



Life Solutions | Wealth Solutions

Life Insurance

Medical definitions guide

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Introduction

The concern about suffering a serious medical condition (eg, cancer or a heart attack) in life is very real, and people wishing to buy trauma insurance may need their financial adviser to explain what the definitions mean in a language that they can understand.

This guide has been created to assist you in understanding what is broadly covered by each of the conditions, the nature of the illnesses and symptoms exhibited, so that an easy interpretation can be given to clients.

A simple explanation of each condition has been provided, along with some statistics and illustrations where appropriate. Also included is a glossary which has a list of commonly used medical terms and their meaning.

This guide is primarily aimed for adviser use only, however there may be instances where you need to pass it on to clients. Please refer to the current Asteron Lifeguard™ Product Disclosure Statement for full details of the policy features, benefits and conditions.

This guide does not form part of any Asteron policy. It has been designed solely to help you understand what may (and may not) be covered under our serious medical conditions definitions. Assessment of claims will be based on

each individual policy wording and the circumstances of the particular claim. In the event of any inconsistency between the relevant policy wordings and the explanations provided in this guide, the terms of the policy prevail. From this point forward when we refer to 'you' and 'your', we are referring to the insured person, or where applicable, the insured child named in the schedule.

All policy definitions in this guide relate to Recovery Package, Recovery Stand Alone and the Crisis Benefit and Recovery Booster Option available under our Income Protection insurance policies.

Our definitions also include conditions covered for children under the Child Cover Option, which is available on Life Cover, TPD Stand Alone, Recovery Package and Recovery Stand Alone. As well as definitions covered under the Cancer Cover Option which is available under Life Cover and TPD Stand Alone.

What is Adult ✓, Child ✓ and Cancer ✓?

- » **Adult ✓** and **Child ✓** means that both adults and children are covered.
- » **Adult ✓** means that only adults are covered.
- » **Child ✓** means that only children are covered.
- » **Cancer ✓** means covered if Cancer Cover Option is chosen.

Medical definitions

Aplastic anaemia

Adult ✓

Our policy definition

Permanent bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment by at least one of the following:

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

- » rapid heart rate (caused by low red cells)
- » excessive bleeding and bruising easily (low platelets)
- » high susceptibility to infection (lack of white cells).⁽¹⁾

What are the consequences of aplastic anaemia?

Aplastic anaemia results in a reduction of the three blood cell types:

- » red blood cells (anaemia)
- » white blood cells (neutropaenia)
- » platelets (thrombocytopaenia).

All three components are affected, however usually one type of blood cell has more reduced levels than the other two.

Aplastic anaemia is an uncommon, but very serious disease, which can be fatal if not treated. Treatment includes stimulating the bone marrow with drugs (marrow stimulating agents or immunosuppressive agents), a blood transfusion, a bone marrow transplant or a combination of the three. A bone marrow transplant is the most successful treatment option.

What is aplastic anaemia?

Aplastic anaemia occurs when blood-forming cells in the bone marrow do not function properly.

What causes aplastic anaemia?

Aplastic anaemia is an autoimmune reaction that may be caused by exposure to toxins, tumours or some drugs, however in many cases there is no identifiable cause.

What are the symptoms of aplastic anaemia?

The most common symptoms among those suffering from aplastic anaemia are:

- » paleness
- » fatigue
- » shortness of breath

Blindness

Adult ✓ Child ✓

Our policy definition

The complete and irrecoverable loss of the sight of both eyes (whether aided or unaided) as a result of *sickness* or *injury*. Loss of sight is defined as:

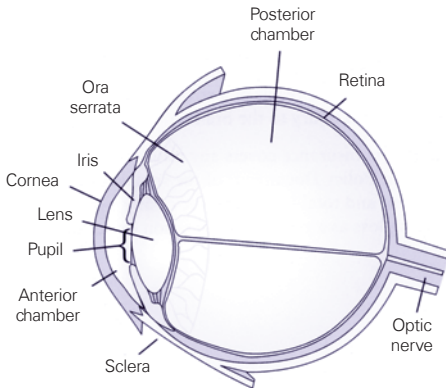
- » visual acuity less than 6/60 in both eyes after correction; or
- » a field of vision constricted to 20 degrees or less of arc; or
- » a combination of visual defects resulting in the same degree of visual impairment as that occurring in either of the above.

- a) visual acuity less than 6/60 in both eyes after correction (cannot see at 6 metres what a normal sighted person can see at 60 metres)
- b) a field of vision constricted to 10 degrees or less of arc
- c) a combination of visual defects resulting in the same degree of visual impairment as that occurring in a) or b).

What are the statistics?

More than 80% of vision loss in Australia is caused by five conditions:

- » **Refractive error (53%)** – a defect of the eye that prevents parallel light rays from coming into focus on the retina.
- » **Age-related macular degeneration (13%)** – a degenerative disease that causes progressive loss of central vision.
- » **Cataract (9%)** – a clouding of the lens inside the eye.
- » **Glaucoma (5%)** - disease which damages the fine nerves that connect to the brain. Side and peripheral vision is lost first, and can lead to blindness.
- » **Diabetic retinopathy (3%)** – an eye disease which is a complication of diabetes⁽²⁾.



What causes blindness?

There are many causes of blindness, the most common of which is direct trauma to the eye or skull. Some other causes can be cancer, a traumatic head injury, diabetes complications and glaucoma.

Vision Australia (established in NSW) sets the following guidelines to determine blindness:

Brain damage

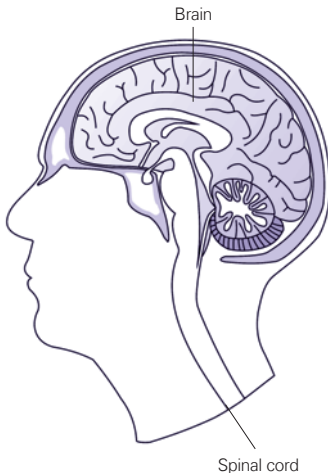
Child ✓

Our policy definition

That as a result of an accident, sickness or injury, the Insured Child suffers brain damage causing neurological and/or cognitive deficit, that results in the Insured Child either:

- » suffering at least 25% permanent impairment of whole person function*;
- » being permanently unable to perform at least 1 of the numbered activities of daily living without the physical assistance of someone else; or

**as defined in the American Medical Association publication 'Guides to the Evaluation of Impairment', 5th Edition.*



What causes brain damage?

There are many causes of brain damage including:

- » bacterial infection
- » a sharp blow to the head
- » a near drowning accident.

What the definition covers

The definition covers brain damage causing neurological (involving the brain or other nerves) and/or cognitive (ability to think intelligently) deficit as a result of an accident, sickness or injury. In order to ensure we only cover those events that are severe in nature, the insured child must have a significant functional impairment of at least 25% of whole person function*, or require assistance to complete at least 1 of the activities of daily living.

The definition does not cover brain damage that is present from birth, that is, congenital.

* as defined in the American Medical Association publication 'Guides to the Evaluation of Impairment', 5th Edition.

Cancer

Cancer ✓ Adult ✓ Child ✓

Our policy definition

The presence of one or more malignant tumours including malignant lymphoma, Hodgkin's Disease, leukaemia, malignant bone marrow disorders and melanomas greater than or equal to Clark Level 3 or greater than or equal to 1.5mm depth of invasion as determined by histological examination.

The tumours must be characterised by:

- » the uncontrolled growth and spread of malignant cells, and
- » the invasion and destruction of normal tissue.

The tumour must also:

- » require treatment by surgery, radiotherapy, chemotherapy, biological response modifiers or any other major treatment, or
- » be totally incurable.

The following tumours are excluded:

- tumours which are histologically described as premalignant or show the malignant changes of 'carcinoma in situ'; *carcinoma in situ of the breast is not excluded if the entire breast is removed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment as recommended by a registered doctor.*
- melanomas which are both less than Clark Level 3 and less than 1.5mm depth of invasion as determined by histological examination,
- all other types of skin cancers unless they have metastasised, and
- prostatic cancers which are both histologically described as TNM Classification T1 or lesser (or any other equivalent or lesser classification) and have a Gleason score of 5 or less.

A 3 month exclusion applies.

What is a malignant tumour?

Cancer is the general term used to refer to all forms of malignant tumours. Malignant tumours are made up of cells whose uncontrolled growth can invade healthy tissue. They can also spread to other parts of the body via the blood stream or lymphatic system.

What causes cancer?

Some possible causes of cancer include:

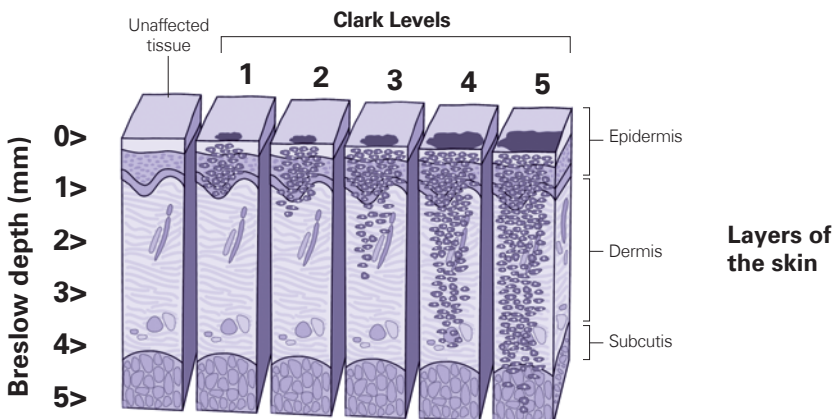
- » **Hereditary** – breast cancer, stomach cancer and colon cancer may run in the family.

- » **Environment** – exposure to the sun and ultraviolet light may lead to skin cancer. Holes in the ozone layer increase exposure to ultraviolet light.
- » **Infective agents** – people infected with Hepatitis B are more likely to develop liver cancer.
- » **Smoking** – smokers account for 90% of all lung cancer incidences⁽³⁾.

What are Clark Levels?

Clark Levels are used to specify the degree of melanoma penetration of the skin layers.

- » **Clark Level 1** – Tumour confined to the epidermis (outermost layer of the skin and is non-vascular. It does not contain blood).
- » **Clark Level 2** – The tumour has begun to penetrate the upper dermis.
- » **Clark Level 3** – The tumour involves most of the upper dermis.
- » **Clark Level 4** – The tumour has penetrated to the lower dermis.
- » **Clark Level 5** – The tumour has penetrated very deeply, to the subcutis⁽⁴⁾.



What is a Gleason score?

Gleason score refers to the grade of the prostate cancer, or how aggressive the cancer appears under the microscope. The Gleason score ranges between 2 and 10, with 2 being the least aggressive cancer and 10 being the most aggressive cancer.⁽⁵⁾

This grading system developed by Dr Gleason involves looking for different patterns of aggressiveness within the prostate and then giving two scores of 1 - 5. These two scores are added up to give the total Gleason score.⁽⁶⁾

What are the statistics?

In Australia, between 2001-2011, there is an expected increase of 29% of all cancers diagnosed in women of all ages and 32% in men.

By 2011 it is expected that 52,356 cases of cancer for women and 63,087 in men will be diagnosed.

Breast cancer will increase by 26% in women by 2011, while cancer of the prostate will increase by 36% in men during the same period.⁽²⁴⁾

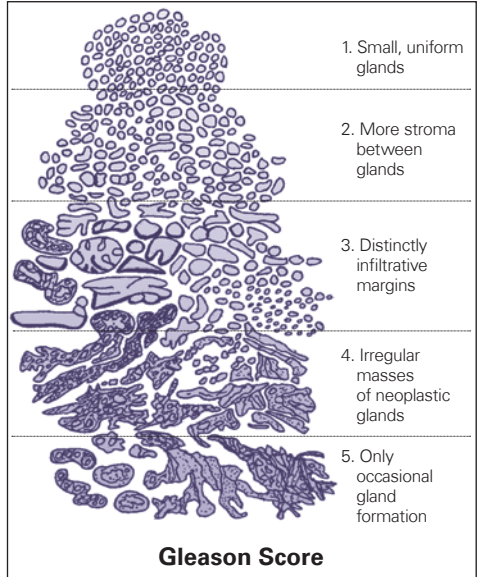
The Cancer Council NSW has calculated that cancer patients pay an average of \$8,900 in out of pocket expenses.⁽⁷⁾

Please note

We will not cover any cancer if first diagnosed within 3 months of the commencement or reinstatement date of the policy. Any increases in sum insured will not be covered for diagnosis within the first 3 months of the increase.

What is the TNM classification of prostatic cancers?

T (tumour)	the size of the tumour.
N (nodes)	sizes and number of regional lymph nodes (an indication of the spread of the tumour).
M (metastases)	absence or presence of distant metastases (cancer spread to other parts of the body).



Carcinoma in situ

(Partial Recovery Benefit & Recovery Plus Option)

Cancer ✓ Adult ✓

Our policy definition

Carcinoma in situ characterised by a 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.

Carcinoma in situ of the following sites is covered:

Recovery Plus Option

- » Cervix-uteri - Where the tumour must be classified as Tis according to the TNM staging method or FIGO* Stage 0 (excluded are Cervical Intraepithelial Neoplasia (CIN) classifications including CIN 1 and CIN 2)
- » Ovary - Where the tumour must be classified as Tis according to the TNM staging method or FIGO* Stage 0.

Partial Recovery Benefit

- » Breast - Where the tumour must be classified as Tis according to the TNM staging method or FIGO* Stage 0.
- » Fallopian tube - Where the tumour must be limited to the tubal mucosa and classified as Tis according to the TNM staging method or FIGO* Stage 0.
- » Prostate - a focal autonomous new growth of carcinomatous cells within the prostate 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. The tumour is histologically described as TNM Classification of Tis (or any other equivalent classification).

- » Vagina - Where the tumour must be classified as Tis according to the TNM staging method or FIGO* Stage 0.
- » Vulva - Where the tumour must be classified as Tis according to the TNM staging method or FIGO* Stage 0.

* FIGO refers to the staging method of the International Federation of Gynaecology and Obstetrics.

A 3 month exclusion applies.

What is Carcinoma in situ?

It is cancer that only involves the cells of the body in which it first began and there has been no spread to any nearby tissue.

What is the TNM Classification of cancers?

T (tumour)	the size of the tumour.
N (nodes)	sizes and number of regional lymph nodes (an indication of the spread of the tumour).
M (metastases)	absence or presence of distant metastases (cancer spread to other parts of the body).

A TNM classification of Tis is carcinoma in situ. Carcinoma in situ is a cluster of malignant cells that has not yet invaded

the deeper epithelial tissue or spread to other parts of the body.

What is the FIGO staging method?

FIGO is a reference to a staging method of the International Federation of Gynaecology and Obstetrics and used to determine at what stage the cancer is. FIGO Stage 0 is carcinoma in situ or preinvasive carcinoma.

Carcinoma in situ and preinvasive carcinoma is a cluster of cells that has not yet invaded the deeper epithelial tissue or spread to other parts of the body.

What are the statistics?

In Australia 1 in 11 women are diagnosed with breast cancer each year and 1 in 11 Australian men will develop prostate cancer by the age of 75.⁽⁷⁾

Please note

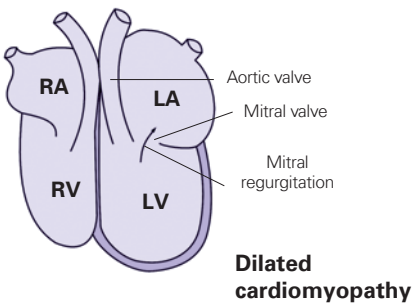
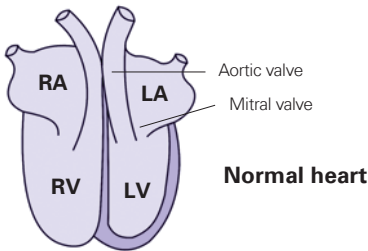
We will not cover any carcinoma in situ if first diagnosed within 3 months of the commencement or reinstatement date of the policy. Any increases in sum insured will not be covered for diagnosis within the first 3 months of the increase.

Cardiomyopathy

Adult ✓ Child ✓

Our policy definition

The impaired ventricular function of variable aetiology, resulting in permanent and irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.



What happens if you have cardiomyopathy?

Cardiomyopathy is a disease of the heart muscle, which can affect anyone at any time, and causes the heart to become bigger and weaker. If the heart cannot keep pumping blood effectively enough, it will lead to heart failure and will require special treatment. Cardiomyopathy is different from other heart diseases such as heart attack, as cardiomyopathy affects the whole heart⁽¹¹⁾.

What are the symptoms?

If the heart cannot pump effectively enough, it can cause tiredness, shortness of breath and other problems such as fluid build-up, which can cause the ankles to swell⁽¹²⁾.

What causes cardiomyopathy?

Several known causes are⁽¹¹⁾:

- » **Alcohol** – in large doses damages the heart. Some people are also sensitive to alcohol even at normal levels of consumption. Half of those people whose hearts are damaged by alcohol can recover, often completely, if they stop drinking altogether.

- » **Viral infection** – a common cause of cardiomyopathy. It can damage the muscle, but may take months or longer to show.
- » **Family history** – where more than one relative has cardiomyopathy of an unknown cause, it could be genetic.

New York Heart Association classification of cardiac impairment⁽¹³⁾

Defined below are the classes used to determine the level of cardiac impairment.

Class 1

The patient has cardiac disease but no resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitations (awareness of heartbeats due to the heart beating too fast, too slow or irregularly), dyspnoea (shortness of breath), or anginal pain (cramp-like pain in the chest).

Class 2

The patient has cardiac disease resulting in slight limitation of physical activity. The patient is comfortable at rest and in the performance of ordinary, light daily activities. Greater than ordinary physical activity, such as heavy physical exertion,

results in fatigue, palpitation, dyspnoea, or anginal pain.

Class 3

The patient has cardiac disease resulting in marked limitation of physical activity. The patient is comfortable at rest. Less than ordinary physical activity results in fatigue, palpitation, dyspnoea, or anginal pain.

Class 4

The patient has cardiac disease resulting in the inability to perform any activity. There is discomfort with any activity. Symptoms of fatigue, palpitations, dyspnoea and/or anginal pain occur at rest.

What are the statistics?

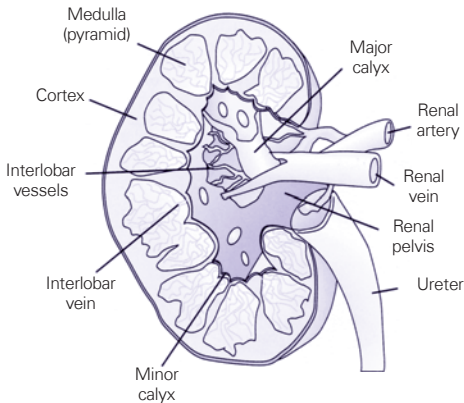
It is not known how many people suffer from cardiomyopathy in Australia but research in the UK estimates that 1 in 500 may be affected⁽¹⁴⁾.

Chronic kidney (renal) failure

Adult ✓ Child ✓

Our policy definition

End stage renal failure presenting as chronic irreversible failure of the function of both kidneys, as a result of which regular renal dialysis is instituted.



What is kidney failure?

When kidneys fail to function properly, waste products build up in the blood eventually resulting in death. The way to prevent death from occurring is for the kidney function to be replaced. The body can survive with only one normally functioning kidney; however, if both kidneys fail, a kidney transplant operation or a process called renal dialysis is required⁽¹⁵⁾.

What does renal dialysis involve?

Renal dialysis is an artificial process that filters the waste from the blood⁽¹⁵⁾.

It is broadly used by one of two particular processes⁽¹⁶⁾:

- » **Haemodialysis** – pumps blood out of the body, purifies it using a dialyser, then returns the blood to the body.
- » **Peritoneal dialysis** – uses the membrane surrounding the abdominal organs and lining the abdominal cavity to perform dialysis. A catheter (soft plastic tube) is inserted into the stomach by surgery. The cleansing fluid is put into the stomach through the catheter, then the waste and fluid is drained from the body via the catheter.

What the definition covers

The definition covers end stage renal failure which is when both kidneys fail, resulting in the need for renal dialysis. Renal dialysis includes both the haemodialysis and peritoneal dialysis processes.

What are the statistics?

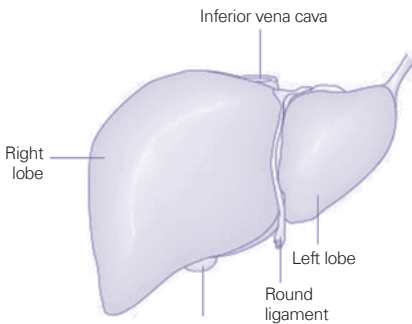
As at the end of December 2005 there were 8,528 patients receiving dialysis treatment⁽¹⁷⁾.

Chronic liver failure

Adult ✓

Our policy definition

End stage liver failure resulting in permanent jaundice, ascites and/or encephalopathy.



What is chronic liver failure?

Chronic liver failure is a life-threatening condition where the liver can no longer effectively perform most of its important functions such as detoxifying the blood, producing bile, or storing sugars.

What are the functions of the liver?

The liver is the largest and one of the most important internal organs of the body. The liver secretes bile (which contains chemicals to aid digestion, especially fatty foods), forms and stores glycogen (sugar in a form in which it can be stored and held ready for release to other parts of the body), and other

important chemical substances. The liver aids in the process of excretion of waste products of protein metabolism (urea) and forms of uric acid – a normal chemical constituent of the blood. The liver detoxifies bacterial and mineral poisons and absorbs, modifies or removes foreign materials from the blood (such as drugs).

What the definition covers

Liver failure is a life-threatening condition and the definition covers the final stages when several symptoms (permanent jaundice, ascites and encephalopathy) are present.

It does not cover the earlier stages when one or more of these symptoms may not be present.

Permanent jaundice is characterised by a yellowing of the skin and the whites of the eyes due to a build-up of bilirubin. Bilirubin is a pigment that is one of the end products of haemoglobin (oxygen-carrying substance in red blood cells) breakdown and is excreted into the bile ducts. Jaundice means the liver is not functioning properly or there is an obstruction of the flow of bile in the bile ducts.

Ascites is an abnormal accumulation of fluid in the peritoneal cavity (abdominal space) due to the failure of the liver to produce albumin (one of the chief protein components of living animal tissues).

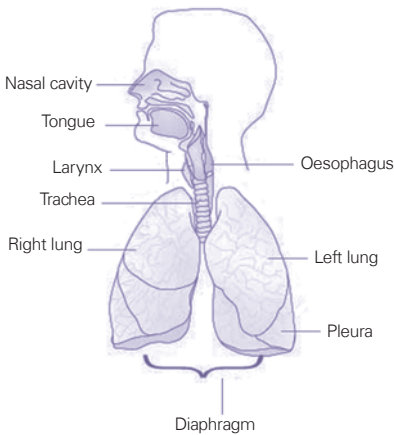
Encephalopathy is a metabolic state of ammonia intoxication of the brain due to advanced disease of the liver. It results in disturbance of consciousness and deteriorating mental processes.

Chronic lung failure

Adult ✓

Our policy definition

End stage respiratory failure permanently requiring continuous oxygen therapy and with FEV 1 test results of consistently less than one litre.



What is Chronic lung failure?

Chronic lung failure is where the lungs are impaired to such a point that they can no longer function effectively, in many instances severely debilitating sufferers.

The lungs are the means by which the body enables oxygen to enter the blood, and carbon dioxide to be expelled. Oxygen combines with the haemoglobin in red blood cells and travels to the heart through the pulmonary (lung) veins. The heart then

pumps oxygenated blood to the rest of the body.

A healthy person averages about 12 respirations per minute. A respiration means one inspiration (breathing in) and one expiration (breathing out). In quiet breathing in and out, about 500ml of air moves in and out of the lungs; on exercise this increases. When this amount is lower, it could be an indication of lung malfunction due to disease.

Chronic obstructive pulmonary disease and emphysema are common causes of chronic lung disease. Chronic lung disease is usually irreversible.

What the definition covers

The definition covers the stage of lung disease when the lungs are so impaired that a lung function test known as a FEV 1 (the Forced Expiratory Volume of air exhaled by the lungs in the first second of expiration) registers less than one litre and extensive continuous and permanent extra oxygen has to be supplied from an external source.

The FEV 1 test is usually measured by a spirometer.

Colostomy and/or Ileostomy

(Recovery Plus Option - Partial Recovery Benefit)

Adult ✓

Our policy definition

The creation of a permanent, non-reversible opening, linking the colon and/or ileum to the external surface of the body.

What is Colostomy and/or Ileostomy?

A colostomy is a surgical procedure that brings the end of the large intestine through the abdominal wall. Stools moving through the intestine drain into a bag attached to the abdomen. The procedure is usually done after bowel resections or injuries and it may be temporary or permanent.

An ileostomy is a procedure that brings the open end of the small intestine to the surface of the abdomen to form an exit for waste matter. This often involves removal of the colon and rectum.

What causes it?

There are a number of reasons to perform a colostomy. These include:

- » Intra-abdominal infection, such as perforated diverticulitis
- » Traumatic injury to the colon or rectum (for example, a gunshot wound)
- » Rectal cancer
- » Perineal wounds/fistulas

Whether a colostomy is temporary or permanent depends on the disease process or injury being treated. In most instances, colostomies can be reversed ⁽¹⁹⁾.

The most common conditions needing ileostomy formation are:

- » Ulcerative Colitis
- » Crohn's Disease
- » Cancer in the colon or rectum
- » Polyps in the colon or rectum ⁽²⁰⁾

What the definition covers

The definition covers the permanent, non-reversible opening, linking the colon and/or ileum to the external surface of the body.

It does not cover temporary colostomy and/or ileostomy.

Coma

Adult ✓

Our policy definition

A state of unconsciousness in which you are incapable of sensing or responding to external stimuli or internal need, resulting in a documented Glasgow Coma Scale of 6 or less, for a continuous period of at least 72 hours.

Causes of coma

Extended unconsciousness can result from metabolic disorders (disturbed chemical processes in the body) or intracranial disorders (damage or disturbances within the skull), which affect areas of the brain responsible for maintaining conscious activity and control. A head injury, an abnormal growth in the brain, a brain abscess or an intracranial ruptured blood vessel can also lead to a coma state.

What is the Glasgow Coma Scale?

The Glasgow Coma Scale is used to assess levels of consciousness in patients with traumatic brain injuries. The patient is assessed on three components: eye opening, verbal response and motor response.

The Glasgow Coma Scale is scored between 3 and 15, 3 being the worst and 15 the best.

Patients with a score of 6 or less when assessed would:

- » not be able to open their eye(s), or
- » only open their eye(s) to pain, or
- » make either incomprehensible or no sounds, and
- » demonstrate no response to requests to move⁽¹⁸⁾.

What the definition covers

The definition covers situations where there are no responses to external stimuli or internal needs (eg, toileting) for a period of at least 3 days. The coma must be documented as resulting in a Glasgow Coma Scale of 6 or less.

There is no requirement for there to be any permanent disability should you come out of the coma after 3 or more days.

Coronary Artery Angioplasty

(Partial Recovery Benefit)

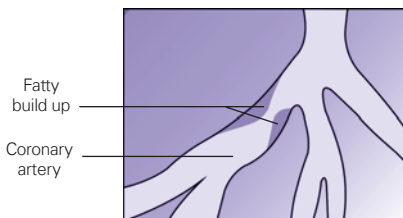
Adult ✓

Our policy definition

Undergoing of angioplasty, (with or without atherectomy, laser therapy or insertion of a stent) to the coronary arteries, to treat coronary artery disease. Angiographic evidence is required to confirm the need to undergo this procedure.

A 3 month exclusion applies.

If only one or two arteries are treated then this definition applies, if triple vessel is being performed see triple vessel definition to see if this definition or the triple vessel definition applies.



What is coronary artery disease?

Coronary artery disease attacks the coronary arteries surrounding the heart that supply blood to the heart muscle.

The coronary arteries narrow due to deposits of fatty material that with time may become calcified. The build-up is called atherosclerosis and may lead to further narrowing of the artery. The rupture of these fatty plaques results in a blood clot or thrombosis. Blood flow to part of the heart muscle is then slowed or even stopped. This causes a lack of oxygen reaching the heart resulting in the heart muscle being damaged or even dying⁽²¹⁾.

What is Coronary Artery Angioplasty?

Coronary Artery Angioplasty is a non-surgical technique for treating some patients with coronary artery disease. It can be used as an alternative to coronary artery surgery, although the most appropriate treatment for the patient is considered on an individual basis⁽²²⁾.

The procedure is far less invasive and traumatic than coronary artery surgery, and for this reason, we have limited the benefit amount paid for this procedure. In a number of cases the procedure may need to be repeated if the arteries have

collapsed. For this reason, we will pay more than once, provided it is at least 6 months after any previous angioplasty.

What is angiographic evidence?

Angiographic evidence is compiled through tests that provide data on the pressures and blood flow within the chambers of the heart. Two examples of such tests are:

- » **Angiocardiology** – this is an x-ray of the heart, which is taken after a dye is introduced into the blood. The x-ray follows the progress of the dye through the chambers of the heart⁽²³⁾.
- » **Cardiac catheterization** – this involves introducing catheters into the chambers of the heart via the veins in the arms or legs, in order to determine blood flow and pressure within the heart⁽²³⁾.

What does the technique involve?

The patient is lightly sedated but remains awake during the procedure. A needle puncture is made (usually in the groin) and a catheter (soft plastic tube) is inserted into the main artery. The catheter, with a deflated balloon on its tip, is passed up into the section of the coronary artery that is narrowed or blocked⁽²²⁾.

The balloon is then inflated forcing the blockage open and widening the artery, restoring blood flow to the heart. It can be used in arteries that are partially or completely blocked by fatty build-up, blood clots or both⁽²²⁾.

What are the statistics?

Coronary heart disease was the largest single cause of death in Australia (2004). It accounted for 19% of all deaths.

Risk factors include smoking, high blood cholesterol, high blood pressure, physical inactivity and overweight and obesity.

What the definition covers

The definition covers the following procedures, which may involve the use of the balloon technique only, and/or one of the following:

- » **Atherectomy** – the catheter is designed to remove build-up in the artery. It acts like a shaver, cutting away build-up from the artery wall⁽²⁵⁾.
- » **Laser therapy** – some catheters can be fitted with special lasers which when activated, dissolve the build-up blocking the artery⁽²⁵⁾.

» **Stents** – these tiny metal structures are mounted around the deflated balloon at the tip of the catheter as it is inserted into the artery. Once inflated, the stent expands around the balloon forcing the artery open. The balloon is then deflated but the stent remains like scaffolding, holding the newly widened artery open⁽²⁵⁾.

What payment will be made?

We will pay the greater of \$10,000 and 15%, 17.5% or 20% of the sum insured (whichever is relevant, explained in the Asteron Lifeguard PDS) for each procedure if the procedure meets the angioplasty definition for one or two artery angioplasties. The total sum insured will be reduced by the amount we pay for this procedure.

We also pay for repeat procedures, as long as it is at least 6 months since the previous angioplasty.

Please note

We will not cover any Coronary Artery Angioplasty if the disease or condition which the procedure is directed at is first diagnosed within 3 months of the commencement or reinstatement of the policy. Any increases in sum insured will not be covered for diagnosis within the first 3 months of the increase.

Coronary Artery Angioplasty (triple vessel)

Adult ✓

Our policy definition

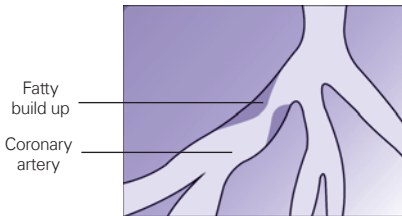
Undergoing angioplasty, (with or without atherectomy, laser therapy or the insertion of a stent) to three or more coronary arteries within the same procedure. Angiographic evidence indicating obstruction of three or more coronary arteries is required to confirm the need for this procedure.

A 3 month exclusion applies.

What is coronary artery disease?

Coronary artery disease attacks the coronary arteries surrounding the heart that supply blood to the heart muscle.

The coronary arteries narrow due to deposits of fatty material that with time may become calcified. The build-up is called atherosclerosis and may lead to further narrowing. The rupture of these fatty plaques results in a blood clot or thrombosis. Blood flow to part of the heart muscle is then slowed or even stopped. This causes a lack of oxygen reaching the heart resulting in the heart muscle being damaged or even dying⁽²¹⁾.



What is Coronary Artery Angioplasty?

Coronary Artery Angioplasty is a non-surgical technique for treating some patients with coronary artery disease. It can be used as an alternative to coronary artery surgery, although the most appropriate treatment for the patient is considered on an individual basis⁽²²⁾.

What is angiographic evidence?

Angiographic evidence is compiled through tests, which provide data on the pressures and blood flow within the chambers of the heart. Two examples of such tests are:

- » **Angiocardiology** – this is an x-ray of the heart, which is taken after a dye is introduced into the blood. The x-ray follows the progress of the dye through the chambers of the heart⁽²³⁾.
- » **Cardiac catheterization** – this involves introducing catheters into the chambers of the heart via the veins in the arms or legs, in order to determine blood flow and pressure within the heart⁽²³⁾.

What the definition covers

The definition covers the following procedures, which may involve the use of the balloon technique only, and/or one of the following:

- » **Atherectomy** – the catheter is designed to remove build-up in the artery. It acts like a shaver, cutting away build-up from the artery wall⁽²⁵⁾.

- » **Laser therapy** – some catheters can be fitted with special lasers which when activated, dissolve the build-up blocking the artery⁽²⁵⁾.
- » **Stents** – these tiny metal structures are mounted around the deflated balloon at the tip of the catheter as it is inserted into the artery. Once inflated, the stent expands around the balloon forcing the artery open. The balloon is then deflated but the stent remains like scaffolding, holding the newly widened artery open⁽²⁵⁾.

For the full sum insured to be paid under this definition, angioplasty must be performed to 3 or more coronary arteries in the same procedure.

In addition, the 3 arteries must all have evidence of obstruction, confirmed by angiographic evidence. If only one or two arteries require angioplasty, then a partial payment is payable.

Please note

We will not cover any Coronary Artery Angioplasty - triple vessel if the disease or condition which the procedure is directed at is first diagnosed within 3 months of the commencement or reinstatement of the policy. Any increases in sum insured will not be covered for diagnosis within the first 3 months of the increase.

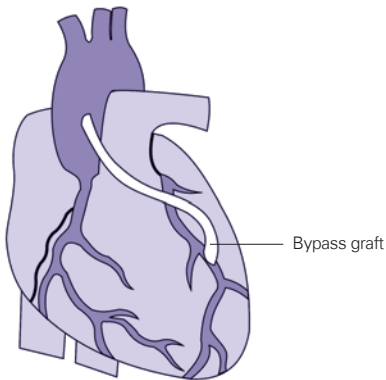
Coronary artery surgery

Adult ✓

Our policy definition

Coronary artery surgery to treat coronary artery disease but does not include angioplasty, intra-arterial procedures or other non-surgical techniques.

A 3 month exclusion applies.



What is coronary artery disease?

Coronary artery disease attacks the coronary arteries surrounding the heart that supply blood to the heart muscle.

The coronary arteries narrow due to deposits of fatty material that with time may become calcified. The build-up is called atherosclerosis and may lead to further narrowing. The rupture of these fatty plaques results in a blood clot or thrombosis. Blood flow to part of the heart muscle is then slowed or even stopped. This lack of oxygen reaching the heart results in the heart muscle being damaged or even dying⁽²¹⁾.

What happens in coronary artery surgery?

Coronary artery surgery is designed to re-direct the blood around the narrowed area of the heart artery to restore normal blood flow to the heart muscle. Usually a vein graft is taken from the leg in order to perform this procedure, however other veins may be used⁽²¹⁾.

What are the major causes for coronary artery disease?

Major risk factors for coronary artery disease include smoking, lack of exercise, high blood pressure and diabetes. A family history of coronary artery surgery is also a major risk factor⁽²¹⁾.

What are the symptoms?

Reduced blood flow from coronary artery disease can cause:

- » angina (chest discomfort and pain)
- » heart attack
- » heart failure, or even
- » sudden death⁽²²⁾.

What are the statistics?

Coronary heart disease is the largest single cause of death in Australia, claiming 24,576 lives in 2004. It affects 334,500 Australians.

What the definition covers

Bypass surgery and minimally invasive surgery to treat coronary artery disease are covered under the definition.

The definition does not cover angioplasty (this is covered under its own condition), intra-arterial procedures or other non-surgical techniques.

Please note

We will not cover any coronary artery surgery if the disease or condition which the surgery is directed at is first diagnosed within 3 months of the commencement or reinstatement of the policy. Any increases in sum insured will not be covered for diagnosis within the first 3 months of the increase.

Creutzfeldt-Jakob Disease

Adult ✓

Our policy definition

The unequivocal diagnosis of Creutzfeldt-Jakob Disease confirmed as permanent irreversible failure of brain function and resulting in significant cognitive impairment.

Significant cognitive impairment means a permanent deterioration or loss of intellectual capacity that requires you to be under continuous care and supervision by someone else.

What is Creutzfeldt-Jakob Disease (CJD)?

CJD is a rare degenerative and fatal brain disorder that was first diagnosed in 1920. Traditionally there were three main forms of CJD; sporadic, hereditary and acquired. A fourth type, variant CJD (vCJD) was discovered in 1996 in the United Kingdom, this type is more commonly known as the human version of mad cow disease.

Sporadic CJD is the most common form and accounts for approximately 85-90% of cases, and occurs at a rate of approximately one per million throughout the world. There is no known cause for this form of CJD.

Hereditary CJD is an extremely rare form caused by genetic mutation and accounts for 5-10% of all cases of CJD.

Acquired CJD is caused accidentally through contaminated surgical equipment or as a result of cornea or dura matter transplants. Acquired CJD accounts for less than 5% of all CJD cases.

What are the symptoms?

CJD is characterised by rapidly progressing dementia. Initially, one experiences problems with muscular coordination; personality changes, including impaired memory, judgement and thinking and impaired vision ⁽²⁷⁾.

What are the statistics?

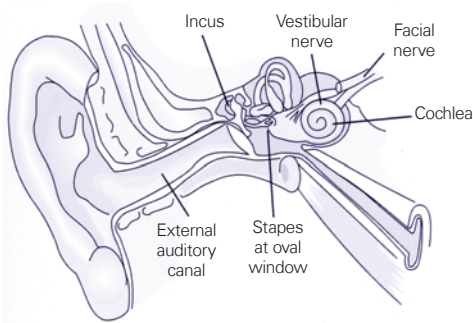
From October 1996 to November 2002, 129 cases of vCJD were reported in the United Kingdom, 6 in France and 1 each in Canada, Ireland, Italy and the United States of America ⁽²⁷⁾.

Deafness

Adult ✓ Child ✓

Our policy definition

The total and permanent loss of hearing, both natural and assisted, from both ears as a result of sickness or injury.



What causes deafness?

Deafness can occur at any age and can result from many causes, including:

- » injury
- » noise
- » tumours
- » infections such as meningitis and encephalitis
- » middle-ear disease
- » trauma to eardrums⁽¹⁵⁾.

What are the statistics?

Noise is the most common cause of adventitious deafness (deafness after birth), making up over 25% of those people with deafness⁽²⁸⁾.

Statistics show that 1 in 10 Australians have some form of hearing loss. Of these with hearing loss, 1 in 10 is deaf⁽²⁹⁾.

What the definition covers?

The total and permanent loss of natural and assisted hearing as a result of disease, injury or sickness. By 'assisted loss of hearing' we mean that, even after the use of hearing aids or other technology, you can still not hear in either ear.

Dementia

Adult ✓

Our policy definition

The diagnosis of Alzheimer's disease or other dementias confirmed as permanent irreversible failure of brain function and resulting in significant cognitive impairment.

Significant cognitive impairment means a permanent deterioration or loss of intellectual capacity that requires you to be under continuous care and supervision by someone else.

What are the symptoms of dementia?

Some of the common symptoms include gradual loss of memory beginning with short-term memory loss, problems with reasoning and judgement, disorientation, difficulty in learning, loss of language skills and a decline in the ability to perform routine tasks⁽³⁰⁾.

What causes dementia?

There are several causes of dementia, including⁽³⁰⁾:

- » Alzheimer's Disease, which damages individual brain cells
- » diseases that are similar to Alzheimer's such as Parkinson's Disease, Creutzfeldt-Jakob Disease and Huntington's Disease. All these diseases involve processes that destroy brain cells

- » Vascular dementia, which is a problem in the circulation of blood to the brain.

How is dementia diagnosed?

There is no definite diagnosis for dementia, however doctors will assess the patient's medical and family history, along with a series of physical and mental tests. The mental tests involve tests for memory, reasoning and language skills. A psychiatric evaluation can also provide an assessment of mood and emotional factors that can cause dementia-like symptoms⁽³⁰⁾.

What the definition covers

Our definition covers all dementias, which meet the requirements of 'significant cognitive impairment'. By 'significant' we mean the individual has lost their independence resulting in the need for them to be continuously under the care and supervision of someone else (eg, a carer).

Early stage chronic lymphocytic

Cancer ✓ Adult ✓

leukaemia (Recovery Plus Option - Partial Recovery Benefit)

Our policy definition

The presence of chronic lymphocytic leukaemia diagnosed as Rai stage 0, which is defined to be in the blood and bone marrow only.

A 3 month exclusion applies.

What is chronic lymphocytic leukaemia (CLL)?

CLL is a cancer of the lymphocytes, a type of white blood cell involved in the body's immune system. Lymphocytes are found in the blood, lymph nodes, bone marrow, spleen and lymphatic system. These cancerous cells are unable to fight infection and may crowd healthy blood-forming cells over time. CLL can lead to complications such as deficiency of the immune system, coagulation problems, swollen lymph nodes, and many other conditions.

In some cases the malignant lymphocytes are only found in the blood stream and bone marrow, known as Stage Rai 0. Where other organs are affected or where there are other problems with other cells formed in the bone marrow, then they have a higher Rai staging.

What are the symptoms?

CLL develops slowly and is difficult to detect in the early stages. Possible symptoms include:

- » swollen lymph nodes (glands) in the neck, under the arms or in the groin
- » pain or discomfort under the ribs on the left side, due to an enlarged spleen
- » anaemia, due to a deficiency of red cells
- » frequent or repeated infections and slow healing
- » increased or unexplained bleeding or bruising, due to a very low platelet count
- » weight loss⁽³¹⁾

What the definition covers

For the full sum insured to be paid you must meet our policy definition for cancer (described on page 6). If you are diagnosed with early stage chronic lymphocytic leukaemia, a partial payment is payable.

What are the statistics?

Each year in Australia around 718 people are diagnosed with chronic lymphocytic leukaemia, making it the most common type of leukaemia⁽³¹⁾.

Early stage melanoma

(Recovery Plus Option - Partial Recovery Benefit)

Cancer ✓ Adult ✓

Our policy definition

The presence of one or more malignant melanomas. The melanoma is less than Clark Level 3 or less than 1.5mm depth of invasion as determined by histological examination. The malignancy must be characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue. Tumours which are histologically described as pre-malignant or show the malignant changes of 'melanoma in situ' are excluded.

A 3 month exclusion applies.

What causes it?

Melanoma generally develops because of overexposure to UV radiation. Risk factors include:

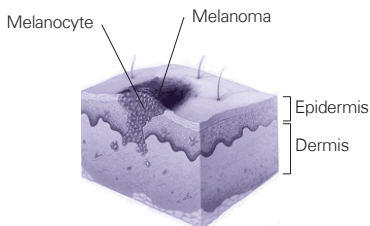
- » large numbers of moles
- » large, irregularly shaped and unevenly covered moles called dysplastic naevi
- » previous melanomas
- » many severe sunburns
- » a family history of melanoma⁽³³⁾

What is early stage melanoma?

Melanoma is a form of cancer that begins in the skin cells called melanocytes.

If the skin is exposed to large amounts of UV radiation, the melanocytes may begin to grow abnormally and become cancerous⁽³²⁾.

Clark Level refers to an assessment of the layers of skin involved. A melanoma is primarily categorised by its "thickness" or depth, this is a measurement made by the pathologist after the melanoma is removed.



What are the symptoms?

The appearance of melanomas vary greatly. The first sign of a melanoma is typically a change in an existing freckle or mole or the appearance of a new spot. The change may be in colour, size and shape⁽³³⁾.

What are the statistics?

Australia has the highest incidence of skin cancer in the world. One in two Australians will develop some form of skin cancer during their lifetime⁽³³⁾. In 2006 more than 8,000 Australians will be diagnosed with melanoma. Every year, melanoma kills over 1,000 Australians⁽³²⁾.

What payments will be made?

A Partial Recovery Benefit - we will pay the greater of \$10,000 and 15%, 17.5% or 20% of the sum insured (whichever is relevant, explained in Asteron Lifeguard PDS).

Early stage prostatic cancer

(Partial Recovery Benefit)

Cancer ✓ Adult ✓

Our policy definition

A prostate tumour that is histologically described as having a TNM Classification T1 (or any other equivalent classification) or have a Gleason score of 5 or less.

A 3 month exclusion applies.

- » close observation
- » surgical removal of the prostate (prostatectomy) - see removal of prostate
- » radiation therapy – radiation beams are directed at the prostate from outside the body⁽³³⁾

What is early stage prostatic cancer?

Prostate cancer is an abnormal growth of prostate cells, which form a lump (tumour) in the prostate.

What are the symptoms?

In its early stages, prostate cancer may develop without causing any symptoms. However, because the prostate surrounds the urethra, prostate cancer can cause changes in the passing of urine. These changes may include:

- » difficulty in starting urine flow
- » a need to pass urine more frequently
- » interrupted urine flow
- » blood in the urine⁽³³⁾

What treatment is available?

The three choices of treatment for prostate cancer at an early stage are:

What is a Gleason score?

Gleason score refers to the grade of the prostate cancer, or how aggressive the cancer appears under the microscope. The Gleason score ranges between 2 and 10, with 2 being the least aggressive cancer and 10 being the most aggressive cancer.

What are the statistics?

Prostate cancer is now the most common cancer among men, apart from skin cancer. Each year more than 15,000 Australians are diagnosed. It affects mostly men in the older age groups and is rare in men under 45 years of age⁽³⁵⁾.

What is the chance of a diagnosis of prostate cancer:

For a man in his 40's 1 in 1,000

For a man in his 50's 12 in 1,000

For a man in his 60's 45 in 1,000

For a man in his 70's 79 in 1,000 ⁽³⁵⁾.

Encephalitis

Adult ✓ Child ✓

Our policy definition

The unequivocal diagnosis of encephalitis where the condition is characterised by severe inflammation of the brain, that results in you either:

- » suffering at least 25% permanent impairment of whole person function*; or
- » being permanently unable to perform at least 1 of the numbered activities of daily living without the physical assistance of someone else.

* as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th Edition

What happens if you have encephalitis?

Encephalitis mostly affects young children. Encephalitis affects the cells of the brain inducing the death of cells. The amount of cells that are affected vary from case to case.

The impact on functional impairment is linked to the number of brain cells, which die as a result of the infection.

Encephalitis can be fatal although in the majority of cases patients recover completely⁽³⁶⁾.

In order to ensure we only cover those events that are severe in nature, the insured person or insured child must suffer at least 25% permanent impairment of whole person function or require assistance to perform an activity of daily living eg, bathing/showering.

What causes encephalitis?

Encephalitis can be caused by:

- » a viral attack on the brain alone, or
- » as a result of more widespread viral infections such as measles, mumps or chicken pox⁽³⁶⁾.



What are the signs and symptoms?

Some early warning signs of encephalitis are:

- » fever
- » drowsiness
- » headache
- » seizures
- » extreme fatigue
- » vomiting
- » a stiff neck and generally feeling ill⁽³⁶⁾.

Heart attack

Adult ✓

Our policy definition

The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The basis for the diagnosis of a heart attack will include either of the following:

- » confirmation of new electrocardiogram (ECG) changes or a left ventricular ejection fraction of less than 50%; and
- » elevation (other than as a result of cardiac or coronary intervention) of; cardiac enzymes CK-MB above standard laboratory levels of normal, or levels of Troponin I greater than 2.0 ug/l or Troponin T greater than 0.6ug/l, or their equivalent.

If a diagnosis cannot be made on the basis of that criteria, we will pay a claim based on satisfactory evidence that you have unequivocally been diagnosed as having suffered a heart attack resulting in:

- » a reduction in the left ventricular ejection fraction to less than 50%, measured 3 months or more after the event, or
- » new pathological Q waves.

A 3 month exclusion applies.

What causes a heart attack?

Often a heart attack is triggered when one or more of the coronary arteries that supply blood to the heart muscle become blocked. If the heart does not receive adequate oxygen-rich blood, the heart muscle may be damaged or die. This can result in disability or death⁽¹²⁾.

The most common cause of a heart attack is known as Coronary Artery Disease (CAD) or Coronary Heart Disease (CHD). Atherosclerosis (fatty build-up in the coronary artery) can cause a blockage. This fatty plaque may rupture causing a blood clot that may block the artery.

Heart attack can also be the result of a spasm of the coronary artery. As the artery contracts, it can decrease or can stop blood flow to the heart muscle⁽¹³⁾.

What are the symptoms?

Some common warning signals of a potential heart attack are⁽¹²⁾:

- » uncomfortable pressure, fullness, tightness or pain in the centre of the chest that lasts more than a few minutes or goes away and comes back. This may be angina, which can be a warning sign for a heart attack. This pain may also spread to the shoulders, neck or arms, and
- » chest discomfort with light-headedness, fainting, sweating, nausea or shortness of breath.

What medical evidence will we require?

- » **Electrocardiogram (ECG)** – this procedure records the electrical activity produced with each beat of the heart muscle. An abnormal ECG pattern may indicate heart damage has occurred.
- » **Elevated cardiac enzyme levels (CK-MB)** – a blood sample is taken soon after the suspected heart attack has occurred. Certain enzymes are present in the heart muscles that escape into the blood stream if the heart muscle becomes damaged (as in the case of a heart attack). High levels of these enzymes are confirmatory evidence of heart damage.
- » **Troponin** – tests have been developed to measure the level of proteins in the cardiac muscle called troponins, specifically troponin T (cTnT) and troponin I (cTnI). These proteins can detect heart muscle injury with great sensitivity and specificity. Normally the level of cTnT and cTnI in the blood is very low. It increases substantially within 4 to 6 hours (on average) of muscle damage. It peaks at 10 to 24 hours and can be detected for a week or more after.
- » **Left ventricular ejection fraction** – in theory, if the left ventricle could push out all the blood it contains in one heartbeat, your ejection fraction would

be 100% but this is not possible in reality so an ejection fraction of 55% to 75% is considered normal⁽³⁷⁾.

An ejection fraction of 50% or below can indicate that heart damage has occurred. The normal test used to determine left ventricular ejection fraction is an echocardiogram.

What would not be covered under the definition

The heart attack definition does not cover:

- » minor or transient chest pain (including angina) which is not due to death of a portion of the heart muscle, or
- » disturbances of cardiac rhythm, or
- » simple fainting attacks or blackouts, or
- » any cardiac event not meeting the definition described above.

What are the statistics?

In 2003, 11,905 females and 13,534 males in Australia died from ischaemic heart disease⁽⁹⁾.

Please note

We will not cover any heart attack if first occurred within 3 months of the commencement or reinstatement of the policy. Any increases in sum insured will not be covered for occurrence within the first 3 months of the increase.

Heart surgery (open)

Adult ✓

Our policy definition

Undergoing open heart surgery for treatment of a cardiac defect, cardiac aneurysm or benign cardiac tumour.

A 3 month exclusion applies.

What happens in open heart surgery?

Open heart surgery is an operation where the chest is opened and permanent changes to the heart are made by the surgeon. The surgery is performed while the bloodstream is diverted through a heart-lung machine that continues to circulate blood and oxygen⁽³⁸⁾.

What does the procedure treat?

Open heart surgery treats heart defects (eg, ventricular septal defect or atrial septal defects), benign heart tumours and heart aneurysm (weakened bulge in an artery wall).

Ventricular septal defect is when a person is born with a hole in the wall between the lower two chambers of the heart, which may need to be closed by surgery⁽³⁹⁾.

Atrial septal defect is when a person is born with a hole in the wall between the two upper chambers of the heart, which may need to be closed by surgery⁽³⁹⁾.

What is a cardiac aneurysm?

This is ballooning of a weakened portion of the heart wall, sometimes occurring after a complete blockage of a branch of the arterial system that supplies blood to the heart muscle.

Please note

We will not cover any heart surgery if the disease or condition which the surgery is directed at is first diagnosed within 3 months of the commencement or reinstatement of the policy. Any increases in sum insured will not be covered for diagnosis within the first 3 months of the increase.

HIV

Adult ✓

Asteron covers two instances where HIV may be acquired. Medically acquired HIV and occupationally acquired HIV.

Our policy definition

HIV – medically acquired

Medically acquired HIV is 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 you, in Australia by a recognised and registered health professional:

- » a blood transfusion;
- » transfusion with blood products;
- » organ transplant to the insured person;
- » 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 a Statutory Health Authority that the infection was medically acquired.

HIV infection transmitted, other than occupationally acquired, by any other means including sexual activity or recreational intravenous drug use is excluded.

This benefit will not apply where a cure for HIV or Acquired Immune Deficiency Syndrome (AIDS) has become available prior to the medical procedure.

HIV – occupationally acquired

Infection with the Human Immunodeficiency Virus (HIV) where the HIV was acquired as a result of:

- » an accident arising out of your normal occupation;
- » a malicious act of another person or persons arising out of your normal occupation; and
- » sero-conversion to HIV occurs within 6 months of the accident or malicious act.

Any incident giving rise to a potential claim must:

- » be reported to the relevant authority or employer within 7 days of the incident;
- » be reported to us with proof of the incident within 7 days of the incident; and
- » be supported by a negative HIV Antibody test taken within 7 days of the incident.

HIV infection transmitted, other than HIV medically acquired, by any other means including sexual activity or recreational intravenous drug use is excluded.

This benefit will not apply where a cure for HIV or Acquired Immune Deficiency Syndrome (AIDS) has become available prior to the accident or malicious act.

What is HIV?

Human Immunodeficiency Virus (HIV) was first discovered in 1983. It attacks cells in the body, namely the 'T-cell', a white blood cell that maintains the body's capabilities to fight diseases. Once the T-cells become infected with HIV, the immune system effectively becomes disabled⁽⁴⁰⁾.

What are the symptoms?

The early symptoms are similar to having a cold or flu including fever, fatigue and headaches. But these symptoms are unreliable as a diagnostic tool for HIV. A proper HIV antibody test must be performed to determine if infection has taken place or not⁽⁴⁰⁾.

Some people experience symptoms which are quite strong, but others experience nothing. Symptoms can start within days or even weeks of the accidental infection⁽⁴⁰⁾.

What are the statistics?

An estimated 15,310 people were living with HIV/AIDS in Australia in 2005. The number of new HIV diagnoses in Australia increased by 41 % between 2000 and 2005⁽⁴¹⁾.

Hydrocephalus

(Recovery Plus Option - Partial Recovery Benefit)

Adult ✓

Our policy definition

An excessive accumulation of cerebrospinal fluid within the cranium requiring surgery to correct the condition.

What is hydrocephalus?

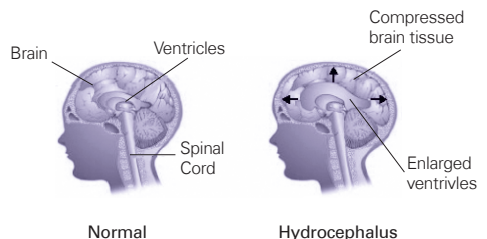
Hydrocephalus occurs when excessive cerebrospinal fluid (CSF) accumulates in the brain. CSF is produced constantly inside each of the ventricles inside the brain and normally flows through the four ventricles and spinal cord and then is absorbed into the blood stream.

Hydrocephalus is the result of either a blockage to the flow of the CSF, or the body's inability to absorb it. When this happens, the CSF builds up within the ventricles and CSF compartments over the surface of the brain causing CSF compartments to swell or enlarge. This results in pressure on the brain or stretching of the nerve fibres connecting different parts of the brain. Without treatment, hydrocephalus can lead to compromised mental functioning, visual disturbances, walking difficulty, incontinence, and reduced conscious state⁽⁴²⁾.

What are the symptoms?

Hydrocephalus sometimes has no symptoms. When symptoms occur, they can include:

- » Headache
- » Nausea and vomiting
- » Decreased conscious state
- » Vision problems
- » Hearing sensitivities
- » Seizures
- » Difficulty in walking
- » Incontinence



What are the statistics?

Adults can acquire hydrocephalus as a result of accidents, tumours, bleeding or infection⁽⁴²⁾.

Untreated hydrocephalus has a 50-60% death rate, with the survivors having varying degrees of intellectual, physical, and neurologic disabilities⁽⁴³⁾.

What payment will be made?

We will pay the greater of \$10,000 and 15%, 17.5% or 20% of the sum insured (whichever is relevant, explained in the Asteron Lifeguard PDS). We will only pay this benefit once and the sum insured will be reduced by the payment made.

Intensive care

Adult ✓ Child ✓

Our policy definition

A sickness or injury has resulted in you requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital.

What happens if you are under intensive care?

Intensive care involves continuous close medical and nursing attention, and the use of complex equipment, in a hospital for care of certain critically ill patients. The objective of intensive care is to restore, wherever possible, the patient's normal life processes.

What is an acute care hospital?

An acute care hospital is one, which is set up to deal with emergencies and for patients whose illnesses develop suddenly.

What is tracheal intubation?

Tracheal intubation is the process of inserting a tube into the trachea (windpipe) to keep it open and ensure the passage of air.

Under the definition there is no requirement for you to have any permanent impairment after having been in intensive care for ten consecutive days.

What are the statistics?

Each year almost 170,000 people, including 8,500 children are admitted to intensive care units in Australia and New Zealand - 86% of adults survive⁽⁴⁵⁾.

Intracranial benign tumour

Adult ✓ Child ✓

Our policy definition

The diagnosis of a non-cancerous tumour either in the brain tissue or between the brain tissue and the cranium giving rise to symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment and results in you either:

- » suffering at least 25% permanent impairment of whole person function*; or
- » being permanently unable to perform at least 1 of the numbered activities of daily living without the physical assistance of someone else.

* as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition.

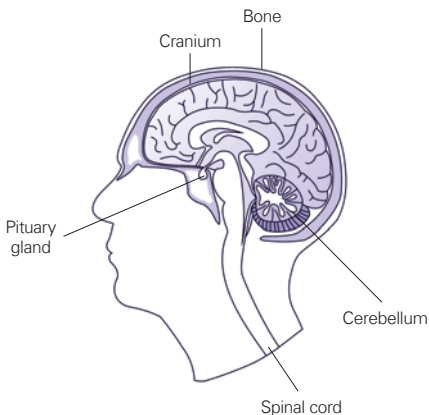
What is a benign tumour?

A benign tumour does not contain any cancer cells, but where it is located either in the brain tissue, or between the brain and the cranium (the skull, not including the lower jawbone), it is potentially life threatening.

What are the symptoms?

Symptoms are caused by damage to tissue and by pressure on the brain as the tumour grows. Symptoms include:

- » changes in personality
- » visual and/or hearing problems
- » dizziness
- » drowsiness
- » changes in memory or speech
- » seizures
- » morning vomiting
- » weakness of any part of the body⁽⁴⁶⁾.



What the definition covers

The definition covers benign tumours both in and on the brain which cause the symptoms as mentioned in the definition. There must also be at least a 25% permanent impairment of whole person function as defined by the American Medical Association's 'Guides to the Evaluation of Permanent Impairment' (5th edition). An example from the guides is a loss of entire thumb equates to a 22% whole person impairment. Alternatively you must require assistance to perform 1 of the activities of daily living.

Loss of limbs or sight

Adult ✓ Child ✓

Our policy definition

The total and permanent loss of use of:

- » both feet;
- » both hands;
- » the sight in both eyes (to the extent of 6/60 or less); or
- » any combination of at least two of: a hand, a foot or sight in an eye (to the extent of 6/60 or less).

What payment will be made?

The amount we will pay for single loss of limb or eye is the greater of \$10,000 and 15%, 17.5% or 20% of the sum insured whichever is relevant, explained in Asteron Lifeguard PDS)

What are the statistics?

In Australia, approximately 300,000 people are blind or vision impaired⁽⁴⁷⁾.

Loss of speech

Adult ✓ Child ✓

Our policy definition

The total loss of speech both natural and assisted as a result of sickness or injury for at least 6 months and the subsequent diagnosis that loss of speech both natural and assisted will be total and permanent. Loss of speech related to any psychological cause is excluded.

What causes loss of speech?

Loss of speech usually occurs as a result of injuries to the larynx (voice box and vocal cords) or the removal of the voice box because of cancer of the throat. Loss of speech can also occur as a result of a stroke⁽¹⁵⁾.

What the definition covers?

The total and permanent loss of natural and assisted speech as a result of disease, injury or sickness. By 'assisted loss of speech' we mean that even with the use of technology, you still cannot speak.

The qualifying period of 6 months is to ensure the loss of speech is permanent.

If you have the physical ability to speak but cannot do so due to a psychological cause or deliberate decision not to speak you are not covered under the policy definition.

Major burns

(Recovery Plus Option - Partial Recovery Benefit)

Adult ✓

Our policy definition

Accidental full thickness burns to at least 10% of the body surface area but less than 20%.

What are major burns?

Major burns refers to third degree or full-thickness burns, which affect all three layers of skin. Such burns require immediate medical treatment.

What are the degrees of burning?

Burns are categorised on a scale of first, second or third degree. Major (third degree) burns occur when full thickness of skin is destroyed. The burns could be a result of scalding with hot fluids, thermal (flame), electrical or chemical accident. The degree of burn depends on the extent of damage done to the skin.

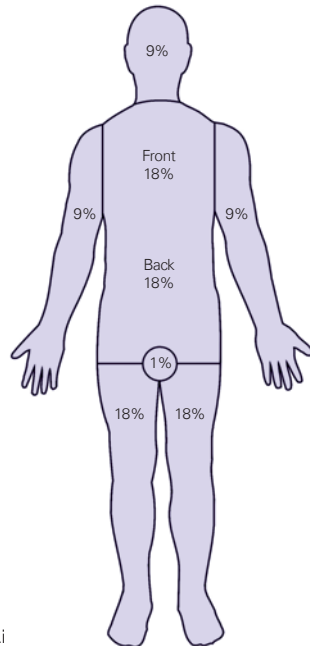
- » First degree burns – damage the top layer of skin, for example sunburn
- » Second degree burns – deeper within the skin layers, but may heal without scarring.
- » Third degree burns – more serious and destroy the full thickness of skin, requiring surgical debridement and/or grafting. Third degree burns result in permanent scarring.

What constitutes 10% of body surface area?

We would use the following Lund Browder body surface chart to determine the percentage of body that has been impacted by burns. For example, the head (including the neck) represents 9% and the leg including the foot represents 18% for adults.

What are the statistics?

In Australia, over 150,000 people seek medical help for a burn injury each year. Of this number, approximately 7,000 people are hospitalised and 400 die as a result of their injury⁽⁷⁵⁾.



Major head trauma

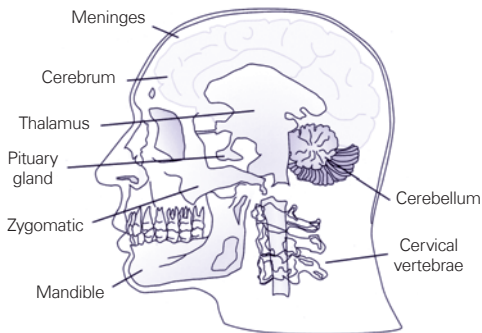
Adult ✓ Child ✓

Our policy definition

An injury to the head has resulted in you either:

- » suffering at least 25% permanent impairment of whole person function*; or
- » being permanently unable to perform at least 1 of the numbered activities of daily living without the physical assistance of someone else.

* as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition.



What are some causes of major head trauma?

There are many causes of major head trauma. A blow to the skull can shake up the brain (concussion), bruise the

brain (contusion), or cause bleeding and the formation of a mass of blood (haematoma). Motor vehicle accidents are one of the typical causes of major head trauma.

The soft brain can move inside the skull, hitting the inner surface of the skull causing haemorrhaging (bleeding) or tearing. If the head receives a sudden sharp blow, the deeper part of the brain can also become torn.

In a fracture of the skull, bone fragments can slice into the brain, resulting in severe injury that may cause unconsciousness or a coma state. Most of these fragments need to be removed by surgery, but the deeper embedded fragments may need to remain, as removing them may risk further damage. The internal tearing can cause scarring as it heals and this may result in the development of epilepsy.

Head injuries may result in brain damage with impairment of mental capacity and physical function. Neurological deficit (brain not functioning fully) may cause impairment of function with walking and talking. It may also result in memory loss, intellectual loss and incontinence.

Major organ transplant

Adult ✓ Child ✓

Our policy definition

You either undergo the organ transplant or upon specialist medical advice you are placed on an official Australian acute care hospital waiting list to undergo organ transplant, from a human donor of one or more of the following: kidney, heart, liver, lung, pancreas, and bone marrow.

The transplantation of all other organs or parts of any organ or of any other tissue is excluded.

Why a major organ transplant is done

Major organ transplant is sometimes needed to replace a diseased or damaged organ. Transplanted organs commonly include the liver, kidney, heart, lung, pancreas, or bone marrow.

What are the statistics?

In Australia in 2004, there were 408 kidney transplants, 164 liver transplants, 78 heart transplants, 6 heart/lung transplants, 92 lung transplants and 28 pancreas transplants⁽⁴⁸⁾.

At the start of 2008, there were 1,875 people on the organ transplant waiting list. In 2007 there were 198 organ donors from whom 626 transplants were performed⁽⁷⁴⁾.

Who is covered?

The recipient of the organ donation is covered under the definition but the donor is not covered.

Meningitis

Adult ✓ Child ✓

Our policy definition

The unequivocal diagnosis of meningitis where the condition is characterised by severe inflammation of the meninges of the brain, that results in you either:

- » suffering at least 25% permanent impairment of whole person function*; or
- » being permanently unable to perform at least one of the numbered activities of daily living without the physical assistance of someone else.

* as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition.

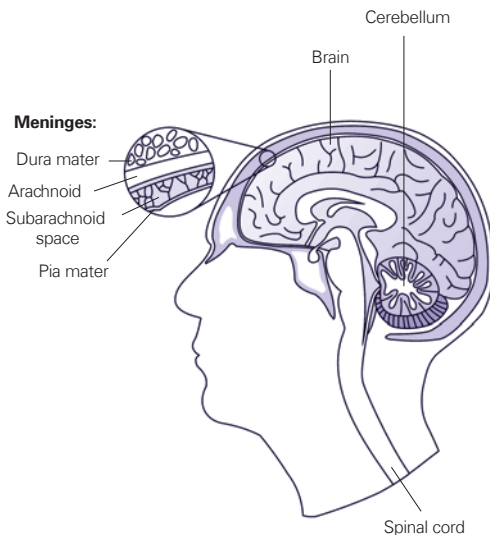
Types of meningitis?

The types of meningitis are pneumococcal meningitis, haemophilus influenza meningitis, tuberculous meningitis, meningococcal meningitis and cerebrospinal meningitis.

In order to ensure we only cover those events that are severe in nature, you must suffer at least 25% permanent impairment of whole person function or require assistance to perform at least 1 activity of daily living eg, bathing/showering.

What are the statistics?

As a result of bacterial meningitis, death occurs in 5% of cases. In addition, about 20% are left with permanent disabilities such as cerebral palsy, limb amputations, learning difficulties and deafness⁽⁴⁹⁾.



Motor Neurone Disease

Adult ✓

Our policy definition

The unequivocal diagnosis of Motor Neurone Disease.

What is Motor Neurone Disease?

Motor Neurone Disease (MND) is the progressive dying off of the motor nerve cells. These nerve cells transmit messages from the brain and spinal cord to the muscles of the body and are controlled by the central nervous system.

MND is the name given to a group of diseases in which the nerve cells (neurones) controlling the muscles that enable us to move around, speak, breathe and swallow, fail to work normally. Motor function is controlled by upper motor neurones in the brain that descend to the spinal cord. These neurones activate anterior horn cells (lower motor neurones). The lower motor neurones exit the spinal cord and directly activate muscles. With no nerves to activate them, muscles gradually weaken and waste. The patterns of weakness vary from person to person⁽⁵⁰⁾.

At present, there is no cure for MND and life expectancy for this disease can vary from a few months to several years.

What are the symptoms?

Early symptoms are mild. They include:

- » stumbling due to weakness of the leg muscles

- » difficulty of holding objects due to weakness of hand muscles
- » slurring of speech and swallowing difficulties due to weakness of the tongue and throat muscles.

The effect of MND varies enormously in respect of initial symptoms, rate and pattern of progression, and survival time after diagnosis⁽⁵⁰⁾.

How is it diagnosed?

The diagnosis of MND is often clinically difficult and it is sometimes necessary to review patients for some time before the diagnosis becomes unequivocal. The diagnosis can be assisted through a range of tests, including some which eliminate other conditions. Often an electromyograph (EMG) is used, in which a needle is inserted into various muscles to measure their electrical activity. This can assist with both diagnosis and prognosis⁽⁵⁰⁾.

We pay 100% on unequivocal diagnosis of MND and do not require a specific level of disability before payment is made.

What are the statistics?

The mortality rate of the disease increases with age. MND affects over 350,000 of the world's population, and kills over 100,000 every year. In Australia, MND kills one person every day⁽⁵¹⁾.

Multiple Sclerosis

Adult ✓

Our policy definition

A disease characterised by demyelination in the brain and spinal cord. Multiple Sclerosis must be unequivocally diagnosed. There must be more than one episode of well defined neurological deficit with persisting neurological abnormalities. Neurological investigations such as lumbar puncture, MRI (Magnetic Resonance Imaging) evidence of lesions in the central nervous system, evoked visual responses, evoked auditory responses are required to confirm diagnosis.

What is Multiple Sclerosis?

Multiple Sclerosis is a progressive disease of the central nervous system (brain and spinal cord) in which the protective covering of the nerve fibres in the brain and spinal cord are destroyed. Myelin allows the nerves in the body to quickly and efficiently send electrical impulses to and from the brain. Multiple Sclerosis destroys myelin, a fatty substance that coats the nerve fibres.

This loss of myelin results in the inability of the nerves to efficiently send the impulses, hence producing symptoms of Multiple Sclerosis⁽⁵²⁾.

The areas where myelin is destroyed are similar to scars, therefore giving the name Multiple Sclerosis, meaning 'many scars'⁽⁵²⁾.

What are the symptoms?

Fatigue, weakness and difficulties with speech, vision, cognition and mobility

are some of the symptoms of Multiple Sclerosis. Heat also tends to worsen the symptoms in people who have the disease⁽⁵²⁾.

What are the diagnosis techniques?

The diagnosis techniques include:

- » lumbar puncture – examination of fluid drawn from the spine.
- » MRI (Magnetic Resonance Imaging) – used to obtain images of various structures and tissues of the body by using magnetic fields instead of x-ray.

Evoked visual and auditory responses identify abnormal sight and hearing reactions to certain tests.

We pay 100% on unequivocal diagnosis of Multiple Sclerosis and do not require a specific level of disability before payment is made.

What are the statistics?

There are approximately 15,000 people with Multiple Sclerosis in Australia. The disease is most common among young adults ranging from age 20 to 40 years old, however the diagnosis may occur earlier⁽⁵²⁾.

Multiple Sclerosis is very rare in children under 12 and adults over the age of 55 years. The disease is more prevalent in women than men, and tends to be much more common among the white racial groups⁽⁵²⁾.

Muscular Dystrophy

Adult ✓

Our policy definition

The unequivocal diagnosis of Muscular Dystrophy.

What is Muscular Dystrophy?

Muscular Dystrophy is a genetic disorder caused by a mutant gene. 'Muscular' refers to muscles and 'dystrophy' means faulty growth. It causes progressive weakening of the muscles in the arms, legs, trunk and sometimes heart.

Life-threatening heart problems (the muscles of the heart can also be affected) are a common part of this disorder and are usually treated by implementation of a cardiac pacemaker.

There are a number of types of Muscular Dystrophy, which are distinguished according to onset, severity, localisation and progression of the disease. The two most common types are Myotonic Muscular Dystrophy and Duchenne Muscular Dystrophy.

Myotonic Muscular Dystrophy

This is the most common form of Muscular Dystrophy in adults. Its onset ranges from early childhood to adulthood and in the newborn period for its rare congenital form.

The muscles first affected are the face, feet, hands and the front of the neck. Myotonic Muscular Dystrophy has a slow progression rate and causes muscle weakness and affects the central nervous system, heart, gastrointestinal tract, eyes, and the hormone-producing glands of the body.

How is it diagnosed?

Usually the characteristic patterns of weakness and the resulting disability suggest the diagnosis. Often there are typical effects on posture and gait, how an affected person stands and walks.

Muscle biopsy is usually the confirmatory test. A small piece of muscle is removed for examination under a microscope and sometimes for chemical examination⁽⁵³⁾.

We pay 100% on unequivocal diagnosis of Muscular Dystrophy and do not require a specific level of disability before payment is made.

Out of hospital cardiac arrest

Adult ✓

Our policy definition

Cardiac arrest that is not associated with any medical procedure, is documented by an electrocardiogram, occurs out of hospital, and is either:

- » Cardiac asystole (heart stoppage) or
- » Ventricular fibrillation (the muscle fibres of the ventricle beating rapidly without pumping any blood) with or without ventricular tachycardia.

A 3 month exclusion applies.

What is cardiac arrest?

Cardiac arrest occurs when the heart suddenly stops. This often leads to unconsciousness due to the subsequent lack of blood flow to the brain and may result in death if not treated immediately.

The main cause of cardiac arrest is coronary heart disease but can also be caused by:

- » respiratory arrest,
- » drowning,
- » electrocution,
- » choking,
- » trauma.

Cardiac arrest can be treated with Cardiopulmonary Resuscitation (CPR) and defibrillation (an electric shock) which can restore a normal heartbeat.

What the definition covers

The definition covers cardiac arrest that occurs outside of a hospital and is not caused by a medical procedure. The cardiac arrest must be due to cardiac asystole (heart stoppage) or ventricular fibrillation (the muscle fibres of the ventricle beating rapidly without pumping any blood)⁽⁵⁴⁾.

What are the statistics?

Out of hospital cardiac arrest is a leading cause of unexpected death in the developed world, occurring in about 1 in 1500 adults each year⁽⁵⁵⁾.

Paralysis

Adult ✓ Child ✓

Our policy definition

The total and permanent loss of use of one or more limbs resulting from spinal cord injury or disease or from brain injury or disease. Included in this definition are Paraplegia, Quadriplegia, Diplegia, Hemiplegia and Tetraplegia.

What is paraplegia?

This paralysis affects both legs. It is most commonly caused by spinal cord injury.

What is quadriplegia/tetraplegia?

This paralysis affects both arms and both legs. It is most commonly caused by spinal cord injury.

What is diplegia?

This is paralysis involving parts on both sides of the body and affecting the legs more severely than the arms. Diplegia is most commonly caused by a disease or injury of the brain.

What is hemiplegia?

This paralysis affects one side of the body only and is often the result of a stroke or injury to the brain.

What the definition covers

The definition covers any injury or disease of the spinal cord or brain resulting in the total and permanent loss of use of one or more limbs.

What are the statistics?

The main causes of spinal cord injury are:

- » transport related
- » falls
- » water related
- » sports related
- » hit or struck by an object
- » other causes⁽⁵⁶⁾.

It is estimated that there are around 10,000 people in Australia live with a spinal cord injury and between 300-400 new injuries are reported each year.

The major causes of traumatic spinal cord injury are traffic-related accidents (motor vehicles and motor cycles), falls, diving and sports-related accidents. People between 15-24 years of age have the highest rate of injury⁽⁵⁷⁾.

Parkinson's Disease

Adult ✓

Our policy definition

The unequivocal diagnosis of degenerative idiopathic Parkinson's Disease as characterised by the clinical manifestation of one or more of: rigidity, tremor, akinesia, resulting in the degeneration of the nigrostriatal system. All other types of Parkinsonism are excluded (eg, secondary to medication).

How does Parkinson's Disease affect you?

James Parkinson first described Parkinson's Disease in England in 1817. Parkinson's Disease is a progressive degenerative disorder that affects movement of the body, which can lead to accidents and other life threatening complications. It is caused by nerve cells in the brain being unable to produce enough dopamine.

Dopamine is a neurotransmitter, a chemical that is selectively released from a nerve terminal. It interacts with adjacent nerves and transmitters, and ensures that messages progress smoothly between nerve cells and muscle fibres. The purpose of dopamine is to allow coordinated movement and muscle relaxation of the body. The cause of Parkinson's Disease is not known⁽⁵⁸⁾. Idiopathic Parkinson's Disease is primary Parkinson's which is not as a result of another disease.

Numerous public figures have acknowledged their battle with Parkinson's, including Muhammad Ali and Michael J. Fox

What are the symptoms?

Parkinson's Disease is characterised by four distinct features:

1. akinesia (slowness and poverty of movement resulting in a shuffling gait)
2. tremor (muscle stiffness and tremor caused by the confused messages between nerves and muscles)
3. stooped posture
4. rigidity (frozen, mask-like facial expression).

Medication and physiotherapy can treat the symptoms, but there is currently no cure for Parkinson's Disease.

What are the statistics?

- » Approximately 1,000 new cases are diagnosed in Victoria per annum, or an average of 19 every week of the year.
- » 10% of people are diagnosed before the age of 45.
- » Predominantly those in the middle to later years ie 50-75 are effected, though up to 20% of people are diagnosed between the ages of 30 and 50⁽⁵⁹⁾.

Primary pulmonary hypertension

Adult ✓

Our policy definition

Primary pulmonary hypertension with right ventricular enlargement established by investigations including cardiac catheterisation resulting in permanent and irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

What is primary pulmonary hypertension?

Primary pulmonary hypertension is a rare lung disorder resulting in increased pressure in the lung arteries and increased strain on the heart. It can result in an inability to carry out any physical activity without discomfort and may lead to heart failure.

The disease usually occurs between ages 15 and 40 and females are more often affected than males.

What are the symptoms?

Initial symptoms include dizziness and fainting, chest pain, emotional excitement and difficulty in breathing (dyspnoea).

What are the New York Heart Association classifications?⁽¹³⁾

Defined below are the classes used to determine the level of cardiac impairment.

Class 1

The patient has cardiac disease but no resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitations (awareness of heartbeats due to the heart beating too fast, too slow or irregularly), dyspnoea (shortness of breath), or anginal pain (cramp-like pain in the chest).

Class 2

The patient has cardiac disease resulting in slight limitation of physical activity. The patient is comfortable at rest and in the performance of ordinary, light daily activities. Greater than ordinary physical activity, such as heavy physical exertion, results in fatigue, palpitation, dyspnoea, or anginal pain.

Class 3

The patient has cardiac disease resulting in marked limitation of physical activity. The patient is comfortable at rest. Less than ordinary physical activity results in fatigue, palpitation, dyspnoea, or anginal pain.

Class 4

The patient has cardiac disease resulting in the inability to perform any activity. There is discomfort with any activity. Symptoms of fatigue, palpitations, dyspnoea and/or anginal pain occur at rest.

Removal of Prostate

(Recovery Plus Option)

Our policy definition

Removal of the prostate as a result of carcinoma in situ of the prostate means that the entire prostate, because of carcinoma in situ of the prostate, is removed specifically to arrest the spread of malignancy and this procedure is the appropriate and necessary treatment. Carcinoma in situ of the prostate means a focal autonomous new growth of carcinomatous cells within the prostate 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. The tumour is histologically described as having a TNM Classification Tis or any other equivalent classification.

What is removal of the prostate?

The prostate is a small gland forming part of the male reproductive system, which is located under the bladder and in front of the rectum. Its main function is to produce fluid that protects and enriches sperm.

Prostate cancer is an abnormal growth of prostate cells, which form a lump (tumour) in the prostate.

Prostate removal, or prostatectomy, is a surgical procedure to remove all or part of a prostate gland. Prostate removal can be an extremely effective treatment for prostate cancer.

What are the symptoms?

Symptoms include:

- » difficulty in starting urine flow
- » a need to pass urine more frequently
- » interrupted urine flow
- » blood in the urine⁽³³⁾

What are the statistics?

Prostate cancer is the second most common cancer in Australian men after skin cancer⁽³⁴⁾. Each year more than 11,000 men are diagnosed with prostate cancer and 2,700 die of it in Australia⁽³⁵⁾.

Repair or replacement of aorta

Adult ✓

Our policy definition

Surgery 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.

A 3 month exclusion applies.

What is the aorta?

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

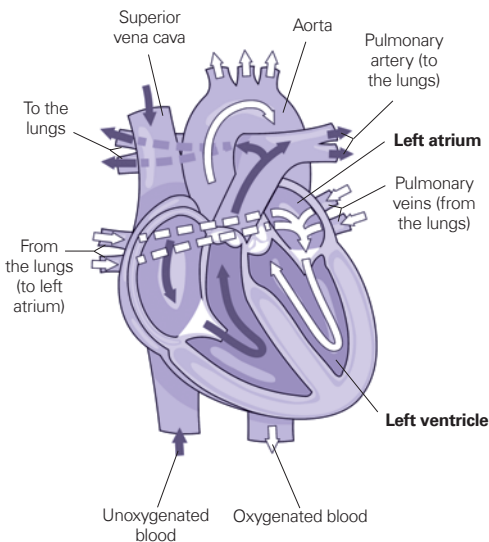
The aorta extends from the chest, through the thoracic aorta (diaphragm) and into the abdominal aorta (abdominal cavity) where it divides into two branches.

When is repair or replacement of aorta required?

The aorta may become narrowed by fatty substances or by a blood clot on the wall. A weak spot on the wall may lead to an aneurysm (bulging) or a split in the wall (dissection). Aneurysms can sometimes be about the size of an orange, and can lead to tearing of the aorta wall. A large tear can result in death. Smaller tears can be mended with urgent surgery. In this case, the affected part of the aorta is removed and replaced with an artificial tube.

Please note

We will not cover any repair or replacement of aorta if the disease or condition which the surgery is directed at is first diagnosed within 3 months of the commencement or reinstatement date of the policy. Any increases in sum insured will not be covered for diagnosis within the first 3 months of the increase.



Repair or replacement of valves

Adult ✓

Our policy definition

Surgery to replace or repair a cardiac valve or valves as a consequence of heart valve defects or abnormalities but does not include angioplasty, intra-arterial procedures or other non-surgical techniques.

A 3 month exclusion applies.

What is a valve?

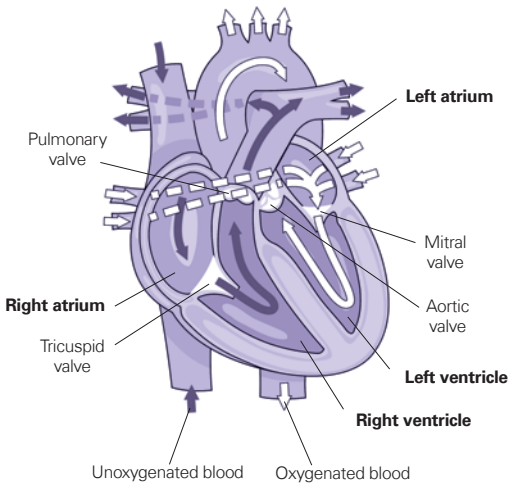
The heart contains four valves that control the flow of blood and prevent any back-flow. These are the pulmonary, tricuspid, mitral and aortic valves.

When is repair or replacement of valves required?

When a heart valve does not work properly due to stenosis (narrowing of the valve) or incompetence (failure to close), the circulation of blood can be disrupted necessitating surgical repair or replacement of the valve. The valve is replaced by either a mechanical valve or a bioprosthetic valve. Replacement valves can last for 20 years or more.

Please note

We will not cover any repair or replacement of valves if the disease or condition which the surgery is directed at is first diagnosed within 3 months of the commencement or reinstatement date of the policy. Any increases in sum insured will not be covered for diagnosis within the first 3 months of the increase.



Serious accidental injury

(Partial Recovery Benefit)

Adult ✓ Child ✓

Our policy definition

An injury that has resulted in you being confined to an acute care hospital for a period of 30 consecutive days (24 hours per day) under the full time care of a registered doctor.

What is an acute care hospital?

An acute care hospital is one, which is set up to deal with emergencies and for patients whose illnesses develop suddenly.

What causes serious accidental injury?

Serious accidental injury can occur in many ways. An example is a motor vehicle accident, where you are hospitalised and in a serious condition.

What payment will be made?

We will pay the greater of \$10,000 and 15%, 17.5% or 20% of the sum insured (whichever is relevant, explained in the Asteron Lifeguard PDS). We will only pay this benefit once and the sum insured will be reduced by the payment made.

Under the policy definition there is no requirement for you to have any permanent impairment after being in hospital for 30 days.

We have set the period of stay in hospital at 30 days as this length of stay is generally viewed as a major trauma event.

Severe burns

Adult ✓ Child ✓

Our policy definition

Accidental full thickness burns to:

- » at least 20% of the body surface area;
- » both hands, requiring surgical debridement and/or grafting; or
- » the face, requiring surgical debridement and/or grafting.

What are the degrees of burning?

Burns are categorised on a scale of first, second or third degree. Severe (third degree) burns occur when the full thickness of skin is destroyed. The burns could be the result of thermal (flame), electrical or chemical accident. The degree of burn depends on the extent of damage done to the skin.

- » **First degree burns** damage the top layer of skin, for example sunburn.
- » **Second degree burns** are deeper within the skin layers, but may heal without scarring.
- » **Third degree burns** are more serious, and destroy the full thickness of the skin, requiring surgical debridement and/or grafting. Third degree burns result in permanent scarring.

What is surgical debridement?

Surgical debridement is performed under anaesthesia and involves cleaning the tissue area by sharp dissection (cutting away the burnt tissue).

What is skin grafting?

Skin grafting is a procedure that attaches donor skin (an area where there is healthy, unburned skin) to the severely burned area. An instrument gently shaves a piece of skin from the unburned area, and then secures it onto the burned area so it can heal⁽⁶⁰⁾.

What the definition covers

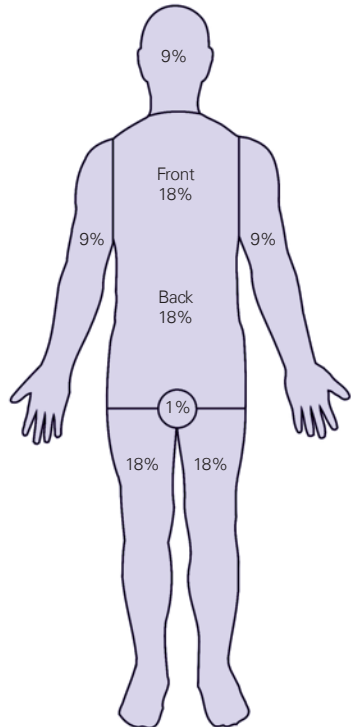
The definition will cover accidental third degree burns affecting at least 20% of the body surface area or accidental third degree burns affecting both hands or the face, which require surgical debridement and/or grafting.

Severe burns result in a trauma needing extensive supportive therapy in a specialised unit. Severe scarring can result in loss of movement, especially in limbs and on the face. Treatment is likely to be prolonged over many months.

What constitutes 20% of body surface area?

We would use the following Lund Browder body surface chart to determine the percentage of body that has been impacted by burns. For example, the head (including the neck) represents 9% and a leg including the foot represents 18% for adults.

Due to the cosmetic sensitivity of the hands and face we treat these separately from the 20% ruling.



Severe Crohn's Disease

(Recovery Plus Option - Partial Recovery Benefit)

Adult ✓

Our policy definition

- » Diagnosis of Crohn's disease that requires permanent immunosuppressive medication.

What is Crohn's Disease?

Crohn's Disease is an inflammatory disease of the gastrointestinal tract. It most commonly affects the lower small intestine and the large intestine, but can occur in any section of the gastrointestinal tract. The inflammation extends through the entire thickness of the bowel wall⁽⁶¹⁾.

What causes it?

What is known is that the disease tends to run in families. The current belief is that in a genetically susceptible person, a trigger leads the body's immune system to cause inflammation in the digestive tract.

What are the symptoms?

The most common symptoms associated with Crohn's disease include:

- » abdominal pain
- » diarrhoea
- » fever
- » nausea & vomiting
- » loss of appetite and weight loss
- » anal fistulae, fissures and abscesses⁽⁶²⁾

What are the statistics?

Crohn's disease is an important cause of morbidity in Australia, with a prevalence of about 50 per 100 000 population.

The disease is most common in adolescents and young adults, but can occur at any age⁽⁶³⁾.

What the definition covers

The definition covers situations where the diagnosis of Crohn's disease requires permanent immunosuppressive medication. It does not cover situations where there is only a temporary requirement for immunosuppressive medication.

Immunosuppressive medication are drugs which suppresses the body's immune system.

Severe Osteoporosis

(Recovery Plus Option - Partial Recovery Benefit)

Adult ✓

Our policy definition

Severe osteoporosis means:

- » before the age of 50, you suffer at least two vertebral body fractures or a fracture of the neck of femur, due to osteoporosis, and
- » you have a bone mineral density reading with a T-score of less than -2.5 (i.e. 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

What is Osteoporosis?

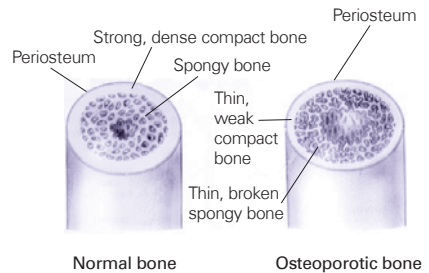
Osteoporosis is a condition in which the bones become fragile and brittle, leading to a higher risk of fractures than normal bone. Osteoporosis occurs when bones lose minerals, such as calcium, and the body cannot replace these minerals fast enough to keep the bones healthy. As a result, bones become thinner and less dense. Any bone can be affected by osteoporosis, but the most common sites are bones in the hip, spine, wrist, ribs, pelvis and upper arm⁽⁶⁴⁾.

In severe osteoporosis the risk of fracture increases up to 25 times higher than normal. The bone density strength in severe osteoporosis is 2.5 standard deviations less than that found in normal bones.

What causes it?

There are many factors that contribute to osteoporosis, including:

- » genetic make-up
- » lifestyle factors such as diet, exercise levels and smoking
- » low body weight or significant loss of weight as people age
- » A number of diseases increase the risk of developing osteoporosis such as rheumatoid arthritis, coeliac disease and chronic lung diseases
- » Certain medications may result in increased loss of bone density
- » In women, the decrease in the level of oestrogens after menopause⁽⁶⁵⁾.



What are the symptoms?

Osteoporosis has no signs or symptoms until a fracture occurs. These fractures can lead to changes in posture, muscle weakness, loss of height and deformity of the area affected. Fractures can also lead to long-term pain and disability, loss of independence, and may contribute to premature death⁽⁶⁴⁾.

What are the statistics?

Every 8 minutes, someone is admitted to an Australian hospital with an osteoporotic fracture. In 2002, 1.9 million people in Australia had osteoporosis⁽⁶⁴⁾.

Severe Rheumatoid Arthritis

Adult ✓

Our policy definition

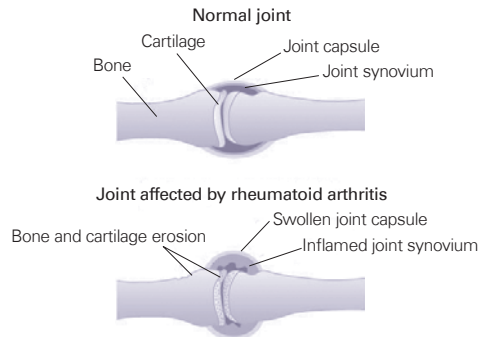
The unequivocal diagnosis of severe rheumatoid arthritis by a rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:

- » at least a 6 week history of severe rheumatoid arthritis which involves 3 or more of the following joint areas:
 1. proximal interphalangeal joints in the hands;
 2. metacarpophalangeal joints in the hands;
 3. metatarsophalangeal joints in the foot, or any joint of the wrist, elbow, knee or ankle;
 - » simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone);
 - » typical rheumatoid joint deformity;
- and at least 2 of the following criteria:
- » morning stiffness;
 - » rheumatoid nodules;
 - » erosions seen on x-ray imaging;
 - » the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis.

Degenerative osteoarthritis and all other arthritides are excluded.

What is Rheumatoid Arthritis?

Rheumatoid arthritis (RA) is the most common inflammatory rheumatic disease⁽⁶⁶⁾. RA is a chronic disease, characterised by inflammation of the lining of the joints, particularly hands, feet and knees. Due to inflammation, the joints are painful, swollen and movement becomes restricted.



What are the symptoms?

The most common symptoms of rheumatoid arthritis include:

- » Swelling and pain and heat in the joints
- » Stiffness in the joints, especially in the morning
- » Persistent fatigue
- » Sleeping difficulties because of the pain
- » Weak muscles
- » Joints on both sides of the body are usually affected⁽⁶⁷⁾

What are the statistics?

In the 2001 National Health Survey, 438,200 Australians self-reported physician-diagnosed rheumatoid arthritis, or approximately 2.3% of the population. Nearly 60% of the reports were from women⁽⁶⁸⁾.

Severe Ulcerative Colitis

(Recovery Plus Option - Partial Recovery Benefit)

Adult ✓

Our policy definition

Diagnosis of ulcerative colitis that requires permanent immunosuppressive medication.

What is Ulcerative Colitis?

Ulcerative colitis is a disease of the inner lining of the large intestine that causes inflammation and micro-ulcers. The inflammation usually occurs in the rectum and lower part of the colon, however it may affect the entire large intestine. Once the disease is established, sufferers are usually at risk of repeated attacks over their lifetime⁽⁶⁹⁾.

What are the symptoms?

The most common symptoms of ulcerative colitis are bloody diarrhoea and abdominal pain. Patients also may experience fever, rectal bleeding, fatigue, anaemia, loss of appetite, weight loss and loss of body fluids and nutrients resulting in nutritional deficiencies. These symptoms occur as intermittent attacks and may go on for many years.

Ulcerative colitis may cause long-term problems such as arthritis, inflammation of the eye, liver disease, osteoporosis, skin rashes, anaemia and kidney stones.

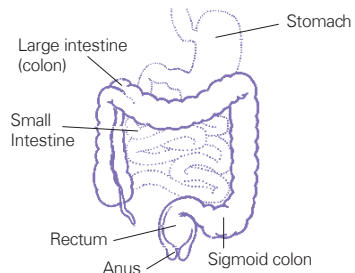
What are the statistics?

More than 70,000 Australians suffer from Crohn's disease or ulcerative colitis, second only to Canada in prevalence rates globally. It is the leading cause of gastrointestinal disability in Australia⁽⁷⁰⁾. The disease affects both men and women equally. It is more common in western society and usually presents in the 15-40 year old age group⁽⁷¹⁾.

What the definition covers

The definition covers situations where the diagnosis of ulcerative colitis requires permanent immunosuppressive medication. It does not cover situations where there is only a temporary requirement for immunosuppressive medication.

Immunosuppressive medication are drugs which suppresses the body's immune system.



Single loss of limb or eye

(Partial Recovery Benefit)

Adult ✓ Child ✓

Our policy definition

The total and permanent loss of use of:

- » one foot;
- » one hand; or
- » sight in one eye (to the extent of 6/60 or less).

What the definition covers

The definition will cover any incident leading to the single loss of use of a limb or eye. The definition includes any loss by amputation, yet there is no need for severance under the definition just loss of use.

What payment will be made?

The amount we will pay for a single loss of limb or eye is the greater of \$10,000 and 25% of the sum insured for the Recovery Benefit. We will only pay this benefit once and the sum insured will be reduced by the payment made.

After we have made a partial payment under this event and you subsequently lose the use of another limb (or an eye) then the remaining sum insured will become payable.

Stroke

Adult ✓ Child ✓

Our policy definition

Any cerebrovascular accident or incident producing neurological sequelae lasting more than 24 hours. This includes infarction of brain tissue, intracranial or subarachnoid haemorrhage, embolisation from an extracranial source, but excludes transient ischaemic attacks and cerebral events and symptoms due to reversible neurological deficits and migraine.

A 3 month exclusion applies.

What are the features of a stroke?

The normal function of the brain is suddenly disrupted due to bleeding into the brain, or to a cessation of the blood supply to a portion of the brain. Brain cells are usually killed within minutes to a few hours, and the affected area in which this occurs is called an 'infarct'⁽⁷²⁾. Such an event lasting longer than 24 hours is classified as a stroke.

What are the symptoms?

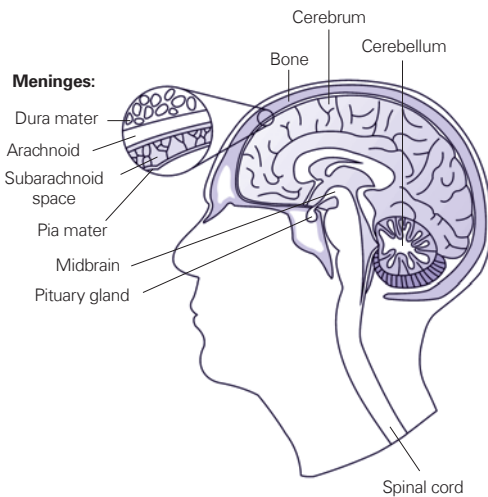
The most common symptoms of stroke include⁽⁷²⁾:

- » sudden numbing or weakness of the face or a limb on one side of the body
- » sudden confusion, speech difficulty or dizziness causing loss of balance
- » severe headaches for no apparent reason
- » sudden difficulty seeing or walking.

What are the causes of a stroke?

Possible causes of a stroke incident are⁽¹⁵⁾:

- » age, most common among older people
- » atherosclerosis (narrowing the arteries due to deposits of fatty substances)
- » hypertension (high blood pressure) causing the artery walls to weaken



- » diabetes, which increases the risk of hypertension and/or arteriosclerosis
- » smoking, which increases the risk of hypertension and/or arteriosclerosis
- » heart diseases.

What is infarction of brain tissue?

This occurs as a result of embolisation (foreign body, air, gas or clot in the bloodstream) or thrombosis (clot) of the arteries. The tissue area is deprived of blood supply leading to an infarction (the process leading to the formation of a localised area of dead tissue due to inadequate blood flow)⁽¹⁵⁾.

What is an intracranial or subarachnoid haemorrhage?

Subarachnoid haemorrhage (internal bleeding) occurs around the brain below the arachnoid membrane (the central of the 3 meninges covering the brain).

Intracranial haemorrhage (bleeding) occurs inside the skull⁽¹⁵⁾.

What is an embolisation from an extracranial source?

This is where the cerebral artery (main artery into the brain) becomes obstructed by a blood clot that has travelled from the

circulatory system; for example, a piece of clot detaching itself from the edge of a heart valve⁽¹⁵⁾.

What are Transient Ischaemic Attacks (TIAs)?

Often known as 'mini strokes' of brief duration (usually minutes, never more than a few hours) which cause bouts of dizziness. Symptoms abate without any residual effects, therefore transient ischaemic attacks and cerebral symptoms due to reversible neurological deficits (including motor, sensory or visual deficits and migraine) are not covered by this definition.

What are the statistics?

Stroke is Australia's second single greatest killer and a leading cause of disability.

Every year Australians will suffer 53,000 new and recurrent strokes – that's one every 10 minutes

Almost one in five people who experience a stroke are under the age of 55

Men are more likely to suffer a stroke and at an earlier age⁽⁷³⁾.

Please note

We will not cover any stroke if first occurred within 3 months of the commencement or reinstatement date of the policy. Any increases in sum insured will not be covered for occurrence within the first 3 months of the increase.

Glossary

Activities of daily living are:

1. bathing and showering
2. dressing and undressing
3. eating and drinking
4. maintaining continence with a reasonable level of personal hygiene
5. getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or walking aids.

AIDS

Acquired Immune Deficiency Syndrome

Anaemia

Condition showing a decrease in the haemoglobin levels in the blood, or a reduction in the number of red blood cells

Aneurysm

Weakened bulge in an artery wall

Angina

Cramp-like pain in the chest usually originating in the coronary arteries

Angiogram

X-ray of the arteries including those of the heart using injected dye

Aorta

Main artery from the heart with branches to the entire body except the major arteries to the lungs

Arachnoid membrane

The central of the 3 meninges covering the brain

Arteriography

Graphic image of the arteries after the injection of a radiopaque dye which shows up on x-rays

Arteriosclerosis

Hardening of arteries by deposits of fat and calcium

Atheromatous plaque

Collection of abnormal fats, cells and debris within the arteries

Atrial fibrillation

Disorder of the beating of the heart causing an irregular rhythm

Benign

Non-malignant

Cardiac enzyme

Substance produced by the heart muscle, and released into the blood during a heart attack

Cerebrovascular

Blood supply to the brain

Cognitive

Ability to think intelligently

Cranium

The skull not including the lower jaw bone

CT Scan

Computer Tomographic x-ray or CAT scan.

Deficit

A gap or missing part

Demyelination

Destruction of nerve fibre sheaths

Detoxify

Eliminate poisons

Dialysis

Artificial method of eliminating toxins resulting from renal failure

Dissection

Cutting apart and separation of body tissues

Dysfunction

Not working properly

Dyspnoea

Shortness of breath

Electrocardiogram (ECG)

A tracing of the electrical activity in the heart

Embolism

Foreign body, air, gas or clot in the bloodstream

Epidermis

The outer layer of skin

Epilepsy

A disorder of the brain characterised by a recurring excessive neuronal discharge, manifested by transient episodes of motor, sensory, or psychic dysfunction, with or without unconsciousness or convulsive movements

Evoked

Visual and auditory responses identify abnormal sight and hearing reactions to certain stimuli

Expiration

Breathing out

Extracranial

Outside the skull

Focal

The principle seat of the disease

Haemorrhage

Bleeding, internal or external

Hypertension

High blood pressure

Incontinence

Inability to control bowel or bladder

Infarction

The process leading to the formation of a localised area of dead tissue due to inadequate blood flow

Injury

Physical injury caused solely and directly by accidental, sudden, violent, external and visible means

Inspiration

Breathing in

Intracranial

Inside the skull

Ischaemia

Insufficient blood supply to an area

Lumbar puncture

Examination of fluid drawn from the spine

Metabolic

Chemical processes going on in the body

Metastasis

Transfer of disease from one organ or part of the body to another not directly connected to it

MRI Scan

Magnetic Resonance Imaging Scan

Myocardial infarction

Death of a portion of heart muscle

Neurological

Involving the brain or other nerves

Neurological sequelae

An abnormal condition, involving the brain or nerves, following a disease upon which it is directly or indirectly dependent or a complication of a disease

Palpitations

Awareness of heartbeats due to their being too fast, too slow or irregular

Permanent

Lasting unchanged for a person's life expectancy

Pulmonary

Relating to the lungs

Sarcoma

Malignant tumour arising from supportive tissue of the body such as bone or cartilage

RAI

A system of staging chronic lymphocytic leukaemia used to determine how advanced the disease is:

- » Stage 0 - increased lymphocytes in blood and bone marrow only
- » Stages 1 and 2 - increased lymphocytes, enlarged lymph nodes, enlarged spleen and possible enlarged liver
- » Stages 3 and 4 - increased lymphocytes and anaemia and thrombocytopenia with or without enlarged liver, spleen or lymph nodes

Stenosis

Blockage, constriction or narrowing

Systemic

Of, pertaining to, or involving the body considered as a functional whole or of or pertaining to systemic circulation

Thoracotomy

Surgical incision into the chest

Thrombosis

Clot in a blood vessel

Toxin

Poison

Transient

Short spell of time

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