

# Total Care Plan

Policy Addendum  
Dated 3 March 2008



# Policy Addendum for Total Care Plan

Please read this document and keep it in a safe place with your Total Care Plan Policy Document. It is important that you read this document in conjunction with your Policy Document and any other Policy Addenda or policy notices issued by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809.

This Policy Addendum applies from 3 March 2008 and the improved conditions it provides are only effective on and from this date.

## **Note**

The improved conditions must be read subject to, and in conjunction with, your existing policy terms and conditions. Any pre-existing condition at the time this improvement is offered may be excluded from being eligible for payment under any improved conditions.

### **Important information**

This document is an agreement between you and The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809.

This document is issued by The Colonial Mutual Life Assurance Society Limited Level 7, 39 Martin Place, Sydney NSW 2000.

## Total Care Plan Policy Addendum

Feature/Benefit	Change	New policy wording
<p><b>The definition of Immediate Family Member that is detailed in the adjacent 'New policy wording' column has been amended</b></p>	<p>The definition of Immediate Family Member now includes siblings.</p>	<p><b>Immediate Family Member</b> An Immediate Family Member includes a spouse, de facto spouse, parent, parent-in-law, sibling and a child.</p>
<p><b>The definition of Medical Practitioner that is detailed in the adjacent 'New policy wording' column has been amended</b></p>	<p>The definition of Medical Practitioner has been expanded to make it clearer who will be accepted as a Medical Practitioner for the purpose of this policy.</p> <p>For the definition of Medical Practitioner that applied to you before 3 March 2008, please refer to your Policy Document.</p>	<p><b>Medical Practitioner</b> A registered medical practitioner other than you or an Immediate Family Member or business partner of you or a Life Insured. For the purpose of this definition, a registered medical practitioner is a legally qualified medical practitioner whose credentials have been formally accepted by the Medical Authority of the Australian state or territory in which he or she practises as a medical practitioner and who is registered by that Medical Authority to carry out the duties of a medical practitioner according to the rules set by the Medical Authority. A Medical Authority is the registered authority, board, association or body which has the power to authorise or license a person to practise as a medical practitioner in the relevant Australian state or territory.</p>
<p><b>The wording of the Plan Protection (waiver of premium whilst disabled) option that is detailed in the adjacent 'New policy wording' column has been amended</b></p> <p>All other parts of the wording not referred to in the New policy wording column continue to apply.</p>	<p>The period for which you have to be unable to perform your occupation to meet the Total Disability definition under the Plan Protection (waiver of premium whilst disabled) option has been reduced from six months to three months.</p> <p>For the wording of the Plan Protection (waiver of premium whilst disabled) option that applied to you before 3 March 2008, please refer to your Policy Document.</p>	<p><b>Plan Protection Option (waiver of premium whilst disabled)</b> The Plan Protection Option applies when the words 'Plan Protection Option' appear under the 'Additional Options' section in the Policy Schedule. The Plan Protection Option is only available if a Life Care benefit applies to the Policy.</p> <p>Subject to the conditions of this Policy, where the Plan Protection Option applies, in the event the Life Insured suffers Total Disability prior to the earlier of the Cover Expiry Date, if any, and the Life Insured's 60th birthday, we will waive all premiums payable under this Policy while Total Disability continues beyond three months but such waiver will only apply while the Life Insured is Totally Disabled and up to the earlier of the Cover Expiry Date, if any, and the Policy Anniversary Date preceding the attainment of age 65 of the Life Insured.</p> <p>...</p>

# Total Care Plan Policy Addendum

Feature/Benefit	Change	New policy wording
<p><b>The definition of Total Disability that is detailed in the adjacent ' New policy wording' column has been amended to accommodate the upgrade of the Plan Protection Option</b></p>	<p>The period for which you have to be unable to perform your occupation to meet the Total Disability definition for the purpose of the Plan Protection (waiver of premium whilst disabled) option has been reduced from six months to three months.</p> <p>For the definition of Total Disability that applied to you before 3 March 2008, please refer to your Policy Document.</p>	<p><b>Total Disability</b> Disability resulting from Sickness or Injury that has caused the Life Insured to be continually and significantly unable to perform his or her Occupation for a period of three consecutive months. The Life Insured is not Totally Disabled if he or she is or has been, during that period, engaged in any occupation for wage or profit. The Life Insured must have been throughout the three month period, and must continue to be, under the regular care and attendance of, or following treatment prescribed by, a Medical Practitioner.</p>
<p><b>The wording of the Guaranteed Insurability Option (Business Events) has been amended</b></p>	<p>The maximum sum insured that TPD Cover can be increased to under this option has increased from \$2.5 million to \$3 million.</p> <p>If your policy was issued before 21 November 2005, this upgrade does not apply to your policy.</p> <p>For the wording of the Guaranteed Insurability Option (Business Events) that applied to you before 3 March 2008, please refer to your Policy Document.</p>	<p>Wherever it appears in the wording of the Guaranteed Insurability Option (Business Events) the figure \$2.5million has changed to \$3million.</p>
<p><b>The wording of the Business Safe Cover Option has been amended</b></p>	<p>The maximum sum insured that TPD Cover can be increased to under this option has increased from \$2.5 million to \$3 million.</p> <p>If your policy was issued before 21 November 2005, this upgrade does not apply to your policy.</p> <p>For the wording of the Business Safe Cover Option that applied to you before 3 March 2008, please refer to your Policy Document.</p>	<p>Wherever it appears in the wording of the Business Safe Cover Option the figure \$2.5million has changed to \$3million.</p>
<p><b>The title of the condition 'Surgery for Disease of the Aorta' has been changed</b></p>	<p>The condition is now referred to as 'Surgery of the Aorta'.</p>	<p>Wherever it appears in your Policy Document the title of the condition 'Surgery for Disease of the Aorta' has been changed to 'Surgery of the Aorta'</p>

# Total Care Plan Policy Addendum

Feature/Benefit	Change	New policy wording
<p><b>The wording of the Child Cover Option that is detailed in the adjacent ' New policy wording' column has been amended</b></p> <p>All other parts of the wording not referred to in the 'New policy wording' column continue to apply.</p>	<p>The reference to the Policy Expiry Date in the Child Cover Option wording has been changed to Cover Expiry Date.</p>	<p><b>Child Cover Option</b></p> <p>...</p> <p>The Child Cover Option ceases to apply to the Child Life Insured:</p> <ul style="list-style-type: none"> <li>• from the Child Cover Expiry Date</li> <li>• once we have become liable to pay the Child Cover benefit for any Child Trauma Cover condition other than Coronary Artery Angioplasty, Serious Injury, Critical Care, Loss of One Hand or One Foot or Placement on a Waiting List for Major Organ Transplant</li> <li>• on the death of the Child Life Insured</li> <li>• if the Child Cover benefit reduces to less than \$10,000</li> <li>• from the Cover Expiry Date, if any</li> <li>• when this Policy terminates</li> </ul> <p>whichever happens first.</p>
<p><b>The wording of the Trauma Cover Buy Back Benefit that is detailed in the adjacent ' New policy wording' column has been amended</b></p>	<p>We have improved the Trauma Cover Buy Back Benefit, including the exclusions, making it simpler and easier to understand.</p> <p>For the wording of the Trauma Cover Buy Back Benefit that applied to you before 3 March 2008, please refer to your Policy Document.</p>	<p><b>Trauma Cover Buy Back Benefit</b></p> <p>The Trauma Cover Buy Back Benefit applies if a claim for the Trauma Cover benefit is paid which results in a reduction of the benefit to less than \$10,000.</p> <p>If the Trauma Cover Buy Back Benefit applies then, twelve months following the date of payment of the claim which resulted in the reduction of the Trauma Cover benefit to less than \$10,000, the Trauma Cover benefit will be reinstated to the amount which would have applied under the Policy had no claim for the Trauma Cover benefit ever been paid.</p> <p>The Trauma Cover Buy Back Benefit does not apply to a Life Insured:</p> <ul style="list-style-type: none"> <li>• if the Trauma Cover Buy Back Benefit previously applied to the Life Insured</li> <li>• if a TPD Cover benefit or Terminal Illness benefit has been paid for the Life Insured</li> <li>• if a Trauma Cover benefit is paid for the Life Insured's Loss of Independent Existence</li> <li>• from the Policy Anniversary Date preceding the Life Insured's 70th birthday</li> <li>• from the Cover Expiry Date, if any</li> <li>• when this Policy terminates</li> </ul> <p>whichever happens first.</p>

Feature/Benefit	Change	New policy wording
<p><b>The wording of the Trauma Cover Buy Back Benefit that is detailed in the adjacent ' New policy wording' column has been amended (continued)</b></p>		<p>In respect of the reinstated Trauma Cover:</p> <ul style="list-style-type: none"> <li>• any exclusions, medical, occupational or pastime loadings which applied to the original cover will also apply to the reinstated Trauma Cover, and</li> <li>• the conditions of this Policy will continue to apply, except for this Trauma Cover Buy Back Benefit, the Guaranteed Insurability Option (both Personal Events and Business Events), the Trauma Cover Loyalty Bonus Benefit and the Trauma Cover Severe Hardship Booster Benefit.</li> </ul> <p>We will not pay a claim under the reinstated Trauma Cover in respect of the Life Insured for:</p> <ul style="list-style-type: none"> <li>• any trauma condition that first occurred or was first diagnosed, or the symptoms of which first became reasonably apparent, before the date of reinstatement of the Trauma Cover</li> <li>• the same trauma condition for which we paid a claim under the original cover</li> <li>• a trauma condition which, in our opinion (as confirmed by an appropriate specialist Medical Practitioner nominated by us):             <ul style="list-style-type: none"> <li>– arises in connection with</li> <li>– is a complication of</li> <li>– results from, or</li> <li>– is a treatment for</li> </ul> </li> </ul> <p>a condition for which we previously paid a Trauma Cover claim.</p> <ul style="list-style-type: none"> <li>• Cancer, Cancer of the Vulva or Perineum, Removal of Carcinoma in situ of the Breast, Benign Brain Tumour, Carcinoma in situ of the Cervix Uteri, Carcinoma in situ of the Vulva or Perineum of limited extent, Carcinoma in situ of the Vagina, Hydatidiform Mole, Melanoma or Chronic Lymphocytic Leukaemia if we paid a claim for any one or more of those conditions under the original cover</li> <li>• any condition listed under Heart Disorders, if under the original cover we paid a claim for Stroke or for any condition listed under Heart Disorders or for Paraplegia, Quadriplegia, Hemiplegia, Diplegia or Tetraplegia as a result of a Stroke</li> <li>• Stroke, if under the original cover we paid a claim for any condition listed under Heart Disorders or for Paraplegia, Quadriplegia, Hemiplegia, Diplegia or Tetraplegia as a result of a Stroke</li> </ul>

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Feature/Benefit	Change	New policy wording
<p>The wording of the Trauma Cover Buy Back Benefit that is detailed in the adjacent ' New policy wording' column has been amended (continued)</p>		<ul style="list-style-type: none"> <li>Paraplegia, Quadriplegia, Hemiplegia, Diplegia or Tetraplegia as a result of a Stroke, if under the original cover we paid a claim for Stroke or for any condition listed under Heart Disorders.</li> </ul>
<p>The definition of Major Head Trauma that is detailed in the adjacent ' New policy wording' column has been amended</p>	<p>The definition of Major Head Trauma now refers to the 6th edition of the American Medical Association publication 'Guide to the Evaluation of Permanent Impairment' when defining whole person function.</p>	<p><b>Major Head Trauma</b> Injury to the head resulting in neurological deficit causing either:</p> <ul style="list-style-type: none"> <li>a permanent loss of at least 25% whole person function (as defined in the 6th edition of the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment'), or</li> <li>the permanent and irreversible inability to perform without the assistance of another person any one of the 'Activities of Daily Living' (as defined under Loss of Independent Existence)</li> </ul> <p>as certified by a consultant neurologist.</p>
<p>The definition of Encephalitis that is detailed in the adjacent ' New policy wording' column has been amended</p>	<p>The definition of Encephalitis now refers to the 6th edition of the American Medical Association publication 'Guide to the Evaluation of Permanent Impairment' when defining whole person function.</p>	<p><b>Encephalitis</b> The severe inflammation of brain substance which results in significant neurological sequelae causing either:</p> <ul style="list-style-type: none"> <li>a permanent loss of at least 25% whole person function (as defined in the 6th edition of the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment'), or</li> <li>the permanent and irreversible inability to perform without the assistance of another person any one of the 'Activities of Daily Living' (as defined under Loss of Independent Existence)</li> </ul> <p>as certified by a consultant neurologist.</p> <p>Encephalitis as a result of HIV infection is excluded.</p>

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Feature/Benefit	Change	New policy wording
<p><b>The definition of Benign Brain Tumour that is detailed in the adjacent ' New policy wording' column has been amended</b></p>	<p>The definition of Benign Brain Tumour now refers to the 6th edition of the American Medical Association publication 'Guide to the Evaluation of Permanent Impairment' when defining whole person function.</p>	<p><b>Benign Brain Tumour</b>            A non-cancerous tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment as confirmed by a Medical Practitioner who is a consultant neurologist.</p> <p>The tumour must result in permanent neurological deficit:</p> <ul style="list-style-type: none"> <li>causing at least a permanent 25% impairment of whole person function (as defined in the 6th edition of the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment'), or</li> <li>requiring cranial surgery for its removal.</li> </ul> <p>The presence of the underlying tumours must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas, and tumours in the pituitary gland or spine are excluded.</p>
<p><b>The definition of Placement on a waiting list for Major Organ Transplant that is detailed in the adjacent ' New policy wording' column has been amended</b></p>	<p>The reference in the definition to Major Organ Transplant has been changed to Major Organ or Bone Marrow Transplant.</p>	<p><b>Placement on a Waiting List for Major Organ Transplant</b>            The Insured Person must:</p> <ul style="list-style-type: none"> <li>be diagnosed with a Sickness or Injury which necessitates a Major Organ or Bone Marrow Transplant (as defined in your policy document)</li> <li>meet the Recipient Suitability Criteria of an Organ Allocation Protocol of the Transplantation Society of Australia and New Zealand, and</li> <li>be on a waiting list for the transplant of the relevant organ for at least six months.</li> </ul> <p>Where 'waiting list' means the waiting list of a Transplantation Society of Australia and New Zealand recognised transplant unit.</p> <p>The diagnosis, meeting the recipient suitability criteria of the Organ Allocation Protocol and placement on the waiting list, must be certified by an appropriate medical specialist.</p>





