

## Welcome to Asteron

Asteron Life Limited is the insurance company providing this policy. Asteron is delighted to be giving you peace of mind that you are covered for Early Stage Cancer and Critical Illness.

Asteron's contact details are:

Asteron House  
139 The Terrace, P O Box 3344  
Wellington, New Zealand  
Telephone 0800 808 222  
Fax 0800 808 213

Please call us if you need any help.

## Overview of this policy

Under this policy, worldwide cover is for:

- Early Stage Cancer
- Critical Illness

**Note** that this policy has no cash value, so we will not pay any money if the Policy Owner decides to cancel the policy.

## Understanding this policy

Please carefully read this Policy Wording and the separate Policy Summary that goes with it.

- This **Policy Wording** contains important information about the policy. For example, it explains what benefits will be paid, what exclusions apply, and how to make a claim.
- Your **Policy Summary** contains important information specific to you. For example, it sets out who the Person Insured is, who the Policy Owner is, the Cover Amounts and Premium that apply when the policy starts and any special conditions.

In this Policy Wording, "you" means the Person Insured or the Policy Owner depending on the context.

In this Policy Wording *the medical terms* shown in italics are explained in the glossary at the end of the Policy Wording.

Once you have read and understood this Policy Wording and your Policy Summary, please keep them in a safe place. You will need them to make a claim.



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## Your Policy Wording

### 1. Early Stage Cancer Benefit

We will pay an Early Stage Cancer Benefit if you suffer an Early Stage Cancer as defined in section 2 of this Policy Wording, and you are:

- younger than 65 years old when you are diagnosed
- still alive 14 days after the diagnosis of the Early Stage Cancer.

The symptoms and diagnosis must occur at least 90 days after the date:

- your Cover Starts
- your Cover Restarts
- your Cover Amount is increased (if your Cover Amount is increased and a diagnosis occurs within the 90-day period, only the original Cover Amount is payable).

The diagnosis must occur before the date your Cover Ends.

The Early Stage Cancer Benefit is paid once.

### 2. What are the "Early Stage Cancer" definitions?

Early Stage Cancer means a growth of new cancer cells in one spot, where the cancer cells have not spread into, or destroyed normal tissue beyond the first layer (known as the basement membrane).

Cancers are classified according to how far they have spread in the body and the effect they are having on the body. In this policy we use several classification methods, including the FIGO, TNM, Gleason, Rai, Breslow and Clark methods. Your health professional will explain these terms to you.

You are covered for Early Stage Cancer if you have a tumour that is classified as **Tis** (TNM method), or **Stage 0** (FIGO method) in one of the following organs:

- breast
- cervix (please note that the definition of cervical cancer for this Early Stage Cancer cover does not use the CIN method of classification, including CIN1, CIN2 and CIN3 — these pre-cancerous conditions are excluded from the cover)
- fallopian tube, when the tumour has not spread beyond the tube
- ovary
- uterus
- vagina
- vulva.

You are also covered for:

- prostate cancer, where a tumour is classified as less than Gleason's Score 6 (the tumour must be only within the prostate)
- chronic lymphocytic leukaemia classified as Rai Stage 0
- melanoma that is less than Breslow 1.5mm thick, and less than Clark level 3.

### 3. Critical Illness Benefit

We will pay a Critical Illness Benefit if you suffer a Critical Illness defined in section 4 of this Policy Wording, and you are:

- younger than 65 years old when you are diagnosed
- still alive 14 days after the diagnosis of the critical illness.

The symptoms and diagnosis must occur at least 90 days after the date:

- your Cover Starts
- your Cover Restarts
- your Cover Amount is increased (if your Cover Amount is increased and a diagnosis occurs within the 90-day period, only the original Cover Amount is payable).

The diagnosis must occur before the date your Cover Ends.

Under this policy you will be paid the Critical Illness Benefit less any Early Stage Cancer Benefit already paid. There will only be one Critical Illness Benefit paid.

### 4. What are the "Critical Illness" definitions?

You can make a claim under this policy if you suffer from one of the following Critical Illnesses, described in more detail later in this section:

- cancer
- dementia
- heart attack
- kidney failure
- major head trauma
- Multiple Sclerosis
- paralysis
- stroke.

You can also make a claim under this policy if you are admitted to hospital for:

- heart surgery
- major organ transplant.

**"Cancer"** means the presence of one or more *malignant* tumours including:

- *malignant* lymphoma
- Hodgkin's disease
- leukaemia
- *malignant* bone marrow disorders
- melanomas that are equal to or greater than Breslow 1.5mm thick, and equal to or greater than Clark level 3.

The tumour must show the:

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

The tumour must also:

- require treatment by surgery, radiotherapy, chemotherapy, or any other major treatment, or

- be totally incurable.

*Carcinoma in situ of the breast* is covered by this policy if, on medical advice, the entire breast is removed to stop the spread of the cancer.

Exclusions

The following tumours are excluded:

- melanomas that are less than Breslow 1.5mm thickness and less than Clark level 3 (these are included in Early Stage Cancer cover noted in section 2 of this policy)
- all other types of skin cancers unless the cancer has spread to other areas
- prostate cancer that is classified as less than Gleason 6 or a similar classification, and
- tumours that are described as *benign*, *pre-malignant* or *carcinoma in situ*.

**"Dementia"** means the diagnosis of Alzheimer's disease or other dementias, that have caused permanent loss of ability to think and reason normally and to care for oneself independently.

**"Heart Attack"** means the death of part of the heart muscle as a result of inadequate blood supply to that area. Proof of a heart attack will be:

- changes to an *ECG* report that shows an area of heart damage, and
- a rise and fall (other than as a result of medical treatment) in either:
  - cardiac enzyme troponin I in excess of 2.0ug/L, or
  - cardiac enzyme troponin T in excess of 0.6ug/L, or
  - cardiac enzyme CK-MB.

If these criteria are not met, we will pay a claim based on medical evidence that you have suffered a heart attack resulting in:

- new abnormal Q waves on an *ECG* report, or
- a permanent reduction in the proportion of fluid the heart pumps out with every beat (known as the left ventricular ejection fraction) to less than 50%.

**"Kidney Failure"** means chronic, irreversible failure of both kidneys to function so that the Person Insured needs regular renal dialysis or haemodialysis.

**"Major Head Trauma"** means accidental head *injury* resulting in permanent damage to the nerves in the brain causing at least 25% permanent loss of *whole person function* as certified by a neurologist.

Exclusions

The following condition is excluded: major head trauma, which is caused directly or indirectly by drug or alcohol abuse.

**"Multiple Sclerosis"** means a loss of covering to the nerves (known as demyelination) in the brain and spinal cord.

The diagnosis must:

- be made by a neurologist
- be certain
- show that the nerves in the brain and spinal cord have been damaged more than once, resulting in long-term abnormalities
- show at least 25% permanent loss of *whole person function*
- show evidence of *lesions* in the central nervous system
- include evidence from tests such as a lumbar puncture, *MRI*, or other medical tests normally used to diagnose Multiple Sclerosis.

**“Paralysis”** means the total and permanent loss of use of one or more limbs resulting from:

- spinal cord injury or disease, or
- brain injury or disease.

**“Stroke”** means permanent brain damage that results in at least 25% permanent loss of *whole person function* as certified by a neurologist. This requires evidence on a *CT*, *MRI* or similar scan that a stroke has occurred and evidence of one or some of the following:

- death of brain tissue
- bleeding inside the brain (*intracranial* or *subarachnoid*)
- blockage of a blood vessel.

Exclusions

The following conditions are excluded:

- symptoms of brain damage due to *TIA*
- migraine
- brain damage caused by *Injury* or lack of oxygen
- diseases of blood vessels that cause damage to the eye or the nerve connected to the eye (known as the optic nerve).

**“Heart Surgery”** means coronary artery bypass surgery, aortic surgery or heart valve surgery.

Coronary Artery Bypass Surgery means having coronary artery bypass surgery, through open chest surgery, to correct or treat *coronary artery disease*.

Exclusions

The following procedures are excluded:

- *angioplasty*
- other *intra-arterial* or *laser procedures*.

Aortic Surgery means having a *thoracotomy* or *laparotomy*, to correct an abnormality of the aorta (but not the branches of the aorta).

Exclusions

The following condition is excluded: injury to the aorta from an external physical force.

Heart Valve Surgery means open heart surgery that is medically necessary to correct or replace a cardiac valve that has become too narrow, faulty, or a combination of these.

**“Major Organ Transplant”** means receiving, from a human donor, one or more of the following: kidney, heart, liver, lung, pancreas, small bowel and bone marrow.

Exclusions

The following transplants are excluded:

- transplantation of all other organs, or parts of any organ
- transplantation of any other tissue.

## 5. Premium Freeze Benefit

You can “freeze” your premiums from the anniversary of the date your policy starts as shown on your Policy Summary. This means that your premiums will stay the same each year.

If you “freeze” your premiums, we will reduce your Cover Amount to a level that your fixed premium is able to buy based on your current age and gender, whether you smoke, and any relevant health conditions.

You may “unfreeze” your premiums from the next anniversary of your policy starting. When you “unfreeze” your premium your Cover Amount remains at the reduced amount.

## 6. What exclusions apply?

We can reduce or not pay a claim if:

- the Early Stage Cancer or Critical Illness was a direct or indirect result of a health problem, symptom, condition, or injury that you did not tell us about in any application for which:
  - medical advice or treatment was recommended by a health professional, or
  - symptoms existed which would cause a reasonable person to seek medical care from a health professional,
- the event giving rise to the claim was caused by an intentional self-inflicted act, whether sane or insane.

## 7. When does the cover start and end?

Your cover under this policy begins on the date your Cover Starts as shown on your Policy Summary.

Your cover ends on the earliest of:

- your death
- a Critical Illness claim being accepted
- the date the Policy Owner cancels this policy
- the date your Cover Ends shown as on your Policy Summary
- 30 days after you miss a premium payment.

If your policy ends because of an unpaid premium, you can apply to us to restart your policy. You must apply within 12 months of your policy ending. We will set the conditions for restarting your policy and will tell you in writing if and when it is restarted.

### 8. How to claim

To make a claim, contact Asteron on 0800 808 222 or write to Asteron Direct Claims, PO Box 3344, Wellington. We will tell you what evidence we need. The Policy Owner or your estate is responsible for the cost of providing this evidence.

We may need you to be examined by a doctor of our choice to assist with the assessment of your claim.

We will not make any payments until:

- we have satisfactory proof of your age, and
- we have acceptable evidence of the identity and legal title of the person making the claim, and
- we are satisfied that the claim is legal and valid, and
- we have received the information necessary for our assessment of the claim.

The total maximum cover available under any AA Life Cancer and Critical Illness Recovery policy or similar policies issued by Asteron is \$60,000.

### 9. Who will the benefits be paid to?

All benefits will be paid to the Policy Owner or the Policy Owner's estate.

### 10. The information you provide must be correct

We have issued this policy in good faith believing that the Policy Owner and the Person Insured have:

- completely and truthfully answered all our questions
- told us any information that would influence our decision to offer insurance, increase benefits, or restart the policy.

If we find that we were given any incorrect information at any time or information has been withheld, we can cancel the policy from the beginning or reduce the benefits.

If we find that your date of birth is wrong on the Policy Summary, then we can:

- adjust the benefits to the amounts that we would have paid if we had known the right date of birth, or
- adjust the premiums to the amounts that should have been paid if we had known the right date of birth.

### 11. Premium Information

The beginning Premium is set out in your Policy Summary and must be paid in New Zealand dollars by a payment method approved by us.

We will give you at least 28 days written notice of any premium increase, posted to your last known address. The notice is considered to have been received by you on the third day after posting. If you wish to "freeze" your premium you must let us know at least 14 days before your policy anniversary.

### 12. Other matters

- When your policy starts Asteron will pay a commission to AA Life.
- This policy will be interpreted according to New Zealand law.

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#### Glossary

**Angioplasty:** a non-surgical procedure for treating diseased arteries by using a small balloon on the tip of a catheter inserted into a blood vessel to open up an area of blockage inside the vessel

**Benign:** not malignant or harmful in effect

**Carcinoma in situ:** cancer that involves only the place in which it began and that has not spread

**Carcinoma in situ of the breast:** cancer of a breast, where the cancer has not spread

**Coronary artery disease:** disease of the arteries that supply blood to the heart

**CT Scan:** abbreviation for a computerised tomography scan (also known as a CAT scan)

**ECG:** abbreviation for electrocardiogram, a machine that measures heart activity

**Injury:** any bodily injury caused solely and directly by a violent, accidental, and visible event

**Intra-arterial:** inside an artery

**Intracranial:** bleeding inside the brain

**Laparotomy:** surgery that opens the abdomen (belly area)

**Laser procedures:** using a laser device to remove diseased tissue or treat bleeding blood vessels

**Lesions:** almost any abnormality of tissue or organ caused by disease or injury

**Malignant:** a mass of cancer cells that may invade surrounding tissues or spread to distant areas of the body

**MRI:** abbreviation for magnetic resonance imaging

**Pre-malignant:** a condition that may (or is likely to) become cancer

**Q waves:** a type of wave pattern on an ECG report

**Subarachnoid:** bleeding into the space between two membranes that surround the brain

**Thoracotomy:** opening the right or left side of the chest between the ribs to reach the heart or lungs during surgery

**TIA (Transient ischaemic attack):** a temporary blockage of the blood supply to the brain caused by a blood clot and usually lasting 24 hours or less

**Whole person function:** a medical standard of measuring the amount of loss of body function as the result of illness, defined by the American Medical Association