at least 30 days before the change(s) take effect.



11.

Trauma definitions

Keys**FT** = Full Trauma Benefit**PT** = Partial Trauma Benefit**CF** = Children's Trauma Conditions (full)**CP** = Children's Trauma Conditions (partial)

Trauma condition(s)	Definitions
Adult Insulin Dependent Diabetes Mellitus* PT	means an unequivocal diagnosis by a specialist of insulin dependent diabetes mellitus type 1 for the first time after 30 years of age.
Advanced AIDS FT CF	<p>means an unequivocal diagnosis by a specialist with Advanced Acquired Immunodeficiency Syndrome (AIDS) in the clinical setting, evidenced by the presence of HIV infection with a persistent CD4 cell count of less than 200/ul despite appropriate continuous antiretroviral therapy for at least three consecutive months.</p> <p>There must be an associated AIDS defining illness with AIDS resulting in at least one of the following:</p> <ul style="list-style-type: none"> • Kaposi's Sarcoma or Lymphoma. • Pneumocystis Carinii infection, cryptococcal infection or any other opportunistic infection of the lungs or nervous system. • Tuberculosis or other mycobacterium infection at any site. • Progressive multifocal leukoencephalopathy. • HIV Encephalopathy. • HIV wasting syndrome characterised by more than 10% weight loss, chronic intractable diarrhoea and chronic candidiasis of the respiratory tract or gastrointestinal tract.
Alzheimer's Disease FT	means the unequivocal diagnosis of Alzheimer's disease by a specialist in psychiatry, neurology, psychogeriatrics or geriatrics that confirm permanent irreversible failure of brain function.
Aneurysm* PT CP	<p>means a:</p> <ul style="list-style-type: none"> • cerebral aneurysm of any size where the intracranial aneurysm is confirmed by a specialist and has been treated surgically via clipping or endovascular surgery. We will only pay one Partial Trauma Benefit for cerebral aneurysm regardless of the number of cerebral aneurysms suffered. • aortic aneurysm that has been definitively identified through MRI or CT scanning: and <ul style="list-style-type: none"> • is larger than 5.5 cm in diameter; or • is larger than 3.5 cm in diameter and growing at a rate faster than 0.5cm in diameter per year; or • has ruptured.
Angioplasty – one or two vessels* PT CP	means the actual undergoing of coronary artery angioplasty to correct a narrowing or blockage of one or two coronary arteries that is considered medically necessary by a specialist on the basis of angiographic evidence, indicating obstruction of the coronary arteries.
Angioplasty – three vessels or more* FT CF	<p>means the actual undergoing of coronary artery angioplasty to correct a narrowing or blockage of at least three coronary arteries within a period of 60 days that is considered medically necessary on the basis of angiographic evidence, indicating obstruction of at least three coronary arteries.</p> <p>Repeat procedures to the same coronary artery are not covered.</p>

Trauma condition(s)	Definitions
Aortic Surgery* FT CF	means the actual undergoing of surgery to repair or correct: <ul style="list-style-type: none"> • an aortic aneurysm; or • an obstruction of the aorta; or • a coarctation of the aorta; or • a traumatic rupture of the aorta.
Aplastic Anaemia FT CF	means bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment.
Benign Brain Tumour FT CF	means a non-cancerous tumour in the brain, cranial nerves or meninges and which: <ul style="list-style-type: none"> • produces neurological damage and functional impairment which a specialist considers to be permanent; or • is deemed medically necessary to be removed through surgery (whether it is able to be removed or not). <p>Neurological damage and functional impairment include but are not limited to: memory loss, impaired speech, vision loss and paralysis on one side of the body.</p>
Benign Brain Tumour PT CP	means the unequivocal diagnosis of a non-cancerous tumour in the brain, cranial nerves or meninges by a specialist , giving rise to signs and symptoms characteristic of increased intra-cranial pressure such as papilledema, mental symptoms, seizures and sensory impairment.
Benign Spine Tumour FT CF	means a non-cancerous tumour in the spine, spinal cord or spinal nerves which produces spinal damage and functional impairment which a specialist considers to be permanent.
Benign Spine Tumour PT CP	means the unequivocal diagnosis of a non-cancerous tumour in the spine, spinal cord or spinal nerves which requires surgery for its removal regardless of whether it produces spinal damage and functional impairment which a specialist considers to be permanent.
Blindness* FT CF	means the unequivocal diagnosis of one of the following diseases or disorders: <ul style="list-style-type: none"> • age related macular degeneration or Stargardts Disease by a specialist where both of the following apply to the person insured: <ul style="list-style-type: none"> • they are under the age of 55 years old • significant central vision loss is present and categorised by the presence of Drusen or retinal atrophy • glaucoma by a specialist where there is progressive and irreversible loss of visual field over a 12-month period and this is as a result of optic nerve atrophy as signified on fundoscopy or appropriate digital screening; or • visual acuity less than 6/36 in both eyes after correction; or • a field of vision constricted to 20 degrees or less of arc. <p>All treatment to arrest or improve the visual acuity or field of vision must have been exhausted.</p>

Trauma condition(s)	Definitions
Cancer* FT CF	<p>means malignant tumours including leukaemia, lymphoma and Hodgkin's disease – must be characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.</p> <p>Malignant melanomas require one or more of the following to apply:</p> <ul style="list-style-type: none"> • a histological examination finds evidence of ulceration • there's at least Clark level 3 depth of invasion • a histological examination finds thickness measuring at least 1.0mm using the Breslow method. <p>The following are excluded:</p> <ul style="list-style-type: none"> • all tumours showing the malignant changes of carcinoma-in-situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or which are histologically described as premalignant or non-invasive, unless it results in treatment by one of the following: <ul style="list-style-type: none"> • radiotherapy • systemic chemotherapy; or • radical surgery. Radical surgery is surgery to remove all of a diseased organ. <p>The treatment must be:</p> <ul style="list-style-type: none"> • undertaken to specifically stop the spread of malignancy; and • be considered by a specialist as necessary and most appropriate treatment. <ul style="list-style-type: none"> • prostatic cancers histologically described as TNM Classification T1 or Gleason score of equal to or less than 5 (or equivalent histological classification), unless it results in treatment by one of the following: <ul style="list-style-type: none"> • radiotherapy • systemic chemotherapy; or • the removal of the entire prostate <p>The treatment must be:</p> <ul style="list-style-type: none"> • undertaken to specifically stop the spread of malignancy; and • be considered by a specialist as necessary and most appropriate treatment. <ul style="list-style-type: none"> • all other types of skin cancers, unless there's evidence of metastases • chronic lymphocytic leukaemia less than Rai Stage 1.

Trauma condition(s)	Definitions
Carcinoma-in-situ* PT CP	<p>means an unequivocal diagnosis by a specialist of carcinoma-in-situ characterised by focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane.</p> <p>The carcinoma-in-situ must be positively diagnosed by biopsy and be classified as TIS according to the TNM staging method or FIGO Stage 0.</p> <p>This benefit only covers carcinoma-in-situ of the following sites:</p> <ul style="list-style-type: none"> • breast • cervix • vagina • vulva • carcinoma-in-situ of the cervix uteri of Cervical Intraepithelial Neoplasia (CIN) grade 3 (CIN3) <p>The following are excluded:</p> <ul style="list-style-type: none"> • Carcinoma-in-situ of the cervix uteri of Cervical Intraepithelial Neoplasia (CIN) classification CIN-1 and CIN-2.
Cardiac Defibrillator Insertion* PT CP	<p>means the permanent insertion of an automatic implantable defibrillator after the occurrence of ventricular tachycardia or ventricular fibrillation.</p> <p>We will only pay one Partial Trauma Benefit for cardiac defibrillator insertion, even if more than one cardiac defibrillators are inserted in the person insured.</p>
Cardiomyopathy FT CF	<p>means impaired ventricular function of variable aetiology due to primary disease of the heart muscle, resulting in permanent and irreversible physical impairments to the degree of at least class three of the New York Heart Association classification of cardiac impairment.</p>
Chronic Kidney Failure FT CF	<p>means end stage renal disease resulting in chronic irreversible failure of the kidneys to function, requiring regular renal dialysis or haemodialysis.</p>
Chronic Liver Failure* FT CF	<p>means an unequivocal diagnosis of end-stage liver failure confirmed by a specialist and evidenced by one of the following conditions:</p> <ul style="list-style-type: none"> • permanent jaundice; or • ascites; or • encephalopathy.
Chronic Liver Failure* PT CP	<p>means the unequivocal diagnosis of irreversible chronic liver failure by a specialist.</p>

Trauma condition(s)	Definitions
Chronic Lung Failure* FT CF	means end stage lung disease requiring medically necessary permanent supplementary oxygen as confirmed by a specialist .
Colostomy and/or Ileostomy PT CP	means the creation of a permanent, irreversible opening, linking the colon and/or ileum to the external surface of the body.
Coma FT CF	means a state of unconsciousness resulting in a documented Glasgow Coma Scale of six or less, for a continuous period of at least 72 hours (3 consecutive days) and use of a life-support system. Coma as a result of alcohol or drug abuse is excluded.
Coronary Artery Bypass Surgery* FT CF	means medically necessary coronary artery bypass graft surgery to correct coronary artery disease that is causing inadequate myocardial blood supply.
Creutzfeldt-Jakob Disease (CJD) FT CF	means the diagnosis of Creutzfeldt-Jakob disease confirmed by a specialist . The person insured must exhibit signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasm, tremor and athetosis, resulting in the person insured requiring permanent and continual medical supervision.
Deafness FT CF	means the diagnosis of total and irreversible loss of intelligible hearing in both ears to the extent that either: <ul style="list-style-type: none"> • the hearing loss, with and without the assistance of an external hearing aid is greater than 90 decibels across 0.5, 1, 2, 4 kHz frequencies; or • the hearing loss is greater than 90 decibels across all frequencies and a specialist has recommended the insertion of a cochlear implant.
Deafness in one ear PT CP	means either the total and irreversible loss of intelligible hearing in one ear which is greater than 90 decibels across 0.5, 1, 2, 4 kHz frequencies, with and without the assistance of a hearing aid
Dementia FT	means the confirmed diagnosis by a specialist of dementia with the permanent and irreversible loss of cognitive function. Loss of cognitive function is deterioration or loss of intellectual capacity which requires the need for daily supervision of another adult to ensure the person insured's safety. Daily supervision means situations such as preparing food, taking medicines, leaving the home or activities of similar severity. The loss needs to be measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas: <ul style="list-style-type: none"> • short or long-term memory • orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year) • deductive or abstract reasoning.

Trauma condition(s)	Definitions
Dementia PT	means the unequivocal diagnosis by a specialist of dementia.
Encephalitis FT CF	means severe inflammatory disease of the brain resulting in a neurological deficit causing either: <ul style="list-style-type: none"> • a 25% whole person impairment that is permanent; or • the person insured being totally and irreversibly unable to perform at least one of the activities of daily living.
Heart Attack* FT CF	means the death of heart muscle as a result of inadequate blood supply to the relevant area, confirmed by a cardiologist and evidenced by typical rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference range, and any one of the following: <ul style="list-style-type: none"> • signs and symptoms of ischaemia which are consistent with myocardial infarction; or • new serial ECG changes with the development of any one of the following: <ul style="list-style-type: none"> • ST elevation or depression; or • T wave inversion; or • new left bundle branch block (LBBB); or • pathological Q waves; or • imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. <p>If the above tests are inconclusive, we will consider other appropriate and medically recognised tests.</p> <p>Other acute coronary syndromes including but not limited to angina pectoris are excluded. A rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease is also excluded unless the baseline value is normal and the elevation is greater than 10 times the 99th percentile of the upper reference.</p>
Heart Valve Replacement Surgery* FT CF	means the actual undergoing of surgery that is considered necessary to replace or repair a cardiac valve as a consequence of heart valve defects or abnormalities but does not include angioplasty, intra-arterial procedures or non-surgical techniques unless at least two cardiac valves are to be repaired or replaced within the same procedure.

Trauma condition(s)	Definitions
HIV – Medically Acquired FT CF	<p>means the accidental infection with the Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medically necessary events which must have occurred to the person insured as a result of medical treatment performed by an appropriate specialist:</p> <ul style="list-style-type: none"> • a blood transfusion; or • transfusion with blood products; or • organ transplant to the person insured; or • assisted reproductive techniques; or • a medical procedure or operation performed by a specialist. <p>If we require, we must be given access to test independently all blood samples used. We retain the right to take further independent blood tests or other medically accepted HIV tests.</p> <p>HIV infection transmitted, other than occupationally acquired as defined below, by any other means including sexual activity or recreational intravenous drug use is excluded.</p>
HIV – Occupationally Acquired FT CF	<p>means diagnosis with the Human Immunodeficiency Virus (HIV) where the HIV was acquired as a result of:</p> <ul style="list-style-type: none"> • an accident arising out of the person insured's normal occupation; or • a malicious act of another person or persons arising out of the person insured's normal occupation; and • sero-conversion to HIV occurs within six months of the accident or malicious act. <p>Any incident giving rise to a potential claim must be supported by a negative HIV antibody test taken within thirty days of the incident.</p> <p>If we require, we must be given access to test independently all blood samples used. We retain the right to take further independent blood tests or other medically accepted HIV tests.</p> <p>HIV infection transmitted, other than occupationally acquired as defined above, by any other means including sexual activity or recreational intravenous drug use is excluded.</p>
Hydrocephalus PT CP	<p>means an excessive accumulation of cerebrospinal fluid within the cranium requiring the insertion of a shunt.</p>

Trauma condition(s)	Definitions												
Intensive Care FT CF	<p>means as a result of an illness or injury and on the recommendation of a specialist, the person insured meets the applicable definition listed in severity criteria below where the total score for the severity criteria or multiple severity criteria is greater or equal to 15 points.</p> <table border="1" data-bbox="437 398 1342 1099"> <thead> <tr> <th data-bbox="437 398 1059 450">Severity Criteria</th> <th data-bbox="1059 398 1342 450">Total Score</th> </tr> </thead> <tbody> <tr> <td data-bbox="437 450 1059 562">Undergoes continuous mechanical ventilation by means of tracheal intubation while admitted to Intensive Care Unit (ICU) or High Dependency Unit (HDU)</td> <td data-bbox="1059 450 1342 562">Five points every 24 consecutive hours</td> </tr> <tr> <td data-bbox="437 562 1059 674">Receives intensive care in a hospital, which is the equivalent of care which would be expected to be provided in an ICU.</td> <td data-bbox="1059 562 1342 674">Three points every 24 consecutive hours</td> </tr> <tr> <td data-bbox="437 674 1059 786">Receives high dependency care in a hospital, which is the equivalent of care which would be expected to be provided in a HDU.</td> <td data-bbox="1059 674 1342 786">One point every 24 consecutive hours</td> </tr> <tr> <td data-bbox="437 786 1059 898">Admission to either an ICU and/or HDU and simultaneous artificial airway management, other than tracheal intubation.</td> <td data-bbox="1059 786 1342 898">An extra one point every 24 consecutive hours</td> </tr> <tr> <td data-bbox="437 898 1059 1099">Following admission to an ICU and/or HDU becoming totally unable to perform at least one of the activities of daily living, as certified by a specialist, for 90 consecutive days or more after being discharged from hospital.</td> <td data-bbox="1059 898 1342 1099">An extra 10 points – once only for each illness or injury</td> </tr> </tbody> </table>	Severity Criteria	Total Score	Undergoes continuous mechanical ventilation by means of tracheal intubation while admitted to Intensive Care Unit (ICU) or High Dependency Unit (HDU)	Five points every 24 consecutive hours	Receives intensive care in a hospital , which is the equivalent of care which would be expected to be provided in an ICU.	Three points every 24 consecutive hours	Receives high dependency care in a hospital , which is the equivalent of care which would be expected to be provided in a HDU.	One point every 24 consecutive hours	Admission to either an ICU and/or HDU and simultaneous artificial airway management, other than tracheal intubation.	An extra one point every 24 consecutive hours	Following admission to an ICU and/or HDU becoming totally unable to perform at least one of the activities of daily living , as certified by a specialist , for 90 consecutive days or more after being discharged from hospital .	An extra 10 points – once only for each illness or injury
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Intensive Care PT CP	<p>means as a result of an illness or injury and on the recommendation of a specialist, the person insured meets the applicable definition listed in severity criteria above where the total score for the severity criteria or multiple severity criteria is between 10–14 points.</p>												
Loss of Cognitive Function FT CF	<p>means the permanent deterioration or loss of intellectual capacity that requires the person insured to be under continual care and supervision to protect the person insured or others.</p> <p>The diagnosis is confirmed by a specialist in neurology, geriatrics, psychogeriatrics, or psychiatry.</p>												
Loss of Independent Existence FT CF	<p>means an illness or injury that results in total and irreversible disablement of the person insured with the effect that he or she is unable to perform at least one of the activities of daily living.</p>												
Loss of Limb PT CP	<p>means the person insured has suffered the total and irreversible loss of use of one limb.</p>												
Loss of Limbs or Sight FT CF	<p>means the person insured has suffered either of the following:</p> <ul style="list-style-type: none"> • total and irreversible loss of use of two limbs • total and irreversible loss of sight of one eye, and the total and irreversible loss of use of one limb. 												

Trauma condition(s)	Definitions
Loss of Sight in One Eye PT CP	means the total and irreversible loss of sight in one eye. Loss of sight is defined as one of the following: <ul style="list-style-type: none"> • visual acuity less than 6/36 in one eye after correction • a field of vision constricted to 20 degrees or less of arc • a combination of visual defects causing the same amount of visual impairment as either of the above.
Loss of Speech FT CF	means the total and permanent loss of the ability to produce intelligible speech due to permanent damage to the larynx or its nerve supply or disorder affecting speech centres of the brain.
Major Burns FT CF	means full-thickness burns to at least one of the following: <ul style="list-style-type: none"> • 20% of the body surface area as measured by The Rule of Nines or the Lund & Browder Body Surface Chart • 25% of the whole face requiring surgical debridement and/or grafting • 50% of the whole of the surface of both hands requiring surgical debridement and/or grafting.
Major Head Injury FT CF	means accidental cerebral injury resulting in either of the following: <ul style="list-style-type: none"> • infarction of brain tissue or intracranial or subarachnoid haemorrhage, as clearly evidenced by CT, MRI or equivalent scan • neurological deficit causing either of the following: <ul style="list-style-type: none"> • a 25% whole person impairment that is permanent • the person insured becoming totally and irreversibly unable to perform at least one of the activities of daily living.
Meningitis and/or Meningococcal Disease FT CF	means the unequivocal diagnosis of either of the following: <ul style="list-style-type: none"> • meningitis and/or • meningococcal disease including meningococcal septicaemia causing either of the following: <ul style="list-style-type: none"> • a 25% whole person impairment that is permanent • the person insured becoming totally and irreversibly unable to perform at least one of the activities of daily living.
Minor Burns PT CP	means either of the following: <ul style="list-style-type: none"> • full-thickness burns to at least 9% of the body surface area as measured by The Rule of Nines or the Lund & Browder Body Surface Chart • full-thickness burns to both hands, requiring surgical debridement and/or grafting • 20% of the whole face requiring surgical debridement and/or grafting • full-thickness burns to the face, requiring surgical debridement and/or grafting.
Motor Neurone Disease FT CF	means the unequivocal diagnosis of motor neurone disease by a specialist .

Trauma condition(s)	Definitions
Multiple Sclerosis* FT CF	<p>means the unequivocal diagnosis of multiple sclerosis by a specialist.</p> <p>Multiple sclerosis means a disease characterised by demyelination in the brain and/or spinal cord. There must be more than one episode of well-defined neurological deficit with persisting neurological abnormalities causing one of the following:</p> <ul style="list-style-type: none"> • the person insured to suffer at least 25% whole person impairment that is permanent • the person insured to be constantly and permanently unable to perform at least one of the activities of daily living • being assigned a 7.5 or higher score on the Expanded Disability Status Scale (EDSS) by a consultant neurologist. <p>Neurological investigations such as lumbar puncture, MRI (Magnetic Resonance Imaging) evidence of lesions in the central nervous system, evoked visual responses, and evoked auditory responses are required to confirm unequivocal diagnosis.</p>
Muscular Dystrophy FT CF	<p>means the unequivocal diagnosis of muscular dystrophy by a specialist.</p>
Open Heart Surgery* FT CF	<p>means the undergoing of open-heart surgery for treatment of a cardiac defect, cardiac aneurysm or benign cardiac tumour. Repair via catheter surgery, minimally invasive “keyhole” or similar techniques is specifically excluded.</p>
Organ Transplant FT CF	<p>means the person insured has been placed on a recognised New Zealand or Australian waiting list for, or has undergone a medically necessary organ transplant from a donor of at least one of the following organs:</p> <ul style="list-style-type: none"> • heart; or • kidney; or • liver or part thereof; or • lung; or • pancreas; or • small bowel or part thereof; or • the transplant of bone marrow. <p>The transplant of all other organs or any other tissue or cell is excluded.</p>
Out of Hospital Cardiac Arrest FT CF	<p>means cardiac arrest that occurs out of hospital where all the following apply:</p> <ul style="list-style-type: none"> • the cardiac arrest wasn’t associated with any medical procedure • an electrocardiogram documented the cardiac arrest, or the discharge of a shock by a fully automated external defibrillator (AED); • the cardiac arrest was caused by cardiac asystole, ventricular fibrillation, or ventricular tachycardia.
Paralysis FT CF	<p>means the total and permanent loss of function of at least one limb, due to illness or injury of the spinal cord.</p>

Trauma condition(s)	Definitions
Parkinson's Disease FT CF	means the unequivocal diagnosis of Idiopathic Parkinson's disease by a specialist resulting in either of the following: <ul style="list-style-type: none"> • a 25% whole person impairment that is permanent • the person insured becoming permanently unable to perform at least one of the activities of daily living.
Peripheral Neuropathy FT CF	means the irreversible loss of function of the peripheral nerves diagnosed by a specialist causing either of the following: <ul style="list-style-type: none"> • at least 25% whole person impairment that is permanent • totally and irreversibly unable to perform at least one of the activities of daily living.
Pneumonectomy* FT CF	means the actual undergoing of surgery to remove an entire lung.
Primary Pulmonary Hypertension FT CF	means ideopathic pulmonary hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterisation.
Severe Diabetes* FT CF	means an unequivocal diagnosis by a specialist of diabetes mellitus confirming at least one of the following. <ul style="list-style-type: none"> • severe diabetic retinopathy resulting in visual acuity less than 6/36 in each eye after correction • severe diabetic neuropathy causing motor impairment, autonomic impairment or both • diabetic gangrene leading to surgical intervention • severe diabetic nephropathy that causes chronic irreversible renal impairment, as measured by a corrected creatinine clearance of 29ml/min or less (CKD stage 4 or 5, International Chronic Kidney Disease classification)
Severe Illness or Injury* FT CF	means when the person insured suffers a medical condition that does not satisfy any condition leading to either a Full Trauma Benefit or Partial Trauma Benefit claim under this policy and it is deemed medically necessary to: <ul style="list-style-type: none"> • undergo major surgery; or • be treated using Major Interventional Treatment (defined below) which results in: <ul style="list-style-type: none"> • a stay in an intensive care unit for a period greater than 48 continuous hours; or • a stay in a high dependency unit for a period greater than 96 continuous hours; and • the person insured is unable to perform at least one of the activity of daily living for a continuous period of 90 days from first being admitted into the intensive care unit or high dependency unit (as applicable) as certified by a specialist. <p>A medical condition arising from alcohol or drug abuse or other self-inflicted means is specifically excluded.</p> <p>'Major Interventional Treatment' means non-surgical procedures or treatments initiated to treat the claimed medical condition including but not limited to: stereotactic radiosurgery, laser therapy, ultrasonic aspiration, chemotherapy, immunotherapy or radiotherapy. It does not include pharmaceutical therapies administered outside of a clinical setting</p>

Trauma condition(s)	Definitions
Severe Inflammatory Bowel Disease FT CF	means a diagnosis of <ul style="list-style-type: none"> • Crohn's disease and/or • ulcerative colitis by a specialist that has failed conventional medical intervention and requires either of the following: <ul style="list-style-type: none"> • indefinite immunosuppressive therapy • surgical removal of the entire colon with or without removal of the rectum.
Severe Osteoporosis PT CP	means the unequivocal diagnosis of severe osteoporosis by a specialist . The diagnosis must confirm all of the following: <ul style="list-style-type: none"> • before the age of 50, suffers at least two vertebral body fractures or a fracture of the neck of the femur as a result of osteoporosis; and • has a bone mineral density reading with a T-score of less than -2.5. This must be measured in at least 2 sites by dual energy x-ray absorptiometry (DEXA).
Severe Peripheral Vascular Disease FT CF	means severe restriction of blood flow through the arteries below the knee resulting in amputation of the leg below the knee (transtibial) or higher.
Severe Rheumatoid Arthritis FT CF	means the unequivocal diagnosis of severe rheumatoid arthritis by a specialist which is progressive and non-responsive to at least six months' intensive treatment with all conventional therapy (including non-biologic DMARDs). This must be supported by evidence of all the following: <ul style="list-style-type: none"> • symptoms and signs of persistent inflammation (arthralgia, swelling, tenderness) in at least twenty joints or four of the following large joints (ankles, knees, hips, elbows, shoulders); and • evidence of joint deformity/destruction and limitation of joint movement. Degenerative osteoarthritis and all other forms of arthritis are excluded.
Stroke* FT CF	means the suffering of a stroke defined as an acute cerebrovascular or spinal cord event producing neurological deficit, with infarction of brain tissue or intracranial or subarachnoid haemorrhage, diagnosed by a neurologist. This requires clear evidence, supported by neuroimaging or other investigations. <p>Cerebral symptoms due to transient ischaemic attacks, migraine, and cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.</p>
Systemic Lupus Erythematosus (SLE) with Lupus Nephritis FT CF	means the unequivocal diagnosis of SLE according to internationally accepted criteria by a specialist . Internationally accepted criteria would include the 'American College of Rheumatology revised criteria for the classification of Systemic Lupus Erythematosus'. <p>In addition, the diagnosis of SLE must be confirmed by renal changes as measured by a renal biopsy, that it is grade 3 to 5 of the WHO classification of lupus nephritis and be associated with persisting proteinuria (more than 2+).</p>

11. Trauma definitions

Trauma condition(s)	Definitions
Systemic Sclerosis FT CF	means the unequivocal diagnosis of systemic sclerosis by a specialist causing the person insured to become totally and irreversibly unable to perform any one of the activities of daily living .
Systemic Sclerosis PT CP	means the unequivocal diagnosis of systemic sclerosis confirmed by a specialist .
Terminal Illness* FT CF	means a specialist diagnosis of an illness or injury that, even with reasonable medical treatment, is likely to result in death within 12 months.

*A 90-day stand-down period applies to these conditions refer to section 3 Trauma conditions.



12.

Important words

Important words

Some words in this policy document are in **bold**, which means they have a specific meaning. This specific meaning also applies to all words that are derived from that word. For example, the specific meaning of claim also applies to claims and claiming.

All Acts of Parliament referenced here include any Act of Parliament that is a replacement or substitute.

The meanings of these words are outlined below:

ACC

Accident Compensation Corporation (or any subsequent Government body).

Accident/Accidental

A sudden, unintended, single, visible, violent, external event that caused a physical bodily **injury**.

Activities of Daily Living

The activities of daily living are:

- bathing- the ability for the **person insured** to wash themselves either in the bath or shower. If the **person insured** performs these tasks by using equipment or adaptive devices we will consider them able to bathe themselves
- dressing- the ability for the **person insured** to put on and take off all garments. If the **person insured** is using modified clothing or adaptive devices including but not limited to tape fasteners or zipper pulls to perform this task, we will consider the **person insured** able to dress themselves
- feeding - the ability for the **person insured** to get food from a plate into the mouth once it has been prepared. If the **person insured** is able to perform this task using assistive devices, including but not limited to modified utensils and adaptive dinnerware, we will consider the **person insured** able to feed themselves
- toileting - the ability for the **person insured** to get on and off the toilet and clean themselves. If the **person insured** can care for a stoma or catheter or uses adaptive devices to perform this task, we will consider the **person insured** able to toilet themselves
- mobility - the ability for the **person insured** to move in and out of bed and a chair. If the **person insured** uses motorised equipment and supportive devices including but not limited to bed rails, grab bars, walkers, transfer platforms and canes, we will consider the **person insured** able to mobilise themselves

Amount insured

The amount a **person insured** is covered for under this Ultimate Trauma Insurance. This is shown on the **policy schedule** under accelerated Ultimate Trauma Insurance or standalone Ultimate Trauma Insurance.

The amount insured includes GST (where applicable).

Child(ren)

The natural or legally adopted child(ren) of the **person insured** under the age of 21.

Close relative

Any individual who is the **person insured's partner**, parent, step-parent, sibling, son, daughter, step-child, father-in-law, mother-in-law, grandparent, step-grandparent, grandchild or step-grandchild.

Condition

Any **illness, injury**, ailment, disease, or disorder.

Congenital condition(s)

A **condition** or trait that is recognised at birth, or diagnosed within four months of birth, whether it is inherited or due to external or environmental factors such as drugs or alcohol.

Consumer Price Index (CPI)

The Consumer Price Index (or any subsequent index) issued by the New Zealand Government. This index is published on the stats.govt.nz website (or any subsequent location).

Counselling

A provision of professional assistance and guidance in resolving personal or psychological **conditions** provided by one of the following:

- GP; or
- clinical psychologist; or
- psychiatrist or psychologist; and

who is acceptable to us.

This cannot be you or the **person insured** or a **close relative** or business partner of you or the **person insured**.

Early Cancer Benefit Option amount insured

The amount a **person insured** is covered for under the Early Cancer Benefit Option. This is shown on the **policy schedule**.

The amount insured includes GST (where applicable).

Full-time care

Day-to-day care that is medically required for a person who cannot safely take care of themselves and requires constant supervision for 16 or more hours per day by another adult.

GP

A **health professional** who:

- is registered with the Medical Council of New Zealand (or its replacement) in General Practice; and
- holds a current annual practising certificate.

This cannot be you or the **person insured** or a **close relative** or business partner of you or the **person insured**.

Health professional

A registered person who:

- holds a current practising certificate in compliance with the Health Practitioners Competence Assurance Act 2003 (or its replacement); and
- is a member of the appropriate registration body ; and
- who we consider is appropriately qualified to assess and/or treat (as applicable) the **person insured's** medical **condition**.

If the **person insured** is in another country, the health professional must have qualifications and registration satisfactory to us and equivalent to New Zealand standards.

Hospital

A certified hospital provider in New Zealand or if the hospital is overseas, a health institution providing medical treatment satisfactory to us and equivalent to New Zealand standards.

Illness

Any form of sickness or disorder that is not related to an **accident**.

Injury

A physical harm or a disorder as a result of an **accident**.

Limb

A whole arm or whole leg.

Medically necessary

A service or supply provided by a **health professional** or treating **specialist** that we deem on reasonable grounds is necessary for the treatment of the **condition** involved.

Under no circumstances shall the following services or supplies be considered medically necessary if the following apply:

- those services or supplies do not require the skills or services of a registered **health professional** or **specialist**
- those services or supplies are provided mainly for the comfort or convenience of the **person insured**.

Nature of marriage

A relationship where a couple live together (but are not married or in civil union with one another) where we are satisfied the relationship meets the definition of a de facto relationship in section 2D of the Property (Relationships) Act 1976.

Option

An optional benefit which you can choose to add to your policy to provide an additional set of benefits or change the terms of your policy.

Original amount insured

This is the original 'amount insured' when Ultimate Trauma Insurance was first taken out under this policy.

Partner

The **person insured's** spouse, civil union partner, or a person who cohabits with the **person insured** in the **nature of marriage**.

Pass-back date

The date from which improvements to an existing policy take effect.

Person insured

A person who is named as a 'person insured' on your policy schedule.

Policy anniversary date

The date 12 months after your policy's **start date** and the same date every 12 months after that.

Policy schedule

The most recent schedule to your policy.

Policy year

The 12-month period that commences on the policy's **start date** and ends on the **policy anniversary date** and each successive 12-month period after that.

Policyowner(s)

A person who owns the policy and is responsible for premium payments and who is listed as 'policyowner(s)' on the **policy schedule**.

This means all policyowners if more than one.

Pre-existing condition(s)

Any sign, symptom, treatment, or surgery of any **condition** that happened on or before the **start date** or the **stand-down period** (whichever is the later) of this Ultimate Trauma Insurance, or increase in **amount insured** or any **options** that applies to any of the **policyowner(s)**, the **person insured** or the **child**, if any of the following apply:

- they were aware of it
- they had an indication that something was wrong
- they sought investigation or medical advice for
- it was something that would cause a reasonable person to seek diagnosis, care, or treatment.

Related condition(s)

The **condition, illness or injury** that is directly or indirectly related to the **condition** for which a claim has already been paid, if any of the following apply:

- it results either directly or indirectly from drugs or treatment undertaken by the **person insured** for the previously claimed **condition, illness or injury**
- it arises as a direct or indirect complication outcome, or consequence of treatment for the **condition, illness or injury**
- it is linked directly or indirectly to an event with the same cause or effect associated with the **condition, illness or injury** that was previously claimed

Specialist

A **health professional** who:

- has vocational registration with the Medical Council of New Zealand; and
- holds a current annual practising certificate; and
- is a member of an appropriately recognised specialist college.
- who we consider is appropriately qualified to assess and/or treat (as applicable) the **person insured's** medical **condition**.

If the **person insured** is in another country, the specialist must have qualifications and registration satisfactory to us and equivalent to New Zealand standards

This cannot be you or the **person insured** or a **close relative** or business partner of you or the **person insured**.

Stand-down period

The period of time after the **start date** and before we will pay a claim.

We won't pay a claim if the **illness or injury** that directly or indirectly led to a listed trauma condition:

- is first diagnosed, or
- the **person insured** or the **child** first shows any signs or symptoms of that trauma **condition**; or
- receives any treatment or surgery

of that trauma **condition** during the stand-down period.

In the case of an increase to your **amount insured**, the stand-down period will apply to the increased amount.

Start date

The date, shown in your **policy schedule**, when:

- your Ultimate Trauma Insurance cover and any additional cover started
- any increase to your **amount insured** at your request started (this applies to the increased portion only)
- any **options** started (if selected)
- your policy started

Terminal condition

A diagnosis of an **illness** or **injury** that, even with reasonable medical treatment, is likely to result in death within 24 months of the diagnosis, but not **terminal illness**.

Terminal illness

A diagnosis of an **illness** or **injury** that, even with reasonable medical treatment, is likely to result in death within 12 months.

Unable to perform

The **person insured** or **person insured's child** (where applicable) is unable to perform the activity, duty or task without the physical assistance of an adult. If they can perform the activity, duty or task by using aid or special equipment, we will not treat them as unable to perform that activity, duty or task.

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Usual and reasonable charges

The costs that are charged for a service which we determine are usual and reasonable according to our data.

Whole Person Impairment

Evaluation of whole person function which is derived from the most recent edition of the American Medical Association's Book Guides to the Evaluation of Permanent Impairment.

you, your, yourself

The policyowner(s).



If you need support, you can get in touch with your adviser,
or contact us via:

nib Help Centre
my nib

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