

OneCare

Amendments to OneCare Policy Terms dated 15 November 2010

14 March 2011

About these amendments

The amendments outlined below supplement the OneCare Policy Terms (**Policy Terms**) dated 15 November 2010 and are to be read together with the Policy Terms. The amendments are effective from 14 March 2011.

They apply only to claims for events or conditions which first occur, are first diagnosed, or for which symptoms first became reasonably apparent, on or after the effective date. They do not apply to past or current claims, or any claims arising from conditions which first occurred, or were first diagnosed, or for which symptoms first became reasonably apparent, before the effective date.

Terms defined in these amendments have the same meaning as in the Policy Terms.

Trauma Cover

We have added 'out of hospital cardiac arrest' and 'colostomy and/or ileostomy' to our conditions covered. The following table describes the sections impacted by the addition of these conditions.

Section	Condition	Action
4.2.1.2 Trauma conditions	out of hospital cardiac arrest**†	Add to the first list of conditions covered which are found under the following paragraph: "The following trauma conditions are covered under both Trauma Comprehensive and Trauma Premier:"
4.2.1.2 Trauma conditions	colostomy and/or ileostomy**†	Add to the list of conditions covered under Trauma Premier
4.5.4 Premier Maximiser Option	colostomy and/or ileostomy	Add to the list of conditions covered under the Premier Maximiser Option.
6.5.9 Trauma Recovery Benefit	out of hospital cardiac arrest**†	Add to the list of conditions covered under the Trauma Recovery Benefit.
6.7.5 Booster Option	out of hospital cardiac arrest**†	Add to the list of conditions covered under the Booster Option.

4.5.3 Trauma Cover Reinstatement Option

There is a change to this option. Please replace the entire section as follows.

2010 Policy Terms:	Replace with the following:
<p>4.5.3 Trauma Cover Reinstatement Option (This option only applies to Trauma Cover for a life insured if it is shown on the Policy Schedule.)</p> <p>If we pay (or begin to pay) the full Trauma Cover lump sum (or instalment) amount insured for a life insured under this policy, we will offer to reinstate the Trauma Cover for that life insured, on the following basis:</p> <ul style="list-style-type: none"> We will offer reinstatement 12 months after the later of: <ul style="list-style-type: none"> the date we received your fully completed claim form or the date you satisfied any of the above Trauma event definition. 	<p>4.5.3 Trauma Cover Reinstatement Option (This option only applies to Trauma Cover for a life insured if it is shown on the Policy Schedule.)</p> <p>If we pay (or begin to pay) the full Trauma Cover lump sum (or instalment) amount insured for a life insured under this policy, we will offer to reinstate the Trauma Cover for that life insured, on the following basis:</p> <ul style="list-style-type: none"> For the following trauma conditions: <ul style="list-style-type: none"> Alzheimer's disease blindness deafness

2010 Policy Terms:

- We will offer to reinstate the full Trauma Cover lump sum (or instalment) amount insured we paid (or are paying) for the life insured.
- We must receive written acceptance from you within 30 days of the offer being made.
- The premium for the reinstated Trauma Cover will be calculated based on the premium rates applying to Trauma Cover at the time you choose to exercise this option. We will apply any medical, occupational or pastimes loadings, or any other loadings that applied to the original Trauma Cover.
- The benefit payment type which will apply to the new Trauma Cover will be the same benefit payment type which applied to the original Trauma Cover.
- Any exclusions which applied to the original Trauma Cover will also apply to the reinstated Trauma Cover.
- Indexation, Future Insurability and Business Guarantee Option increases are not available in relation to the reinstated Trauma Cover.

You cannot exercise the Trauma Cover Reinstatement Option if:

- a TPD Benefit or a benefit for **terminal illness** has been previously paid for the life insured or
- we pay (or begin to pay) only a part of the Trauma Cover lump sum (or instalment) amount insured. However, if we subsequently pay (or begin to pay) the full balance of the Trauma Cover lump sum (or instalment) amount insured in relation to another trauma condition, you can exercise this option in relation to the total of the Trauma Cover amount paid.

We will not pay a claim under the reinstated Trauma Cover for:

- the same trauma condition for which we paid a claim under the original Trauma Cover
- **aortic surgery, cardiomyopathy, chronic kidney failure, coronary artery by-pass surgery, heart attack, open heart surgery, primary pulmonary hypertension or triple vessel angioplasty**, if we paid a claim for any of these trauma conditions under the original Trauma Cover
- **loss or paralysis of limb or blindness** (where either of these trauma conditions are caused by a cerebrovascular accident) or **stroke**, if we paid a claim for **aortic surgery, cardiomyopathy, chronic kidney failure, chronic liver disease, coronary artery by-pass surgery, heart attack, open heart surgery, primary pulmonary hypertension or triple vessel angioplasty** under the original Trauma Cover
- **cancer, carcinoma in situ (CIS), chronic lymphocytic leukaemia or melanoma**, if we paid a claim for any of these trauma conditions under the original Trauma Cover
- **angioplasty, aortic surgery, cardiomyopathy, chronic kidney failure, chronic liver disease, coronary artery by-pass surgery, heart attack, heart valve surgery, open heart surgery, primary pulmonary hypertension, stroke or triple vessel angioplasty**, if we paid a claim for **severe diabetes** under the original Trauma Cover
- **severe diabetes**, if we paid a claim for **angioplasty, aortic surgery, cardiomyopathy, chronic kidney failure, chronic liver disease, coronary artery by-pass surgery, heart attack, heart valve surgery, open heart surgery, primary pulmonary hypertension, stroke or triple vessel angioplasty** under the original Trauma Cover

Replace with the following:

- **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.
 - We will offer to reinstate the full Trauma Cover lump sum (or instalment) amount insured we paid (or are paying) for the life insured.
 - We must receive written acceptance from you within 30 days of the offer being made.
 - The premium for the reinstated Trauma Cover will be calculated based on the premium rates applying to Trauma Cover at the time you choose to exercise this option. We will apply any medical, occupational or pastimes loadings, or any other loadings that applied to the original and subsequent Trauma Cover(s).
 - The benefit payment type which will apply to the new Trauma Cover will be the same benefit payment type which applied to the original and subsequent Trauma Cover(s).
 - Any exclusions which applied to the original Trauma Cover will also apply to the reinstated Trauma Cover.
 - Indexation, Future Insurability and Business Guarantee Option increases are not available in relation to the reinstated Trauma Cover.
- You cannot exercise the Trauma Cover Reinstatement Option if:
- a TPD Benefit or a benefit for **terminal illness** has been previously paid for the life insured or
 - we pay (or begin to pay) only a part of the Trauma Cover lump sum (or instalment) amount insured. However, if we subsequently pay (or begin to pay) the full balance of the Trauma Cover lump sum (or instalment) amount insured in relation to another trauma condition, you can exercise this option in relation to the total of the Trauma Cover amount paid.
- We will not pay a claim under the reinstated Trauma Cover for:
- the same trauma condition for which we paid a claim under the original or subsequent Trauma Cover(s)
 - **aortic surgery, cardiomyopathy, chronic kidney failure, coronary artery by-pass surgery, heart attack, open heart surgery, out of hospital cardiac arrest, primary pulmonary hypertension or triple vessel angioplasty**, if we paid a claim for any of these trauma conditions under the original or subsequent Trauma Cover(s)
 - **loss or paralysis of limb or blindness** (where either of these trauma conditions are caused by a cerebrovascular accident) or **stroke**, if we paid a claim for **aortic surgery, cardiomyopathy, chronic kidney failure, chronic liver disease, coronary artery by-pass surgery, heart attack, open heart surgery, out of hospital cardiac arrest, primary pulmonary hypertension or triple vessel angioplasty** under the original or subsequent Trauma Cover(s)

2010 Policy Terms:

- **chronic kidney failure, chronic liver disease, chronic lung disease or primary pulmonary hypertension**, if we paid a claim for **systemic sclerosis** under the original Trauma Cover
- **loss of independent existence**, if the cause is any trauma condition which we have already paid a claim for under the original Trauma Cover
- **Alzheimer's disease or dementia**, if we paid a claim for either of these trauma conditions under the original Trauma Cover.

There is no cover and no benefit will be payable under the reinstated Trauma Cover for any trauma condition if:

- the trauma condition first occurs, or is first diagnosed, or
- the symptoms leading to the trauma condition occurring, being diagnosed, or first become **reasonably apparent**, before the date of reinstatement of the Trauma Cover.

Replace with the following:

- **cancer, carcinoma in situ (CIS), chronic lymphocytic leukaemia or melanoma**, if we paid a claim for any of these trauma conditions under the original or subsequent Trauma Cover(s)
- **angioplasty, aortic surgery, cardiomyopathy, chronic kidney failure, chronic liver disease, coronary artery by-pass surgery, heart attack, heart valve surgery, open heart surgery, out of hospital cardiac arrest, primary pulmonary hypertension, stroke or triple vessel angioplasty**, if we paid a claim for **severe diabetes** under the original or subsequent Trauma Cover(s)
- **severe diabetes**, if we paid a claim for **angioplasty, aortic surgery, cardiomyopathy, chronic kidney failure, chronic liver disease, coronary artery by-pass surgery, heart attack, heart valve surgery, open heart surgery, out of hospital cardiac arrest, primary pulmonary hypertension, stroke or triple vessel angioplasty** under the original or subsequent Trauma Cover(s)
- **chronic kidney failure, chronic liver disease, chronic lung disease or primary pulmonary hypertension**, if we paid a claim for **systemic sclerosis** under the original or subsequent Trauma Cover(s)
- **loss of independent existence**, if the cause is any trauma condition which we have already paid a claim for under the original or subsequent Trauma Cover(s)
- **Alzheimer's disease or dementia**, if we paid a claim for either of these trauma conditions under the original or subsequent Trauma Cover(s).

There is no cover and no benefit will be payable under the reinstated Trauma Cover for any trauma condition if:

- the trauma condition first occurs, or is first diagnosed, or
- the symptoms leading to the trauma condition occurring, being diagnosed, or first become **reasonably apparent**, before the date of reinstatement of the Trauma Cover.

15. Trauma conditions defined

There are multiple changes to this section.

2010 Policy Terms:

(Applying to Trauma Cover, Child Cover and the Income Secure Cover Trauma Recovery Benefit. Does not contain the Trauma Cover Baby Care Option definitions (see section 4.5.5.7.)

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.

The following cancers are not covered:

- melanomas of less than 1.5mm maximum Breslow thickness and which are also less than Clark Level 3 depth of invasion as determined by histological examination
- all hyperkeratoses or basal cell carcinomas of the skin
- all squamous cell carcinomas of the skin unless there has been a spread to other organs
- low level prostatic cancers which are:
 - histologically described as TNM Classification T1a or T1b or lesser classification
 - characterised by a Gleason score less than 7 and

Replace with the following:

(Applying to Trauma Cover, Child Cover and the Income Secure Cover Trauma Recovery and Booster Benefits. Does not contain the Trauma Cover Baby Care Option definitions (see section 4.5.5.7.)

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.

2010 Policy Terms:

– appropriate and necessary ‘major interventionist treatment’ has not been performed specifically 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.

- 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
- carcinoma in situ of the prostate if it results directly in the removal of the prostate or where characterised by a Gleason score of 7 or greater.

Replace with the following:

‘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.

Coma means total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least 72 hours and resulting in a neurological deficit causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication ‘Guides to the Evaluation of Permanent Impairment’, 4th edition, or an equivalent guide to impairment approved by us, or
- a total and irreversible inability to perform at least one activity of daily living without the assistance of another adult person.

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.

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. Intensive care as a result of drug or alcohol intake is excluded.

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.

Melanoma means the presence of one or more malignant melanomas. The melanoma can be less than 1.5mm maximum Breslow thickness and also 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.

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 Melanoma criteria please refer to the **Cancer** definition.

2010 Policy Terms:

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
- the whole of both hands, requiring surgical debridement and/or grafting
- the whole of both feet, requiring surgical debridement and/or grafting
- the whole of the skin of the genitalia, requiring surgical debridement and/or grafting or
- the whole of the face, requiring surgical debridement and/or grafting.

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
- the whole of one foot or 50% of the surface areas of both feet combined, requiring surgical debridement and/or grafting or
- 50% of the face, requiring surgical debridement and/or grafting.

Severe rheumatoid arthritis means a definite diagnosis of severe rheumatoid arthritis by a consultant rheumatologist, with ineffectiveness of the first line of treatment leading to further treatment with certain biological immunosuppressive agents (such as monoclonal anti-bodies targeting the tumour necrosis factor). The diagnosis must confirm all of the following:

- small nodular swelling beneath the skin
- multiple and extensive changes to joints typical of rheumatoid arthritis as evidenced by X-ray
- diffuse osteoporosis with severe hand and spinal deformity.

Replace 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.

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.

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.

The following are two new conditions to be added to this section of the 2010 Policy Terms:

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.

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.

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