

OneCare

Supplementary Product Disclosure Statement

14 March 2011

This Supplementary Product Disclosure Statement (SPDS) supplements the OneCare Product Disclosure Statement (PDS) dated 15 November 2010 and is to be read together with that PDS. Terms defined in the SPDS have the same meaning as in the PDS.

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The purpose of this SPDS is to update the OneCare PDS to include:

- two new trauma conditions
- improvements to terms and definitions for seven trauma conditions
- enhancement to the Trauma Reinstatement Option.

New trauma condition – out of hospital cardiac arrest

OnePath Life has added 'out of hospital cardiac arrest' to the list of conditions covered by:

- Trauma Comprehensive and Trauma Premier
- the Booster Option
- the Trauma Recovery Benefit.

Add the following condition to the list of trauma conditions under the heading 'Trauma Comprehensive and Trauma Premier' on page 13; and the list of trauma conditions covered on pages 26, 27 and 31:

out of hospital cardiac arrest *†

Add the following definition to the trauma conditions on page 66:

Out of hospital cardiac arrest means cardiac arrest that is not associated with any medical procedure, is documented by an electrocardiogram, occurs out of hospital or any other medical facility, and is:

- cardiac asystole or
- ventricular fibrillation with or without ventricular tachycardia.

New trauma condition – colostomy and/or ileostomy

OnePath Life has added colostomy and/or ileostomy to Trauma Premier Cover and the Premier Maximiser Option.

Add the following condition to the list of Trauma Premier conditions on page 13 and the list of Premier Maximiser Option conditions on page 16:

colostomy and/or ileostomy**

Add the following definition to the trauma conditions on page 64:

Colostomy and/or ileostomy means the creation of a permanent and irreversible surgical opening, linking the colon and/or ileum to the surface of the body.

Due to the addition of these two new trauma events, the number of conditions covered has now increased.

Replace the second and third paragraphs under the heading 'Cover type' on page 12 of the PDS with the following:

Trauma Comprehensive – provides cover for 45 specified trauma conditions.

Trauma Premier – provides cover for 57 specified trauma conditions. We pay partial payments for the additional 12 conditions.

Improvement – coma definition

Replace the coma definition on page 64 with the following:

Coma means total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, resulting in a documented Glasgow Coma Scale of 6 or less, for a continuous period of at least 72 hours.

Improvement – severe burns definition

Replace the severe burns definition on page 66 with the following:

Severe burns means tissue **injury** caused by thermal, electrical or chemical agents causing third degree burns to:

- 20% or more of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart
- 50% or more of both hands, requiring surgical debridement and/or grafting
- 50% or more of both feet, requiring surgical debridement and/or grafting
- 50% or more of the face, requiring surgical debridement and/or grafting or
- the whole of the skin of the genitalia, requiring surgical debridement and/or grafting.

Improvement – burns of limited extent

Replace the burns of limited extent definition on page 63 with the following:

Burns of limited extent means tissue **injury** caused by thermal, electrical or chemical agents causing third degree burns to:

- at least 9%, but less than 20%, of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart
- the whole of one hand or 50% of the surface area of both hands combined, requiring surgical debridement and/or grafting or
- the whole of one foot or 50% of the surface area of both feet combined, requiring surgical debridement and/or grafting.

Improvement – severe rheumatoid arthritis definition

Replace the severe rheumatoid arthritis definition on page 67 with the following:

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

- at least a six week history of severe rheumatoid arthritis which involves three 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 two 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.

Improvement – cancer definition

We have improved the cancer definition for both prostate cancer and melanoma. As a result, the definition of 'cancer' on page 64 of the PDS is to be replaced with the following:

Cancer means the presence of one or more malignant tumours including leukaemia, lymphomas and Hodgkin's disease characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

- Melanomas are covered if they:
 - have evidence of ulceration or
 - are at least Clark Level 3 depth of invasion or
 - are at least 1.5mm maximum Breslow thickness, as determined by histological examination.
- Prostatic cancer is covered if it is:
 - a TNM classification of at least T1c or
 - a Gleason score of at least 6 or
 - required to have 'major interventionist treatment' to arrest the spread of malignancy.

'Major interventionist treatment' includes removal of the entire prostate, radiotherapy, chemotherapy, hormone therapy or any other similar interventionist treatment.

- The following cancers are not covered:
 - all hyperkeratoses or basal cell carcinomas of the skin
 - all other melanomas
 - all other prostatic cancers
 - all squamous cell carcinomas of the skin unless there has been a spread to other organs
 - chronic lymphocytic leukaemia less than Rai Stage 1
 - tumours showing the malignant changes of carcinoma in situ* (including cervical dysplasia CIN-1, CIN-2, and CIN-3), or which are histologically described as pre malignant, or which are classified as FIGO Stage 0, or which have a TNM classification of Tis. 'FIGO' refers to the staging method of the International Federation of Gynaecology and Obstetrics.

* Carcinoma in situ is covered in the following circumstances where the procedures are performed specifically to arrest the spread of malignancy and are considered the appropriate and necessary treatment:

- carcinoma in situ of the breast if it results directly in the removal of the entire breast
- carcinoma in situ of the testicle if it results directly in the removal of the testicle.

Improvement – melanoma definition

We have improved the cancer definition and as a result the wording of the melanoma definition on page 66 is to be replaced with the following:

Melanoma (for the purpose of a partial trauma payment) means the presence of one or more malignant melanomas.

- For partial payments under Trauma Premier, the melanoma:
 - must have no evidence of ulceration and
 - be less than 1.5mm maximum Breslow thickness and
 - be less than Clark Level 3 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.

For the purposes of a full trauma payment for Melanoma criteria please refer to the **Cancer** definition.

Improvement – intensive care definition

Replace the intensive care definition on page 65 of the PDS with the following:

Intensive care means the life insured requires 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.

Enhancement to the Trauma Cover Reinstatement Option

Replace the entire Trauma Cover Reinstatement Option section on page 15 with the following:

If you choose this option and we pay the full Trauma Cover amount insured, you can reinstate Trauma Cover up to the amount of the Trauma Benefit paid, without having to supply further medical evidence.

- For the following trauma conditions:

- **Alzheimer's disease**
- **blindness**
- **deafness**
- **dementia**
- **loss or paralysis of limb**
- **multiple sclerosis**
- **Parkinson's disease**

we will offer the Trauma Cover Reinstatement Option six months after the later of:

- the date we received your fully completed claim form or
 - the date you satisfied any of the above trauma conditions.
- For all other Trauma conditions, we will offer the Trauma Cover Reinstatement Option 12 months after the later of:
 - the date we received your fully completed claim form or
 - the date you satisfied the trauma event definition.

You must take up this offer within 30 days of our letter of offer.

You cannot exercise this option if:

- a TPD Benefit or a benefit for **terminal illness** has been paid for the life insured
- only a partial payment was made, for example for **angioplasty**.

However, you can exercise this option when multiple payments total the full amount insured, and for the sum of the Trauma Benefits paid.

Any exclusions or any medical, occupational or pastime loadings which applied to the original Trauma Cover will also apply to the new and subsequent Trauma Cover(s).

Future Insurability and Business Guarantee Option increases cannot be made to the reinstated Trauma Cover. Indexation will not apply to the reinstated Trauma Cover.

We will not pay a claim under the reinstated Trauma Cover for the same trauma condition, or any related condition, for which we paid a claim under the original or subsequent Trauma Cover(s).

If the trauma condition first occurs or is first diagnosed, or symptoms leading to the condition occurring or being diagnosed first become **reasonably apparent**, before the date of reinstatement of the Trauma Cover, it will not be covered and no benefit will be payable.

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