Your Policy Wording

1. Early Stage Cancer Benefit

We will pay a 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;
- alive 14 days after the diagnosis of the Early Stage Cancer;
- alive 90 days after the diagnosis of the Early Stage Cancer;
- alive 365 days after the diagnosis of the Early Stage Cancer;
- still alive 14 days after the diagnosis of the Early Stage Cancer.

The diagnosis must occur before the date your Cover Ends. Under this policy you will be paid the Early Stage Cancer Benefit less any Early Stage Cancer Benefit already paid. There will only be one Early Stage Cancer Benefit paid.

2. What are the “Early Stage Cancer” definitions?

The Early Stage Cancer is defined according to the following medical terms, as further detailed in this section:

- cancer
- heart attack
- major trauma
- multiple sclerosis
- 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 growths.

“Malignant” refers to an abnormal growth of tissue or cells that is cancerous.

“Lymphoma” means a disease that involves the lymph system.

“Leukaemia” means a blood cancer, whether acute or chronic.

“Multiple Sclerosis” means a disease of the nervous system.

- be totally inurable
- suffering from a terminal illness
- have been given a medical diagnosis of a medical condition that is incurable.

3. Critical Illness Benefit

In this Policy Wording the term “Critical Illness” refers to any of the following Major Illnesses.

- melanoma that is less than Breslow 1.5mm thick, and less than Clark level 3.
- cervix (please note that the definition of cervical cancer for this policy wording is different to the medical definition as the cancer has spread to all seven of the lymph nodes).
- breast
- one of the following organs:
  - lung
  - pancreas
  - small bowel
  - bone marrow
- melanomas that are equal to or greater than Breslow 1.5mm thick, and less than Clark level 3.
- Hodgkin’s disease
- leukaemia
- multiple myeloma
- prostate cancer that is classified as less than Gleason 6 or a Karnofsky score of 60 or less.
- all other types of skin cancers unless the cancer has spread to all seven of the lymph nodes.

The diagnosis must occur before the date your Cover Ends. Under this policy you will be paid the Critical Illness Benefit less any Critical Illness Benefit already paid. There will only be one Critical Illness Benefit paid.

4. What are the “Critical Illness” definitions?

- cancer
- heart attack
- major trauma
- multiple sclerosis
- stroke

The following condition is excluded:

- critical illness benefit for benign, pre-malignant or recurrent cancers.

“Cancer” means any disorder of the immune system that results in the development of new cancer cells. The cancer may be either malignant or benign. “Major Head Trauma” means accidental head injury resulting in severe brain damage and permanent disability.

“Multiple Sclerosis” means a chronic inflammatory disease of the nervous system.

- leukoencephalopathy
- demyelination
- optic nerve.

“Malignant” refers to an abnormal growth of tissue or cells that is cancerous.

- lymphoma
- leukaemia
- multiple myeloma
- prostate cancer that is classified as less than Gleason 6 or a Karnofsky score of 60 or less.

- melanomas that are equal to or greater than Breslow 1.5mm thick, and less than Clark level 3.
- cervix (please note that the definition of cervical cancer for this policy wording is different to the medical definition as the cancer has spread to all seven of the lymph nodes).
- breast
- one of the following organs:
  - lung
  - pancreas
  - small bowel
  - bone marrow
- melanomas that are equal to or greater than Breslow 1.5mm thick, and less than Clark level 3.
- Hodgkin’s disease
- leukaemia
- multiple myeloma
- prostate cancer that is classified as less than Gleason 6 or a Karnofsky score of 60 or less.
- all other types of skin cancers unless the cancer has spread to all seven of the lymph nodes.

The diagnosis must occur before the date your Cover Ends. Under this policy you will be paid the Critical Illness Benefit less any Critical Illness Benefit already paid. There will only be one Critical Illness Benefit paid.

“Multiple Sclerosis” means a disease of the nervous system.

- leukoencephalopathy
- demyelination
- optic nerve.

“Medical advice or treatment was recommended by a health professional, or”

- bleeding inside the brain (intracranial or subarachnoid)
- blockage of a blood vessel

Exclusions are:

- symptoms of brain damage due to TIA or migraine
- brain damage caused by trauma 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 or heart valve surgery.

“Coronary Artery Bypass Surgery means having coronary artery surgery to open up chest surgery to correct or treat coronary artery disease.

Exclusions are:

- angioplasty
- other cardiac or thoracic surgery
- Aortic Surgery means having surgery on the aorta.

= the exclusion 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 diseased or damaged due to things such as high blood pressure, heart, lung, bone, pulmonary, bowel and brain injury.

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

The following exclusions are:

- transplantation of all organs, or parts of any organ
- transplantation of a heart, liver, kidney, lung, pancreas, bone and brain tissue.

5. Freeseen Cover Benefit

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

If you “freeze” your premiums, we will reduce your Cover Amount to a level that you can afford to pay based on your current age and gender, whether you smoke and which medical condition you have.

You can “unfreeze” your premiums from the anniversary of your policy starting. When you “unfreeze” your Cover Amount the one that applies may change and your Cover will be recalculated.

6. What exclusions apply?

We can reduce or not pay a claim if:

- the event giving rise to the claim was caused by an intentional self-inflicted act, whether sane or insane.
- 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, or
- death of a relative suffering from a terminal medical condition within the previous 25 years.

- you are covered by this policy if, on the date your policy started as shown on your Policy Summary.

- your Cover Restarts as shown on your Policy Summary.

- Your health insurance documents for restarting your policy and will tell you in writing if and when your Cover will be recalculated.

= the exclusion 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 diseased or damaged due to things such as high blood pressure, heart, lung, bone, pulmonary, bowel and brain injury.

“Major Organ Transplant” means receiving, from a human donor, one or more of the following: kidney, heart, lung, pancreas, bone and brain tissue.

The following exclusions are:

- transplantation of all organs, or parts of any organ
- transplantation of a heart, liver, kidney, lung, pancreas, bone and brain tissue.

5. Freeseen Cover Benefit

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

If you “freeze” your premiums, we will reduce your Cover Amount to a level that you can afford to pay based on your current age and gender, whether you smoke and which medical condition you have.

You can “unfreeze” your premiums from the anniversary of your policy starting. When you “unfreeze” your Cover Amount the one that applies may change and your Cover will be recalculated.

6. What exclusions apply?

We can reduce or not pay a claim if:

- the event giving rise to the claim was caused by an intentional self-inflicted act, whether sane or insane.
- 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, or
- death of a relative suffering from a terminal medical condition within the previous 25 years.

- you are covered by this policy if, on the date your policy started as shown on your Policy Summary.

- your Cover Restarts as shown on your Policy Summary.

- Your health insurance documents for restarting your policy and will tell you in writing if and when your Cover will be recalculated.
Your Policy Wording

1. Early Stage Cancer Benefit

We will pay a 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 75 years old when you are diagnosed.
- alive 14 days after the diagnosis of the Early Stage Cancer.

The early stage cancer 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 a step-up see page 9-0 for a complete list of early stage cancer covered below).

The diagnosis must occur before the date your Cover Ends.

2. What are the “Early Stage Cancer” definitions?

You can make a claim under this policy if you are covered for Early Stage Cancer if you have a tumour that has shown the:

- the tumour must show the:

- melanoma that is less than Breslow 1.5mm thick, and less than Clark level 3.
- chronic lymphocytic leukaemia classified as Rai Stage 0.
- cervix (please note that the definition of cervical cancer for pre-cancerous conditions are excluded from the cover).
- your Cover Starts.
- your Cover Restarts.
- your Cover Amount is increased (if your Cover Amount is a step-up see page 9-0 for a complete list of early stage cancer covered below).

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.

3. Critical Illness Benefit

We will pay a Critical Illness Benefit if you suffer a Critical Illness as defined in section 2 of this Policy Wording, and you are:

- younger than 75 years old when you are diagnosed.
- 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 a step-up see page 9-0 for a complete list of early stage cancer covered below).

The diagnosis must occur before the date your Cover Ends.

4. What are the “Critical Illness” definitions?

You can make a claim under this policy if you are covered for a Critical Illness if you have a tumour that has shown the:

- melanomas that are equal to or greater than Breslow 1.5mm thickness and less than Clark level 3.
- your Cover Starts.
- your Cover Restarts.
- your Cover Amount is increased (if your Cover Amount is a step-up see page 9-0 for a complete list of early stage cancer covered below).

The following transplants are excluded:

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

5. Preexisting Illness Benefit

You can “freeze” your premium from the anniversary of the date your policy becomes effective 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 premium is able to buy based on your current age and gender, whether you smoke, and your relevant health condition.

Note: you can apply for a Preexisting Illness Benefit up to 12 months after your Policy Summary is delivered.
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 diagnosis and diagnosis must occur at least 50 days after the date:
  - your Cover Starts;
  - your Cover Restarts;
  - your Cover Amount is increased (if your Cover Amount is a cover in excess of your original Cover Amount as published);

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?

You can make a claim under this policy if you suffer an Early Stage Cancer as described in more detail later in this section:

- cancer;
- heart attack;
- kidney failure;
- major head trauma;
- Multiple Sclerosis;
- 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.

- malignant lymphomas;
- malignant melanoma;
- leukaemia;
- malignant bone marrow disease;
- malignant that are equal to or greater than Breslow 1.5mm thick, and less than Gleason’s Score 6 (the tumour must be only within the prostate);
- chronic lymphocytic leukaemia as defined as Stage 2;
- melanomas that is less than Breslow 1.5mm thick, and less than Gleason’s Score 6 (the tumour must be only within the prostate).

The tumours must show the:

- destruction of normal tissue beyond the first layer (known as invasion);
- destroying normal tissue beyond the first layer (known as invasion);
- uncontrolled growth of malignant cells;
- and the removal and destruction of normal tissue.

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

- death of brain tissue;
- bleeds inside the brain (intracerebral or subcerebral);
- blockage of a blood vessel.

Injuries excluded:

- symptoms of brain damage due to a result of inadequate blood supply to that area. Proof of a heart attack will be:
  - changes or ECG report that show an area of heart muscle damage;
  - a critical illness claim being accepted;
  - aortic surgery or heart valve surgery.

“The following procedures are excluded:

- coronary artery bypass surgery;
- angioplasty;
- coronary artery laser procedures.

Cancer cover noted in section 2 of this policy).

- triple heart valve surgery;
- transplantation of any other tissue.

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

Your cover ends on the earliest of:

- the date your policy starts as shown on your Policy Summary.
- your death;
- the date your premium is not paid.

If your policy ends because of an unusual premium, your behaviour is considered to be certain as an external physical force.

We can reduce or not pay a claim if:

- you do not have the required medical tests or have not been seen by a health professional, or
- you are under treatment for a heart problem, symptom, condition, or illness that we did not know about.

Your cover is reduced if you have made a critical illness claim being accepted.

We will consider your medical condition as uncontrolled.

Your cover ends on the earliest of:

- the date your policy starts as shown on your Policy Summary.
- your death;
- your Cover Amount is increased (if your Cover Amount is a cover in excess of your original Cover Amount as published);
- the date your premium is not paid.

If your policy ends because of an unusual premium, your behaviour is considered to be certain as an external physical force.

We can reduce or not pay a claim if:

- you do not have the required medical tests or have not been seen by a health professional, or
- you are under treatment for a heart problem, symptom, condition, or illness that we did not know about.

Your cover is reduced if you have made a critical illness claim being accepted.

We will consider your medical condition as uncontrolled.

Your cover ends on the earliest of:

- the date your policy starts as shown on your Policy Summary.
- your death;
- your Cover Amount is increased (if your Cover Amount is a cover in excess of your original Cover Amount as published);
- the date your premium is not paid.

If your policy ends because of an unusual premium, your behaviour is considered to be certain as an external physical force.

We can reduce or not pay a claim if:

- you do not have the required medical tests or have not been seen by a health professional, or
- you are under treatment for a heart problem, symptom, condition, or illness that we did not know about.

Your cover is reduced if you have made a critical illness claim being accepted.

We will consider your medical condition as uncontrolled.

Your cover ends on the earliest of:

- the date your policy starts as shown on your Policy Summary.
- your death;
- your Cover Amount is increased (if your Cover Amount is a cover in excess of your original Cover Amount as published);
- the date your premium is not paid.

If your policy ends because of an unusual premium, your behaviour is considered to be certain as an external physical force.

We can reduce or not pay a claim if:

- you do not have the required medical tests or have not been seen by a health professional, or
- you are under treatment for a heart problem, symptom, condition, or illness that we did not know about.

Your cover is reduced if you have made a critical illness claim being accepted.

We will consider your medical condition as uncontrolled.

Your cover ends on the earliest of:

- the date your policy starts as shown on your Policy Summary.
Cancer and Critical Illness Recovery

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 nominee 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 the 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 renew 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 calculated had we known the right date of birth,
• adjust the benefits to the amounts that should have been paid if we had known the right date of birth,
• or reduce the benefits.

11. Premium Information
The beginning Premium is set out in your Policy Summary, then we can:

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

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.

Glossary
Angioplasty: a non-surgical procedure for treating narrowed 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 computerized tomography scan (also known as a CAT scan)

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

Ejection fraction: a ratio that measures how much blood leaves the heart

Intracranial: inside the brain

Intraocular: inside the eye

Infronasal: below the nose

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

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

Maligant: a type 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: surrounding 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

Transcatheter: passing through the heart or blood vessels

TIA (Transient ischaemic attack): a temporary blockage of the blood supply to the brain caused by clots, clot risk 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

Your Policy

Cancer and Critical Illness Recovery

Recovery

Policy Wording

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