MLC Critical Illness Insurance

‘Plain Talk’ Guide

A GUIDE TO MLC’S CRITICAL ILLNESS CONDITIONS

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Contents

Contents

Introduction

Critical Illness insurance provides benefits when certain serious health conditions (CRITICAL CONDITIONS) of the Life Insured are diagnosed.

Because medicine is a complex science these "critical conditions" can only be properly and accurately described in medical terminology which is necessarily technical, and the policy must be worded in that way. The critical conditions are defined in the policy and assessment of a claim will be based on the policy wording.

All conditions must be diagnosed by an appropriate specialist and confirmed by our medical adviser.

This guide is not part of the policy and is designed solely to help you understand what the conditions are and when benefits are payable. To fully understand when benefits are payable, you will need to refer to the terms, conditions, exclusions and qualifying periods of the policy. In some cases the condition must progress to a certain point before it meets the definition. The Critical Illness conditions covered by a policy will also depend on the type of Critical Illness insurance selected.

You can only apply for this insurance by completing an Application Form attached to a current MLC Personal Protection Portfolio and MLC Life Cover Super Product Disclosure Statement.

Applications are subject to acceptance by MLC Limited.

Critical Conditions Explained

Aorta repair

The aorta is the main artery of the body. It receives blood from the left ventricle (pumping chamber) of the heart and carries the blood to branches which distribute it to all parts of the body.

The aorta commences in the thoracic cavity (chest) and extends down through the diaphragm to the abdominal cavity where it ends by dividing into its two final branches.

The aorta can be narrowed in one or more places by an accumulation of fatty deposits or by a blood clot on its wall.

A weak spot on the wall of the aorta can lead to bulging (aneurysm), or a split in the wall (dissection).

Critical Illness insurance is intended to cover repair of any of these conditions when carried out by surgery through the chest wall (thoracotomy) or the abdominal wall (laparotomy).

Purely intra arterial procedures such as angioplasty or other non-surgical procedures are excluded from this type of insurance.

Aplastic anaemia

Aplastic anaemia is a serious form of anaemia in which the bone marrow fails to effectively produce blood cells.

Bone marrow failure can result in there being too few red blood cells in the blood stream, resulting in insufficient oxygen reaching tissues and organs. It can also result in a decrease in the number of platelets and white cells in the blood.

Treatment includes stimulating the bone marrow with drugs or an actual bone marrow transplant from a compatible donor, the use of serum or other “agents” which affect the body’s immune system (with positive results for some patients) or blood product transfusions.

Bacterial meningitis

Meningitis is inflammation of the membrane covering of the brain and spinal cord. Bacterial meningitis is a serious infection of the fluid in the spinal cord and the fluid that surrounds the brain. It is caused by the bacteria which often live harmlessly in a person's mouth and throat breaking through the body's immune defences and travelling to the fluid surrounding the brain and spinal cord. Bacterial meningitis can lead to brain damage, coma, and death. Survivors can suffer long-term complications, including hearing loss, mental retardation, paralysis, and seizures. For the purposes of a claim, it is necessary for there to be a permanent impairment of at least 25% of whole person function.

Benign brain tumour

This type of brain tumour grows very slowly, is non-aggressive, does not spread to other parts of the body but can be very serious if it cannot be adequately treated.

For the purposes of a claim under the policy it is necessary for a tumour to be present, resulting in permanent loss of at least 25% of whole person function (this does not necessarily mean confinement to a wheelchair).

Cover is not provided for intracranial cysts, granulomas or haematomas, intracranial malformation of arteries or veins, or benign tumours of the pituitary gland or spinal cord.

Blindness

This means the permanent loss of sight in both eyes (whether aided or unaided) due to sickness or injury.

Visual acuity is the ability to detect fine detail and measures the eyes' capacity to see an in-focus image at a certain distance. The standard measure of normal visual acuity is 6/6 vision. For the purposes of a claim under this policy, visual acuity must be 6/60 or less in both eyes.

An individual's visual field refers to vision to the side, up and down. It is not necessarily related to visual acuity. An individual can lose peripheral (side) vision but retain 6/6 visual acuity, and vice versa. A person meets the criteria for blindness under this cover if their field of vision is constricted to 20 degrees or less of arc.

Cardiomyopathy

This is a serious heart condition, often of unknown cause, in which the heart muscle can no longer effectively receive or pump blood through the body. Sometimes it is not a reversible condition and often deteriorates over time, occasionally resulting in surgery, including heart transplantation. To determine when the condition is severe enough to support a claim, reference is made to a scale established by the New York Heart Association (NYHA), which is the authoritative work on measuring heart impairment.

The impairment must be at least Class 3 of the NYHA functional classification.

Class 3 includes people who have a marked limitation on physical activity. While being comfortable at rest, less-than-ordinary physical activity can cause fatigue, heart palpitations, trouble breathing, and/or chest pain.

The Life Insured must also be unable to perform his/her own occupation.

Cover is not provided for cardiomyopathy resulting from alcohol or drug abuse.

Chronic kidney failure

This means both kidneys permanently failing to function and requiring either the regular long term use of an artificial kidney machine (kidney dialysis) or a kidney transplant (renal transplantation).

Chronic liver failure

The liver is one of the most important organs of the body and performs many vital functions including the removal of toxic substances from the blood. When the liver becomes unable to function, it is a life threatening condition. Cover is only provided for the final stage when several symptoms are usually present including permanent jaundice (yellowing of skin), a particular type of fluid retention known medically as ascites, worsening liver function tests and deteriorating mental processes.

Cover is not provided for liver failure resulting from alcohol and drug abuse.

Chronic lung failure

The lungs are the means by which the body enables oxygen to enter the blood. In chronic lung disease, that ability is limited. Cover is only provided for that stage of lung disease when the lungs are so impaired that a lung function test known as FEV1 (the forced expiratory volume of air exhaled by the lungs in the first second of expiration) consistently registers less than 1 litre; and permanent extra oxygen has to be provided from an external source.

Coma

This means being completely unconscious and unresponsive due to loss of brain function and on a life support system, for at least 96 hours. Coma can result from an injury or an illness.

For the purposes of a claim under the policy, it is necessary that there be a permanent loss of at least 25% of either the brain's mental or physical control function.

Cover is not provided for coma resulting from alcohol or drug abuse.

Coronary artery angioplasty

The coronary artery angioplasty benefit only applies to insurances where the Critical Illness benefit is $100,000 or more.

It is sometimes possible to use a less drastic non-surgical procedure than by-pass surgery to help unblock or widen the coronary arteries using a catheter fed into the artery; the procedure is known as coronary artery angioplasty. While there is always some risk with this type of treatment, it is far less hazardous or traumatic than procedures such as open heart surgery. Reflecting this, the benefit provided for this critical condition is 10% of the Critical Illness benefit (to a maximum of $20,000). The benefit is provided only when the procedure is medically necessary and is performed for the first time.

Critical Illness insurance does not cover investigative procedures carried out through the arteries as opposed to angioplasty treatment.

23,949 coronary artery angioplasty procedures were performed in Australia during 2001-2002. This number has doubled over the last decade.

Source: Australian Institute of Health and Welfare and National Heart Foundation of Australia – Heart, Stroke and Vascular Diseases, Australian Facts – May 2004 – cat. No. CVD 27

Coronary artery angioplasty – triple vessel

This means the actual undergoing for the first time of an operation to correct narrowing or obstruction of three or more coronary arteries within the same procedure. The procedure must be deemed to be the necessary and appropriate treatment.

The benefit payable for coronary artery angioplasty – triple vessel is 100% of the Life Insured's Critical Illness benefit.

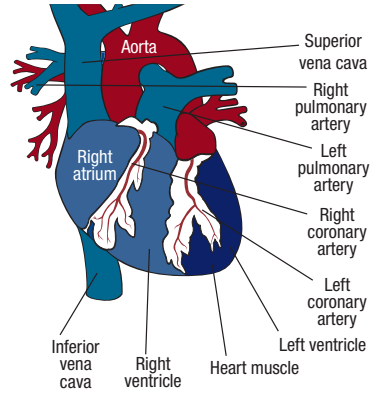
Coronary artery bypass surgery

The heart is a muscular organ which itself needs blood to fuel the pumping action so that it can do its job of circulating blood throughout the body.

When those arteries become blocked or severely narrowed the heart muscle is starved of blood and pain is often caused, particularly during exertion (angina attacks).

A treatment which is becoming more common for this condition is coronary artery by-pass grafting.

The procedure is to take a vein from elsewhere in the body (usually a lower limb) and graft it to the obstructed coronary arteries in such a way that the diseased or blocked portion is by-passed.



External Heart Diagram

Coronary artery angioplasty, intra-arterial procedures or other non-surgical procedures are not included under this Critical Illness condition.

Deafness

This means the complete and irrecoverable loss of all hearing in both ears.

Dementia or Alzheimer's disease

For unknown reasons, some people can become afflicted with these conditions, most commonly at older ages. There is progressive loss of memory and intellectual capacity or mental ability, usually over a long period of time. Eventually full time supervision and care is needed to protect the Life Insured and others. This type of insurance is designed to cover only this advanced stage of the disease.

The diagnosis of dementia or Alzheimer's disease must be certain, with no other recognisable cause, and be supported by clinical evidence and standardised testing.

Cover is not provided for dementia or Alzheimer's disease caused by alcohol or drug abuse.

Encephalitis

Encephalitis is a viral infection that is generally caused by exposure to insect bites, food or drink, or skin contact.

The most common viruses which can cause encephalitis include enteroviruses, usually found in urban areas and the arbovirus, which is carried by mosquitoes or ticks, most commonly found in rural areas.

When the virus enters the blood stream, it leads to an inflammation of brain cells and their surrounding membranes. White blood cells enter the brain tissue in an effort to fight off the infection. The brain tissue swells (cerebral oedema) and in some cases causes destruction of nerve cells, bleeding within the brain, and ultimately brain damage.

Symptoms can include fever, headache, vomiting, confusion and disorientation.

For the purposes of a claim, encephalitis must be severe, with a permanent loss of at least 25% of either the brain's mental function or its physical control function (this does not necessarily mean confinement to a wheelchair). The diagnosis of encephalitis for individuals infected with the HIV virus is not covered under this type of insurance.

Heart attack

The heart is a muscular organ which pumps blood throughout the body. The heart muscle itself needs blood to fuel the pumping action and that blood reaches the heart through the coronary arteries.

When the supply of blood to the coronary arteries is suddenly obstructed (known as a coronary occlusion or coronary thrombosis), then part of the heart muscle dies (a myocardial infarction). This event is generally called a HEART ATTACK.

The diagnosis is usually made or confirmed under the following circumstances:

- History of chest pain (this is sometimes not present when a heart attack occurs and is not a requirement for a claim to be considered).
- An Electrocardiogram (ECG) is performed. This records the electrical activity produced by the heart muscle with each contraction. The normal pattern of an ECG is altered when a heart attack occurs. This abnormal pattern is used to confirm the diagnosis.
- A blood test is performed. This will generally take the form of an enzyme (CK-MB) test, or to confirm the presence of a protein called troponin. A confirmatory test of either CK-MB or troponin along with the ECG is required for a claim to be considered.

  Enzymes are chemical substances found in many organs of the body. Certain enzymes are present in the heart muscle and escape into the blood stream if the heart muscle is damaged, as in a heart attack. High levels of these enzymes in the blood may be confirmatory evidence of a heart attack.

The levels of certain enzymes in the blood can be measured to help diagnose a heart attack. An enzyme called creatine kinase myocardial band (CK-MB) is normally found in heart muscle and is released into the blood when heart muscle is damaged. Elevated levels show up in the blood usually within six hours of a heart attack and persist for approximately 36 to 48 hours. Levels of CK-MB are usually checked when the person is admitted to the hospital and at 6 to 8 hour intervals for the next 24 hours.

New tests to assess damage to cardiac muscle are now available, measuring proteins called troponins. Troponin I and Troponin T are proteins released by a damaged heart muscle. Troponin tests also offer a greater level of specificity and sensitivity, allowing doctors to detect heart muscle damage.

When a person has a heart attack, troponin is released into the blood. Troponin levels usually remain high longer than some other substances (such as CK, CK-MB, and myoglobin) that may also be measured if a heart attack is suspected. This becomes important if a person waits for more than a day before going to the doctor after having had chest pain. For a claim to be considered, the levels of troponin must be elevated (other than as a result of cardiac or coronary intervention or angina) for Troponin I in excess of 2.0µg/L (micro-grams per litre) or Troponin T in excess of 0.6µg/L.

- An Echocardiogram is performed. This test uses sound waves to produce an image of the heart. A probe is moved across the chest and the echoes that bounce off the heart are reflected back through the chest wall and processed electronically to provide a video image of the heart. An echocardiogram can help identify whether an area of the heart has been damaged by a heart attack and isn't pumping normally or at peak capacity. Peak capacity is a left ventricular ejection fraction greater than 50%. The complications that can be detected by this test include dilation of the left ventricle (aneurysm) or damage to one of the heart valves. It can also diagnose heart failure and record the size and pumping ability of the left ventricle.

  Diagnosis using this technique will only be considered if the other tests cannot provide a conclusive diagnosis.

The term “heart attack” as used in this context does not cover:

- Minor or transient chest pain (including angina) which has not been caused by heart muscle damage.
- Disturbances of cardiac rhythm.
- Simple fainting attacks or blackouts.

There are several terms that commonly describe what is known as a heart attack, including a “coronary”, a “coronary occlusion”, a “coronary thrombosis” and a “myocardial infarction”.

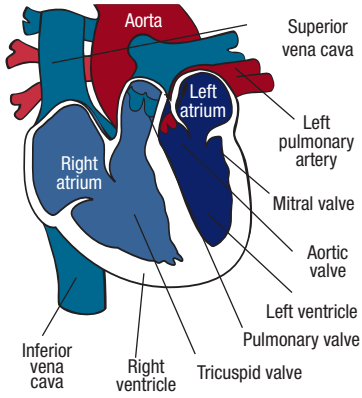
Cardiovascular disease affected 3.5 million Australians in 2004/2005.

Source: Australian Institute of Health and Welfare, www.aihw.gov.au/cvd

Heart valve surgery

Blood, enriched with oxygen from the lungs, is pumped by the heart through the arteries to all parts of the body. Having delivered its oxygen it then returns through the veins to the heart and the lungs and the process begins again.

Like most pumps, the heart contains several valves which control the flow of the blood and prevent any back flow. There are four such valves – the pulmonary, the tricuspid, the mitral and the aortic valves.



Internal Heart Diagram

Serious narrowing (stenosis) or the failure of a valve to close fully (incompetence) can impair the circulation of blood to a degree requiring surgical replacement of the valve. Critical Illness insurance is not designed to cover surgery to valves which were faulty or damaged before this type of insurance was taken out.

Intra-arterial procedures or other non-surgical procedures are not covered or intended to be covered by this type of insurance.

HIV contracted through medical procedures

This means infection with the HIV virus resulting directly from one of the following medical procedures:

- blood transfusion, or transfusion with blood products
- organ transplant (where the insured is the recipient)
- assisted reproductive techniques
- any other medical procedure performed by a medical practitioner or dentist.

The claims process is important. The medical procedure leading to the claim must have taken place in Australia. A claim must be reported within 14 days of the procedure and must also be supported by a negative HIV test taken immediately after the procedure. You must enable us to check the blood sample, which was tested, and take further samples if necessary. Proof of infection (seroconversion) i.e. a positive HIV test, must then be evident within six months of the procedure. It is unwise to delay the initial HIV test or reporting the claim because the evidence of infection (seroconversion) can happen very quickly – even in less than a month! If a negative HIV test taken immediately after the procedure is not submitted it will not be possible to admit the claim.

Cover is not provided if the HIV has any other cause, including sexual activity or recreational intravenous drug use or the Australian Government has approved a treatment, which makes HIV inactive and non-infectious.

HIV contracted through your work

This means infection with the HIV virus resulting from an employment accident and not from any other cause, including sexual activity or drug use. HIV infection is serious because it leads ultimately to fully developed AIDS, usually over a period of years.

The claim procedures are important. The claim must be reported within 14 days of the work accident and be supported by a negative HIV test taken immediately after the event. You must enable us to check the blood sample which was tested and take further samples if necessary. Proof of infection (seroconversion) i.e. a positive HIV test, must then be evident within six months after the accident. It is unwise to delay the initial HIV test or reporting the claim because the evidence of infection (sero-conversion) can happen very quickly – even in less than a month! If a negative HIV test taken immediately after the accident is not submitted it will not be possible to admit the claim.

Cover is not provided if the HIV has any other cause including sexual activity or recreational intravenous drug use, or if the Australian Government has approved treatment, which makes HIV inactive and non-infectious, or if before the accident the Australian Government has recommended an HIV vaccine for use in the insured's occupation and the insured has not taken the vaccine.

Intensive care

Intensive care is continuous and closely monitored health care that is provided to critically ill patients. Mechanical ventilation or assisted movement of air into the lungs is achieved by inserting a tube into the trachea (the windpipe). This assisted breathing must be necessary for 10 consecutive days for 24 hours a day for the purposes of a claim. Intensive care as a direct or indirect result of drug or alcohol intake is excluded.

Loss of independence

When an injury or sickness results in permanent incapacity to the degree that you cannot do 2 out of the 5 groups of various normal daily activities (as set out in the policy) without physical help from another person, a claim can be made.

There is also provision for the situation where you can perform your daily activities but have lost your mental faculties to the point where you have become a threat to yourself or to others and you need continuous supervision.

One of the assessments normally conducted by a doctor to determine loss of mental capacity is known as a Mini Mental State Examination. This test does not involve any surgical procedure.

The loss of independence circumstances must be of a permanent nature and have existed continuously for at least six months for a claim to be considered.

Loss of speech

This means the complete and irrecoverable loss of all ability to speak. A claim can be considered only when the loss of speech has continued for at least six months and is still complete and irrecoverable at that time.

Major brain injury

Serious physical head injury can cause brain damage resulting in impairment of mental capacity and of physical function. Many such injuries occur in car accidents.

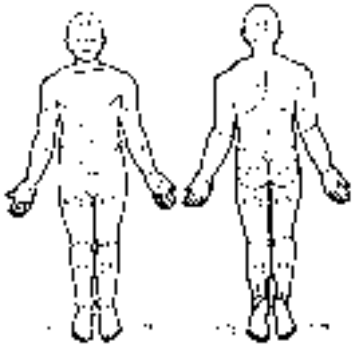
For the purposes of a claim, it is necessary that there be a permanent loss of at least 25% of either the brain's mental or physical control function (this does not necessarily mean confinement to a wheelchair).

Major burns

Third degree burns are the most serious that can be incurred and usually result in scarring because the full thickness of the skin is destroyed. When such burns or the sum of such burns involves 20% or more of the body surface, or the whole of the face or the whole of both hands requiring surgical debridement and/or grafting, the Critical Illness benefit is payable.

The following diagrams show the commonly accepted and medically approved method of measuring the body area affected (for adults).

Lund and Browder Body Surface Chart



Adult: Percentages of areas affected by burns

Major organ transplant

Cover is provided for receipt by the Life Insured of one or more of the following whole organs from another person:

- kidney
- lung
- liver
- small bowel
- pancreas
- heart
- bone marrow

Malignant cancer

Critical Illness insurance is designed to cover malignant cancers, including those commonly described as cancer of the blood, namely lymphoma, Hodgkin's Disease and leukaemia (except the early stages of the milder form known as chronic lymphocytic leukaemia).

Cancer or malignant tumour is the abnormal uncontrolled growth of cells which invade and destroy healthy tissue. Some forms of cancer grow quickly and spread throughout the body.

Benign tumours are less serious because they grow slowly and do not spread to other parts of the body. Apart from Benign brain tumour (see page 5), these are not covered by this type of insurance. Nor does this type of insurance cover very early forms of cancer which have not yet actually invaded other tissues (carcinoma in situ or some early forms of prostate cancer as described in this type of insurance) or which are only potentially malignant and have not yet developed malignant characteristics (pre-malignant).

Skin cancers are particularly common in Australia and there are several types. Hyperkeratoses are localised thickenings of the outer layer of the skin usually caused by sunlight. They are not cancerous but if not treated they might develop into cancer. Basal cell carcinoma of the skin does not spread to other parts of the body whereas squamous cell carcinoma can. Skin cancers are not covered by this type of insurance other than melanoma which has progressed beyond an early stage as defined in the policy and squamous cell cancer which has spread to other organs.

In the case of the neck of the womb (cervix) this type of insurance is not intended to cover pre-malignant conditions sometimes known as cervical dysplasia specified as CIN 1, CIN 2 or CIN 3 or cervical carcinoma in situ. These "CIN" changes are the medical classifications of abnormal cells found following a Pap smear.

Carcinoma in situ of the breast is covered by this type of insurance where it requires and results in the removal of the breast by a mastectomy. Carcinoma in situ is an early form of cancer that only involves the cells in which it began and has not spread to, or invaded surrounding tissues. The mastectomy must be performed as a direct result of the carcinoma in situ to stop the spread of malignancy and be considered the necessary and appropriate treatment.

Naturally, and importantly, when a pre-malignant tumour has actually progressed to the malignant stage and has begun to spread to other organs, it is covered by this type of insurance.

1 in 3 men and 1 in 4 women will be diagnosed with a malignant cancer in the first 75 years of their life.

Source: www.aihw.gov.au/cancer

Meningococcal septicaemia

This is the bacterial poisoning of the blood. It can progress at a dangerously rapid rate and become fatal if its vague flu like symptoms are not identified and correctly diagnosed early enough. Some of the symptoms include vomiting, high fever, nausea, severe headache and a rash.

Motor neurone disease

This is a currently untreatable disease where the muscles of the body progressively waste away. The muscles steadily deteriorate, eventually leading to death within usually around five years.

This type of insurance does require that there be a definite diagnosis (this would normally be by a consulting neurologist) on the basis of the clinical picture and supporting tests. There must be a loss of at least 25% of the brain's physical control function (this does not necessarily mean confinement to a wheelchair).

Multiple sclerosis

This is a disease of the central nervous system in which parts of the brain and the spinal cord slowly deteriorate (usually over many years) resulting in various symptoms which initially may be temporary but eventually become permanent.

Unfortunately, diagnosis of this disease can be very difficult (and misdiagnosis is not uncommon) which means that a range of reasonable requirements must be met to qualify for a Critical Illness benefit. On the other hand, due to the slow progression of the disease a virtually normal lifestyle can often be enjoyed for long periods of time.

There must be more than one well documented and defined episode of the disease with ongoing symptoms and at least 25% loss of either the brain's mental function or its physical control function (this does not necessarily mean confinement to a wheelchair).

This type of insurance does require that there be a definite diagnosis (this would normally be by a consulting neurologist) on the basis of the clinical picture and supporting tests.

These tests will usually include:

- Lumbar puncture – examination of fluid drawn from the spine.
- Evoked visual and auditory responses – confirmation of the disease through abnormal sight and hearing reactions to certain tests.
- MRI (Magnetic Resonance Imaging) – which is a means of obtaining images of the various structures and tissues of a selected part of the body by the use of magnetic fields instead of x-rays.

Muscular dystrophy

Muscular dystrophy is a genetic disease, which is characterised by the progressive weakening and associated loss of muscle tissue. There are a number of major forms of muscular dystrophy, all of which can cause varying degrees of disability and prognosis. While predominantly affecting the voluntary muscles which control movement, there are some other involuntary muscles which can be affected such as the heart.

At present there is no specific treatment for muscular dystrophy. However some patients are able to find relief through orthopaedic surgery or through the use of orthopaedic appliances. Those with associated cardiac problems may need to have a pacemaker inserted.

For the purposes of a claim, muscular dystrophy must result in a permanent loss of at least 25% of whole body function (this does not necessarily mean confinement to a wheelchair).

Open heart surgery

Surgery in which the thoracic cavity (chest) is opened to expose the heart. This is done for any surgical procedure where opening the heart and exposing one or more of its chambers to repair an abnormality is necessary. This is possible with the assistance of a heart-lung machine that allows the blood to be recirculated and oxygenated. For the purposes of a claim this treatment must be considered necessary to correct a heart defect, an outpouching of an abnormally thin portion of the heart wall (aneurysm) or a benign cardiac tumour.

Out of hospital cardiac arrest

Cardiac arrest is an event in which the heart suddenly stops beating. This is different from a heart attack in which blood flow to the heart is disrupted to the point that heart muscle dies. Heart attacks can sometimes lead to cardiac arrest. For the purposes of a claim, the occurrence of the heart stopping;

- Must not be as a result of medical treatment or medical testing, and will need to be verified by an Electrocardiogram (which is a graph that measures the electrical activity of the heart),
- It needs to occur out of hospital,
- It needs to be caused by:
  - Cardiac asystole – the total failure of the heart's ability to contract and pump blood throughout the body, or
  - Ventricular fibrillation – where interruption of the heart's rhythm causes the heart chambers to quiver instead of pump,
- Cover is not provided where cardiac arrest occurs as a direct or indirect result of alcohol or drug intake.

1. *75% of cardiac arrests occur outside of hospital.*
2. *Many victims have no history of heart troubles. Out of hospital cardiac arrest is often the first sign of ischaemic heart disease.*
3. *If victims of out of hospital cardiac arrest receive immediate and appropriate treatment, they have a 30%-70% chance of survival.*

Source: The Medical Journal of Australia 2000: 172: 73-76; www.stjohn.org.au/t_hscs.html

Paralysis

There are various types of paralysis caused by disease or injury which, for the purposes of Critical Illness insurance, must be total and permanent and caused by damage to the nervous system.

You must have total and permanent loss of the function of two or more limbs. The following may qualify for claim:

- Paraplegia refers to paralysis of both legs OR (very rarely) both arms.
- Quadriplegia applies to paralysis of both legs AND both arms. This is also known as tetraplegia.
- Paraplegia and quadriplegia usually result from injury to or disease of the spinal cord.
- Diplegia is a spastic paralysis of both legs and both arms usually due to injury or disease of the brain.
- Hemiplegia is paralysis of an arm and a leg on the same side of the body. It is often the result of a stroke, but occasionally results from injury to the brain.

Parkinson's disease

This is a disease of the central nervous system in which there is reduced production of a substance called Dopamine. The symptoms include stiffness and slowness of movement and, most obvious, a rhythmic tremor in the limbs. Whilst there is no cure as such for the disease, it can be treated effectively. Even so, it will gradually deteriorate, usually over a long period of time.

This type of insurance requires that the disease has reached the stage where medication can no longer control it and that there be a definite diagnosis (this would normally be by a consulting neurologist) and a permanent loss of at least 25% of either the brain's mental function or its physical control function (this does not necessarily mean confinement to a wheelchair).

Pneumonectomy

This is the surgical removal of an entire lung. The surgery must be deemed to be necessary and appropriate treatment.

Primary pulmonary hypertension

Primary pulmonary hypertension occurs when the blood pressure in the pulmonary (lung) arteries increases to abnormally high levels, usually without any other apparent or underlying disease. This increase in blood pressure is due to a narrowing of the pulmonary arteries, which in turn make it difficult for the heart to pump blood through and oxygenate the lungs. The continual pumping of blood against this resistance causes added pressure on the heart, which can progressively lead to heart failure.

Symptoms can include shortness of breath, chest pain, weakness, fainting and the coughing up of blood.

To determine when primary pulmonary hypertension is severe enough to support a claim, reference is made to a scale established by the New York Heart Association (NYHA), which is the authoritative work on measuring heart impairment.

Physical impairment must be at least Class 3 of the NYHA classification of cardiac impairment. Class 3 includes people who have a marked limitation on physical activity. While being comfortable at rest, less-than-ordinary physical activity can cause fatigue, heart palpitations, trouble breathing, and/or chest pain.

The Life Insured must also be unable to perform his/her own occupation.

Cover is not provided for primary pulmonary hypertension caused by alcohol or drug abuse.

Severe osteoporosis

Osteoporosis is a condition that causes thinning and weakening of normal bone. A person with osteoporosis will have weaker bones and have a higher risk of bone fracture. Osteoporosis is not arthritis, which leads to problems within joints due to cartilage wear. Rather, osteoporosis is a problem of the bone, and its ability to adequately support the body's weight.

Bone density can be measured using a DEXA Scan. DEXA stands for "dual-energy x-ray absorptiometry." The results of a bone density measurement are reported in two ways: as T-scores and as Z-scores. A T-score compares your bone density to the optimal peak bone density for your gender. A T-score of greater than minus 1 is considered normal. A T-score of minus 1 to minus 2.5 is considered a risk for developing osteoporosis. A T-score of less than minus 2.5 is diagnostic of osteoporosis.

For the purposes of a claim, there must be two fractures in the vertebrae (the bones of the spinal column) and/or a fracture in the neck of the femur (the bone in the upper leg where it meets the pelvis) caused by osteoporosis. A bone density measure score of minus 2.5 is also required to be recorded in at least two separate areas being scanned.

In 2002, 1.9 million people in Australia had osteoporosis. This number is expected to rise to 2.2 million in the year 2006 and increase to 3 million by the year 2021.

Source: www.osteoporosis.org.au

Severe rheumatoid arthritis

Rheumatoid Arthritis is an inflammation that affects the lining of the joints. It is a disease in which the body's immune system attacks joints, causing hot, painful swelling and deformity.

To diagnose rheumatoid arthritis, doctors use medical history, physical exam, x-rays, and laboratory tests. A Rheumatologist is a doctor who helps people with problems in the joints, bones, and muscles. To claim under this benefit the diagnosis of rheumatoid arthritis requires a 6 week history of symptoms affecting at least three specified joint areas and the disease must be shown to be highly active and verified by blood tests. For claim payment, the x-rays must show that the disease is eating into the bones. Medical findings must be consistant with severe rheumatoid arthritis.

Stroke

Stroke is the sudden interruption of the normal function of the brain due either to bleeding into the brain when a blood vessel ruptures (cerebral haemorrhage) or to cessation of blood supply to a portion of the brain by blockage of an artery (cerebral thrombosis or cerebral embolism).

Severity can range from temporary discomfort to a permanent impairment; from tingling in a limb to paralysis, coma or death. The usual result of a stroke is a temporary or permanent paralysis of one or more limbs.

Critical Illness insurance is intended to cover damage where neurological effects last for at least 24 hours.

It must be quite clear from a CT scan (Computerised Axial Tomography), MRI (Magnetic Resonance Imaging) or similar scan that a stroke has, in fact, taken place.

Critical Illness insurance is not designed to cover:

- Minor attacks known as transient ischaemic attacks.
- Symptoms due to migraine.
- Vascular disease of the optic nerve.
- Physical head injury.
- Brain damage that can be reversed.
- Any events that happen outside the cranial part of the skull except embolism which result in a stroke.

Critical Conditions Explained – Extra Benefits Option

Adult onset insulin dependent diabetes mellitus

Insulin, produced by the pancreas is an important hormone the body needs to regulate the use of glucose in the body. Insulin dependent diabetes mellitus is also known as Type I Diabetes, the body's own supply of insulin needs to be supplemented by injections of insulin, sometimes several per day. The illness more often starts in childhood or the teenage years and is far more severe than the usual Type II Diabetes Mellitus can often be managed by diet alone. The severity of the disease depends on how well insulin levels are able to be stabilised by use of these injections – poorly controlled diabetes can quickly lead to coma or even death, as well as many longer term problems such as heart disease, stroke, kidney failure, blindness, neuropathy and vascular disease/amputation. For the purposes of a claim, the diagnosis of Type 1 Diabetes must be made after the age of 30 and the treatment of insulin must be necessary for survival.

Approximately 91,900 Australians (0.5% of the population) have Type 1 Diabetes.

Source: Australian Institute of Health and Welfare – 2004-2005 National Health Survey

Advanced endometriosis

Endometriosis is a condition where the tissue normally contained within the walls of the uterus is found elsewhere in the pelvic cavity. The pelvic cavity contains organs such as ovaries, fallopian tubes, pouch of douglas, utero sacral ligaments, cul-de-sac and rectal-vaginal septum. In rare cases evidence of endometrial tissue has been found in the bladder, lung, or even the brain.

Advanced endometriosis is a partial or complete destruction of the cul-de-sac, the presence of endometriotic adhesions, and/or the presence of cysts containing endometriotic material, and/or the presence of deep endometriotic deposits in the pelvic side wall, cul-de-sac or broad ligaments or the wall of the bladder, ureter and bowel for which surgical treatment is required.

Carcinoma in situ of the breast

Carcinoma in situ of the breast is an early form of breast cancer that only involves the cells in which it began and has not spread to, or invaded surrounding tissues. Carcinoma in situ of the breast has a high potential to become invasive breast cancer, hence it is treated as an early form of breast cancer.

1. *Breast cancer is the most common cause of cancer-related deaths in women, with 2,713 deaths in 2003 in Australia.*

   Source: Breast Screen Australia monitoring report 2002-2003

2. *The most common new cancers in females in 2011 is projected to be breast cancer, with 14,818 cases or 23% of total female cancers.*

   Source: AIHW, Cancer incidence projections 2002 to 2011

Chronic lymphocytic leukaemia

This is a type of blood cancer in which there is an excess production of lymphocytes contained in the blood. The lymphocytes are white blood cells, which the body relies on to fight infection. For the purposes of a claim the diagnosis must be RAI stage 1 which is characterised by lymphocytsis and enlarged lymph nodes.

Congenital abnormalities of a child

A child, at birth, may sometimes experience an abnormality caused by their genetic make up. If the life insured or their spouse gives birth to a child that is diagnosed with one of the listed conditions and survives for a minimum 28 days, a benefit may be payable:

1. Down's Syndrome - is a term used to describe the medical and physical characteristics seen in individuals born with a specific chromosomal abnormality. Chromosomes are structures that contain the genetic information we need to grow and develop normally and are present in all our cells. In Down's Syndrome an extra chromosome cause mental retardation and physical abnormalities.
2. Spina Bifida - is a neural tube defect (a disorder involving incomplete development of the brain, spinal cord, and/or their protective coverings) caused by the failure of the foetus's spine to close properly during the first month of pregnancy. Although the spinal opening can be surgically repaired shortly after birth, the nerve damage is permanent, resulting in varying degrees of paralysis of the lower limbs. Even when there is no lesion present there may be improperly formed or missing vertebrae and accompanying nerve damage. For the purposes of a claim neurological deficit must be present.

3. Tetralogy of Fallot is a serious and complex heart defect that is present at birth. A baby's heart begins to form shortly after conception and is complete by the end of the second month of pregnancy. During this time, Tetralogy of Fallot can occur. Tetralogy of Fallot involves four specific defects in the development of different parts of the heart:
   - Overriding aorta - defect where the aorta sits between the left and right ventricles.
   - Pulmonary Stenosis - Pulmonary valve stenosis is a condition, usually present at birth (congenital), in which outflow of blood from the right ventricle (lower chamber) of the heart is obstructed at the level of the pulmonic valve (the valve which separates the heart from the pulmonary artery).
   - Ventricular Septal Defect - Is a hole (defect) in the wall that separates the lower chambers of the heart.
   - Right ventricular hypertrophy – Enlargement of the right lower heart chamber.

   These defects can cause:
   - Less blood flow to the lungs.
   - Mixing of oxygen-rich and oxygen-poor blood inside the heart.
   - Low levels of oxygen in the blood. When oxygen levels are low, the baby's skin, fingertips, or lips have a bluish tint. This condition is called cyanosis. An infant with cyanosis is sometimes called a "blue baby."

     The diagnosis must be supported by an Echocardiogram (a test that uses sound waves to produce an image of the heart) and invasive surgery must be performed to correct the condition.
4. Transposition of great vessels - is a congenital heart defect in which the 2 major vessels that carry blood away from the heart - the aorta and the pulmonary artery - are switched (transposed). The diagnosis must be supported by an Echocardiogram (a test that uses sound waves to produce an image of the heart) and invasive surgery must be performed to correct the condition.
5. Congenital blindness – complete absence of the sense of sight from birth.
6. Congenital deafness – complete absence of the sense of hearing from birth.

1. Approximately 1 in every 400 unborn children are diagnosed with Down's Syndrome.

2. Approximately 1 in every 2000 unborn children are diagnosed with Spina Bifida.

Source: NSW Mothers and Babies 2004

Deafness in one ear

The total, irreversible and irreparable loss of hearing in one ear, whether aided or unaided.

Death of a child

If the life insured has a child that dies whilst the policy is in force. A child means the natural, adopted or stepchild of the life insured.

Approximately 1 in 59 children will die before the age of 30.

Source: Based on Australian Life Tables 2003-2005

Diagnosed motor neurone disease

The diagnosis of motor neurone disease which is the progressive weakening and wasting of the muscles of the body. The diagnosis must be certain and supported by neurological investigations.

Diagnosed multiple sclerosis

The diagnosis of multiple sclerosis which is the progressive destruction of the insulating layer of myelin in the brain and spinal cord. The diagnosis must be certain and supported by neurological investigations.

Multiple sclerosis in Australia is growing at an alarming rate of 8% per annum.

Source: Multiple Sclerosis Research Australia - 2006

Diagnosed muscular dystrophy

The diagnosis of muscular dystrophy which is the progressive weakening and associated loss of muscle tissue. The diagnosis must be certain and supported by muscle biopsy or neurological investigations.

Diagnosed Parkinson's disease

The diagnosis of Parkinson's disease which is a degenerative disease of the central nervous system. The diagnosis must be certain and supported by neurological investigations.

Approximately 100,000 people in Australia have Parkinson's disease.

Source: http://www.parkinsons.org.au/aboutparkinson

Facial reconstructive surgery and skin grafting

Following an accident, patients are sometimes left with injuries to their face which even after healing, continue to cause problems in the functions of the face including for instance the use of the mouth for eating or speaking, or the eyes for blinking. Facial reconstruction and skin graft surgery may be appropriate to improve these functions in such cases. To be eligible for this benefit, the injury must be the direct result of an accident severe enough to require in-patient treatment. The accident must occur whilst the policy is in force and accidents that occur as a direct or indirect result of alcohol or drug intake are not covered by this policy.

Inability of a child to gain independence

If the child of the life insured is not able to perform 2 or more of the following listed activities of daily life without physical assistance from someone else, and the cause is due to injury or sickness a benefit may be payable. The inability to perform these activities must be permanent and irreversible;

- bathing or showering
- dressing
- moving from place to place, in and out of bed and in and out of a chair
- eating and drinking
- using the toilet.

The benefit may also be payable if the injury or sickness causes the permanent loss of at least 25% of either the brain's mental function or its physical control function and leads to a need for the child to be under continuous supervision to protect themselves or other people.

For the purposes of a claim we need to be sure that the disability is permanent and therefore initial diagnosis is required to be reconfirmed after six months.

Loss of one foot or one hand

The total and irrecoverable loss or loss of the use, of the following:

- one foot
- one hand.

Loss as a direct or indirect result of alcohol or drug intake is excluded.

Loss of sight in one eye

This means the permanent loss of sight in one eye (whether aided or unaided) due to sickness or injury.

Visual acuity is the ability to detect fine detail and measures the eyes' capacity to see an in-focus image at a certain distance. The standard measure of normal visual acuity is 6/6 vision. For the purposes of a claim under this policy, visual acuity must be 6/60 or less in one eye.

Melanoma

Melanoma is a type of skin cancer that arises from the pigment forming cells in the skin (melanocytes). Melanocytes are the cause of freckles and moles on the skin and produce the brown colour of a suntan. The word "malignant" means that the growth is capable of spreading to other parts of the body. If it is not treated it may spread to the lower layer of skin, where melanoma cells can enter the blood stream or lymphatic channels. Melanoma is primarily characterized by its "thickness" or depth, which is a measurement made by the pathologist after the melanoma is removed. For the purposes of a claim the Breslow and Clarke level measures are used as an indicator to characterise the severity of the Melanoma.

1. *Every year over 8,000 Australians are diagnosed with melanoma and more than 1,000 Australians die from melanoma*
2. *Australia has the highest incidence of melanoma in the world.*

Source: The Melanoma Foundation – www.melanomafoundation.com.au - 2006

Placement on waiting list for major organ transplant

Receiving a transplant of a major organ such as a lung or kidney can be life saving treatment; however, unfortunately the demand for organs is much greater than the supply. The supply and distribution of organs is strictly controlled by a number of State-based organisations, to ensure that organs are made available to the most urgent and most suitable cases. If you require a human organ transplant it is likely that you will need to spend some time on a 'waiting list' before an organ becomes available. For the purposes of a claim, the life insured must be on an Australian waiting list, which is approved by us. The life insured must be waiting for a transplant from a human donor, of an organ listed under the Major Organ Transplant definition.

Prostate cancer

Prostate cancer develops when the cells in the prostate gland grow more quickly than in a normal prostate, and form a malignant tumour. Most prostate cancers grow slower than other types of cancer. A staging system called the TNM classification is used to describe how far the cancer has spread. Classification T1 is an early stage of the cancer and means the tumour is found only in the prostate and cannot be felt during a digital rectal examination. A score is also given to the cancer, known as the Gleeson score. This score indicates how aggressive the cancer is. The more aggressive the cancer is, the greater the risk of it spreading.

For the purposes of a claim the cancer has to be histologically described as TNM classification 1 and with a Gleeson score of a least 6.

1. *Prostate cancer is the most common cancer in Australian men.*

   Source: The Cancer Council NSW

2. *The most common new cancers in males in 2011 is projected to be prostate cancer, with 15,202 cases or 33% of total male cancers.*

   Source: AIHW, Cancer incidence projections Australia 2002 to 2011

Serious accidental injury

This is accidental injury resulting in confinement to an acute care hospital for at least 30 days (for 24 hours per day), under the full-time care of a registered doctor. Cover is not provided for injury as a result of alcohol or drug intake.

Specified complications of pregnancy

Where the life insured experiences one of the following complications during pregnancy, a benefit may be payable:

1. Disseminated Intravascular Coagulation (DIC) – This is a condition that prevents a person's blood from clotting normally. It may cause excessive clotting (thrombosis) or bleeding (haemorrhage) throughout the body and lead to shock, organ failure, and possibly death. This condition needs to be caused by the pregnancy and result in potentially fatal bleeding from multiple sites.
2. Ectopic pregnancy - An ectopic pregnancy occurs when the fertilised egg attaches itself outside the cavity of the uterus (womb). The majority of ectopic pregnancies are found in the Fallopian tubes. In rare cases, the egg attaches itself in one of the ovaries, the cervix (neck of the womb) or another organ within the pelvis. An ectopic pregnancy is not usually capable of surviving and in most instances an embryo is not developed. An ectopic pregnancy may result in a miscarriage. The majority of women diagnosed will have to be operated on or treated with medication.
3. Hydatidiform mole - A hydatidiform mole is growth of an abnormal fertilized egg or an overgrowth of tissue from the placenta. Most often, a hydatidiform mole is an abnormal fertilized egg. The abnormal egg develops into a hydatidiform mole rather than a foetus (a condition called molar pregnancy). A woman usually experiences violent morning sickness which may become so severe that hospitalisation is required. Possible complications include haemorrhage, ovarian cysts, pre-eclampisa (toxaemia of pregnancy), recurrence of the mole. Most often a woman has a miscarriage and passes the mole from her body, or it may need to be removed by D&C (dilatation and curettage). In some cases the mole can become cancerous and spread to other parts of the body.
4. Stillbirth - A stillbirth is the death of a baby in the womb after the 20th week of pregnancy. A stillbirth is a tragic and heartbreaking experience. In many cases the loss is completely unexpected, because it ends a pregnancy that was seemingly problem-free. Approximately 85 percent of these deaths occur before labour begins.

Approximately 1 in 125 births will be either a stillbirth or die within 28 days of birth.*

* births includes live births plus stillbirths.
Source: AIHW 2004. Australia's Health 2004.

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Where to get help

MLC Service Centre
For more information call the MLC Service Centre on
132 652 from anywhere in Australia
(8 am – 6 pm EST, Monday to Friday)
or if outside Australia on **+ 61 3 8634 4721**
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