

Trauma Insurance Option

This option forms part of the plan ('the plan') it is attached to, the details of which are set out in the Schedule. The terms and conditions of the plan apply to this option. However, where there is an inconsistency, this option overrules the plan to that extent.

Financial Plan Benefit

In the instance that you receive the total Benefit payable under this option from us because the person insured has suffered a **trauma event** and you obtain a financial plan from a licensed financial adviser within 6 months of receiving the total Benefit from us, we will pay to the licensed financial adviser the lower of \$2,000 and the actual cost incurred by you in obtaining the financial plan.

We will only pay the Financial Plan Benefit once under all plans or options held with us under which the person insured is covered. The payment of the Financial Plan Benefit will not reduce any other Benefit payable under the plan.

If the person insured suffers a trauma event

If the person insured suffers one of the **trauma events** listed below, we will pay you the Benefit. The **trauma event** (except Loss of Capacity for Independent Living) must have occurred after the Commencement date and before the Expiry date, and before the first Renewal date after the person insured turns 70, whichever happens first.

The person insured may be covered for Loss of Capacity for Independent Living which occurred after the Commencement date and before the Expiry date, and before the person insured turns 99, whichever happens first.

Where the **trauma event** definition refers to a diagnosis, the diagnosis must be based on clinical, radiological, histological and laboratory evidence which is acceptable to us. A suitable **medical practitioner** must make the diagnosis.

Where the **trauma event** definition refers to a 25 per cent impairment of whole body function, we will place reliance on the latest published edition of American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment at the time of claim. Assessment must be carried out by a **medical practitioner** accredited in the evaluation of permanent impairment.

How much will we pay you?

In the case of all **trauma events**, except those listed below, we will pay you the Benefit, as varied in any way.

Adult Insulin Dependent Diabetes

In the case of Adult Insulin Dependent Diabetes, we will pay you the lowest of:

- 10 per cent of the Benefit; or
- \$25,000.

Angioplasty

We will only pay you for Angioplasty if the Benefit is \$100,000 or more. We will pay you a benefit for Angioplasty on more than one occasion provided that the procedures occur at least six months apart. In the event that a payment is made, the total sum insured will be reduced by the benefit amount.

In the case of Angioplasty we will pay you the lowest of:

- 10 per cent of the Benefit; or
- \$100,000.

Medical Condition Requiring Life Support

In the case of a Medical Condition Requiring Life Support, we will pay you the lowest of:

- 10 per cent of the Benefit; or
- \$25,000.

Multiple Sclerosis Early Payment

In the case of Multiple Sclerosis Early Payment we will pay you the lowest of:

- 25 per cent of the Benefit; or
- \$100,000.

Muscular Dystrophy Early Payment

In the case of Muscular Dystrophy Early Payment we will pay you the lowest of:

- 25 per cent of the Benefit; or
- \$100,000.

In the event that a payment is made under any of the above **trauma events**, your plan will not end however the total sum insured will be reduced by the amount we pay you.

If you are paid an amount because the person insured suffers a trauma event, what happens to the Benefit set out in the Schedule?

If we pay you a trauma Benefit equal to the plan this option is attached to, the plan and option will end and you will not be entitled to any more Benefits under the plan or this option.

If we pay you a trauma Benefit less than the Benefit of the plan to which this option is attached, the Benefit of the plan (including any benefit under a Total and Permanent Disability Insurance Option if applicable) will be reduced by the Benefit you receive. This option will cease and the plan will continue at the reduced Benefit level.

When will we pay you?

Subject to any qualifying period, we will pay you the Benefit as soon as possible after one of the **trauma events** occur. We will deem the date the **trauma event** occurs to be the date we are satisfied that the **trauma event** is proved.

In some cases, a qualifying period applies

For the **trauma events** listed below under the heading 'Trauma events subject to a Qualifying Period', we won't pay you if the **trauma event** occurs within 90 days of either of the following times:

- the Commencement date; or
- the date the plan is restored.

If the **trauma event** occurs within 90 days from the date of any increase in the Benefit, not including any automatic CPI increases, we won't pay the amount of that increase.

Definitions of trauma events

Trauma events subject to a Qualifying Period

Adult Insulin Dependent Diabetes

Adult insulin dependent diabetes means the diagnosis of type 1 insulin dependent diabetes mellitus (IDDM) by an appropriate consultant specialist after the age of 30.

Cancer

Cancer means the occurrence of an invasive malignant tumour that is confirmed by pathology tests and characterised by the uncontrolled spread of malignant cells and the invasion and destruction of normal tissue. The term cancer also refers to leukaemia, lymphoma and Hodgkin's disease unless excluded below.

The following are excluded:

- tumours classified as carcinoma in situ unless requiring surgery that results in the removal of the entire breast and the surgery is considered medically necessary to halt the spread of the diagnosed condition;
- malignant melanomas which are both less than Clark Level 3 and less than 1.5mm thickness as determined by histological examination;
- other skin cancers unless there has been evidence of metastases;
- prostate tumours classified as T1 (all categories) under the TNM classification system and/or of an equivalent or lower classification;
- lymphocytic leukaemia less than Rai stage I;
- tumours that are a recurrence or metastases of a tumour that first occurred within the 90 day qualifying period.

Coronary Artery Bypass Surgery

Coronary artery bypass surgery means coronary artery bypass grafting surgery, which is considered medically necessary to treat coronary artery disease but does not include

- angioplasty;
- intra-arterial procedures;
- laser techniques; or
- other non-surgical techniques.

Heart Attack

Heart Attack means the death of an area of heart muscle due to a sudden lack of adequate blood supply to the relevant area where:

- there are typical new ischaemic electrocardiographic (ECG) changes at the time of the heart attack; and
- there are diagnostic changes in relevant cardiac enzymes or markers in the days following the heart attack.

If the above criteria are not met, we will pay a claim based on satisfactory evidence that the life insured has unequivocally been diagnosed as having suffered a heart attack resulting in:

- a permanent reduction in the Left Ventricular Ejection Fraction to less than 50 per cent measured in the three months or more after the event, or
- new pathological Q waves.

Chest pain that does not meet the above diagnostic requirements is excluded.

Stroke

Stroke means the damage of brain tissue as a result of a cerebrovascular incident caused by haemorrhage, embolism, or thrombosis, associated with the sudden onset of objective neurological deficit.

The incident must be demonstrated by Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques approved by us.

Excluded:

- transient ischaemic attack;
- cerebral symptoms associated with reversible neurological deficit;

- cerebrovascular disorder of the eye or optic nerve;
- symptoms due to migraine or headache; and
- brain tissue damage caused by head injury.

Trauma events not subject to a Qualifying period

Alzheimer's Disease and other Dementias

Alzheimer's Disease and Other Dementias means an unequivocal diagnosis of dementia including Alzheimer's Disease by a Consultant Neurologist where there is permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment is defined as a deterioration or loss of intellectual capacity as measured by clinical evidence and standardised testing, and which results in a requirement for continual supervision to protect the insured or others.

Angioplasty

The treatment of a coronary artery obstruction by balloon angioplasty, other catheter based techniques, or endoscopic surgery, where at least one of the following criteria have been met:

- the obstruction is giving rise to impairment of ventricular function;
- the obstruction is giving rise to disabling symptoms; or
- the obstruction is associated with unstable angina pectoris or myocardial infarction.

Aplastic Anaemia

Aplastic anaemia means permanent bone marrow failure which results in anaemia, neutropaenia and thrombocytopenia requiring treatment, with at least one of the following:

- blood product transfusions;
- marrow stimulating agents;
- bone marrow transplantation; or
- immunosuppressive agents.

Benign Brain Tumour

A non-cancerous tumour in the brain that gives rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. The tumour must result in neurological deficit, resulting in:

- a) at least 25 per cent permanent impairment of whole body function, or
- b) the person insured being totally and permanently unable to perform at least one of the **activities of daily living**.

The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging). The following are excluded:

- cysts,
- granulomas,
- malformations in or of the arteries or veins of the brain,
- haematomas, and
- tumours in the pituitary gland or spine.

Blindness

Blindness means the permanent loss of sight in both eyes as a result of disease, illness or injury to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that visual field is reduced to 10 degrees or less of arc irrespective of corrected visual acuity.

Cardiac Arrest

Cardiac Arrest that is the sudden breakdown of the heart's pumping function where it:

- is due to asystole or ventricular fibrillation; and
- is not associated with any clinical procedure; and
- is documented by electrocardiographic (ECG) changes; and
- occurs outside a hospital or other medical facility.

Cardiomyopathy

Cardiomyopathy means impairment of the ventricular function of variable aetiology resulting in significant and irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Chronic Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

Chronic Liver Disease

Chronic Liver Disease means end stage liver failure resulting in:

- permanent jaundice; and
- ascites or encephalopathy.

Coma

Coma means the failure of cerebral function as shown by total unarousable unresponsiveness to all external stimuli persisting continuously with the use of a life support system for a period of at least 3 days. Coma directly resulting from alcohol or drug abuse is excluded.

Deafness

The total, irreversible and irreparable loss of hearing, both natural and assisted, in both ears as a result of disease, illness or injury.

Diplegia

The total and permanent loss of the use of both sides of the body due to injury or sickness.

Encephalitis

Encephalitis means the severe inflammation of brain substance that results in significant and permanent neurological sequelae, with at least 25 per cent impairment of whole body function. Encephalitis as a result of HIV infection is excluded.

Heart Valve Surgery

The undergoing of heart surgery to replace or repair a heart valve as a consequence of a heart valve defect. Angioplasty, intra-arterial procedures and other non-surgical techniques are excluded.

Hemiplegia

Hemiplegia means the total and permanent loss of the use of one side of the body due to injury or sickness.

Loss of Capacity for Independent Living

Loss of capacity for independent living means that as a result of an injury or sickness, the person insured is permanently unable to perform at least two of the **activities of daily living** without assistance.

Loss of Limbs

The total and permanent loss of:

- the use of both hands;
- the use of both feet; or
- the use of one hand and one foot.

Loss of Limbs and Sight

The total and permanent loss of:

- the use of one hand and the sight of one eye; or
- the use of one foot and the sight of one eye.

Loss of Speech

Total and permanent loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply from the speech centres of the brain, whether caused by injury, tumour or sickness.

Lung Disease

Chronic lung disease requiring permanent supplementary oxygen. For the purposes of this definition, the criteria for requiring supplementary oxygen will be an arterial blood oxygen partial pressure of 55mmol/L or less, whilst breathing room air.

Major Head Injury

Major head injury means cerebral injury caused by external trauma which results in permanent neurological deficit and causes at least 25 per cent impairment of whole body function.

Major Organ Transplant

Major organ transplant means the receipt of a transplant of human bone marrow or one of the following whole human organs: heart, lung, liver, kidney, pancreas or small bowel.

Medical Condition Requiring Life Support

The occurrence of a medical condition that causes the need for continuous mechanical ventilation via tracheal intubation 24 hours per day for 10 consecutive days in an authorised intensive care unit of an acute care hospital.

Excluded:

- any medical condition resulting from alcohol or drug intake, or other self inflicted means.

Medically Acquired HIV infection

Medically Acquired HIV is the accidental infection with the Human Immunodeficiency Virus (HIV) after the start of this plan, which in our opinion arose from one of the following medically necessary events which must have occurred to the person insured while in Australia by a recognised and registered health professional:

- a blood transfusion;
- transfusion with blood products;
- organ transplant to the person insured;
- assisted reproductive techniques; or
- a medical procedure or operation performed by a doctor.

Notification and proof of the incident will be required via a statement from the appropriate Statutory Health Authority that the infection is medically acquired. HIV infection transmitted by any other means including sexual activity or recreational intravenous drug use is specifically excluded.

This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any treatment which renders the HIV inactive or non infectious.

All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated. All evidence provided must be acceptable to us.

Motor Neurone Disease

Motor Neurone Disease means unequivocal diagnosis of Motor Neurone Disease by a consultant Neurologist and confirmed by neurological investigations.

Multiple Sclerosis

Multiple Sclerosis means unequivocal diagnosis of Multiple Sclerosis by a Consultant Neurologist where there has been more than one episode of well defined neurological deficit with persisting neurological abnormalities and with at least a 25 per cent impairment of whole body function that is permanent.

We will make an early payment of 25 per cent of the benefit, up to a maximum of \$100,000, once only upon unequivocal diagnosis of Multiple Sclerosis by a Consultant Neurologist without requiring the person insured to have at least a 25 per cent impairment of whole body function that is permanent.

In the event that we make an advance early payment under this benefit, the plan will not end, however the amount of the benefit will be reduced by the amount we paid pay you for Multiple Sclerosis.

Muscular Dystrophy

Muscular Dystrophy means unequivocal diagnosis of Muscular Dystrophy by a Consultant Neurologist where there is associated neurological deficit with at least a 25 per cent impairment of whole body function that is permanent.

We will make an early payment of 25 per cent of the benefit, up to a maximum of \$100,000, once only upon unequivocal diagnosis of Muscular Dystrophy by a Consultant Neurologist without requiring the person insured to have at least a 25 per cent impairment of whole body function that is permanent.

In the event that we make an early payment under this benefit, the plan will not end, however the amount of the benefit will be reduced by the amount we pay you for Muscular Dystrophy.

Occupationally Acquired HIV Infection

Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring whilst the person insured was carrying out the normal duties of his or her usual occupation. No payment will be made unless all the following are proven to our satisfaction:

- proof of the accident giving rise to the infection;
- proof that the accident involved a definite source of the HIV infection; and
- proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident.

All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated. All evidence provided must be acceptable to us.

HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any treatment which renders the HIV inactive or non infectious.

Paraplegia

The total and permanent loss of the use of the lower limbs due to spinal cord injury or disease.

Parkinson's Disease

Parkinson's Disease means an unequivocal diagnosis of Parkinson's Disease by a Consultant Neurologist and the condition must be unable to be controlled with medication and must show signs of progressive incapacity with at least a 25 per cent impairment of whole body function.

Pneumonectomy

The excision of an entire lung when deemed medically necessary by an appropriate specialist and supported by our medical advisers.

Primary Pulmonary Hypertension

Primary Pulmonary Hypertension means primary pulmonary hypertension with right ventricular enlargement established by investigations including cardiac catheterisation.

Quadriplegia

The total and permanent loss of the use of the upper and lower limbs due to spinal cord injury or disease.

Severe Burns

Severe burns means third degree burns to 20 per cent or more of the body surface, or to the whole of the face or the whole of both hands requiring surgical debridement and/ or grafting.

Surgery of the Aorta

Surgery of the aorta means surgery performed to correct any narrowing, dissection, or aneurysm of the thoracic or abdominal aorta but does not include angioplasty, intra-arterial procedures or other non-surgical techniques.

Triple Vessel Angioplasty

Triple Vessel Angioplasty means the actual undergoing for the first time of coronary artery angioplasty to correct a narrowing or blockage of three or more coronary arteries within the same procedure. Angiographic evidence, of obstruction of 3 or more coronary arteries, is required to confirm the need for this procedure.

When we won't pay

If the trauma event results in the death of the person insured within 14 days

We will not pay the Benefit for a **trauma event**, which results directly or indirectly in the death of the person insured within 14 days of the **trauma event** occurring.

If the person insured had a medical condition or illness before the plan began and the person insured didn't tell us about it

We won't pay a Benefit for a **trauma event** that occurred before the Commencement date unless you or the person insured told us in writing about the medical condition or illness when you or he or she applied for the option or applied to have the option increased and we agreed to accept it.

The person insured had a medical condition or illness if:

- a 'medical practitioner' or 'other health professional' gave the person insured, or recommended that he or she receive advice, care or treatment; or
- the person insured had symptoms of a medical condition or illness for which a reasonable person would have tried to receive advice, care or treatment from a 'medical practitioner' or 'other health professional'.

'Medical practitioner' means a registered medical practitioner who is appropriately qualified to treat the person insured for injury or sickness. For the purposes of this clause only, the 'medical practitioner' can be you or your family member, business partner, employee or employer or the person insured or his or her family member, business partner, employee or employer. For all other clauses in this plan, the definition of medical practitioner is defined at the end of this document.

'Other health professional' means a physiotherapist, chiropractor, occupational therapist, practitioner of Chinese medicine, herbal therapies or any other such person.

Other circumstances

We will not pay the Benefit if the person insured's **trauma event** was caused by the person insured or you on purpose.

The premium you must pay

The premium for this option is shown in the Schedule. We will calculate your premium on each Renewal date. The cost of providing this option is based on:

- the amount of the Benefit for the plan, as varied in any way;
- the age of the person insured;
- any special conditions that apply to the plan; and
- the standard premium table that applies at the time.

The standard premium table for each Premium structure shows rates for each age, based on the person insured's sex, occupation and whether he or she smokes. The premium structure you choose for the plan will determine how often we refer to the standard premium table to obtain the premium rate for the person insured.

You can obtain a copy of the standard premium table from your adviser or us.

At any time we may change the standard premium table so that the changes apply to all options like this one. If we do this, we will notify you in writing following the change.

We will increase the Benefit by the increase in the Consumer Price Index

Each year on the Renewal date, we will increase the Benefit by the increase in the Consumer Price Index, known as the CPI. Your Premium will increase as a result of this increase in the Benefit. We will not increase the Benefit:

- after the person insured's 65th birthday;
- by less than five per cent in any year;
- by any amount which would cause the Benefit to exceed \$1,500,000 inclusive of the total benefit amounts under any other trauma plans or options held with us for which you are covered;
- by any amount which would cause the Benefit to exceed the Benefit of the plan this option is attached to.

When this option is available

This option applies from the date in the Schedule. It stops applying as soon as one of the following happens:

- we pay you a Benefit because the person insured suffers one of the **trauma events** listed in this document;
- we pay you a Benefit under the plan this option is attached to;
- the option ends, as shown in the Schedule; or
- the plan ends.

Meaning of words used in this option

activities of daily living are as follows:

- bathing/showering;
- dressing/undressing;
- eating/drinking;
- using the toilet to maintain personal hygiene; and
- getting in and out of bed, a chair or wheelchair or moving from place to place by walking, a wheelchair or with a walking aid.

medical practitioner means a registered medical practitioner who is appropriately qualified to treat the person insured for injury or sickness. The medical practitioner cannot be you or a family member, business partner, employee or employer, nor can it be the person insured or his or her family member, business partner, employee or employer.

trauma event(s) means one of the medical conditions as defined in this document.

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