

ANZ CRITICAL ILLNESS COVER

IMPORTANT POLICY INFORMATION

This document outlines the changes we've made to some of the medical condition names and definitions on ANZ Critical Illness Cover.

We made these changes after a review of how medical conditions are named and defined for all OnePath Life trauma cover products. These definitions are used to assess your eligibility if you make a claim, so we want to ensure they reflect current medical practices and assessments.

Any updates will apply to future claims on or after 1 December 2018. These updates will not apply to any claims arising from conditions which first occurred, were first diagnosed, or which first became reasonably apparent, before the updates came into effect on 1 December 2018.

Where these updates have been made available to you, then in the event of a claim you are able to have your claim assessed against the terms of the policy as at the date you lodge your claim. If you do not want this then you can simply advise us of this at the time of the claim.

We recommend you keep a copy of this information with your Policy Schedule, which shows what covers and options apply to you.

UPDATE TO THE FOLLOWING TRAUMA DEFINITIONS

From 1 December 2018, we updated three trauma conditions under ANZ Critical Illness Cover. The table below provides an overview of our updated trauma definitions.

Current trauma condition	Current definition	New definition
Cancer	<p>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.</p> <p>The following cancers are not covered:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> – histologically described as TNM Classification T1a or T1b or lesser classification. 	<p>Means the presence of one or more malignant tumours including leukaemia, lymphoma and Hodgkin's disease characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.</p> <ul style="list-style-type: none"> • Melanomas are covered if they either: <ul style="list-style-type: none"> – have a TNM classification of at least T1b – have evidence of ulceration – are at least Clark Level 3 depth of invasion – are at least 1.0mm Breslow thickness, as determined by histological examination. • Prostatic cancer is covered if it is either: <ul style="list-style-type: none"> – a TNM classification of at least T1c – a Gleason score of at least 6 – required to have 'major interventionist treatment' to arrest the spread of malignancy.

Current trauma condition	Current definition	New definition
<p>Cancer <i>(continued)</i></p>	<ul style="list-style-type: none"> – characterised by a Gleason score less than seven, and – appropriate and necessary ‘major interventionist treatment’ has not been performed specifically to arrest the spread of malignancy. <p>‘Major interventionist treatment’ includes removal of the entire prostate, radiotherapy, chemotherapy, hormone therapy or any other similar interventionist treatment.</p> <ul style="list-style-type: none"> • chronic lymphocytic leukaemia less than Rai Stage 1, and • 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. <p>* 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:</p> <ul style="list-style-type: none"> • 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 seven or greater. 	<p>‘Major interventionist treatment’ includes removal of the entire prostate, radiotherapy, chemotherapy, hormone therapy or any other similar interventionist treatment.</p> <ul style="list-style-type: none"> • Carcinoma in situ* of the breast is covered if either: <ul style="list-style-type: none"> – treatment requires the removal of the entire breast – treatment requires breast conserving surgery and adjuvant therapy (such as radiotherapy and/or chemotherapy) <p>Carcinoma in situ* of the testicle is covered if treatment requires the removal of the testicle.</p> <p>* Carcinoma in situ is covered where the procedures are required to be performed specifically to arrest the spread of malignancy and are considered the appropriate and necessary treatment.</p> <p>The following cancers are not covered:</p> <ul style="list-style-type: none"> • 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 • all other tumours showing
<p>Heart attack</p>	<p>Death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The basis for diagnosis shall be supported by the following clinical features being present and consistent with myocardial infarction (and not due to medical intervention):</p> <ul style="list-style-type: none"> • new electrocardiographic (ECG) changes, and • diagnostic elevation of cardiac enzyme CK-MB or Troponin I greater than 2.0 µg/L or Troponin T greater than 0.6µg/L. <p>If the above is inconclusive, then we will consider a claim based on conclusive evidence that a life insured has been diagnosed as having suffered a myocardial infarction, resulting in either one of the following:</p> <ul style="list-style-type: none"> • new pathological Q waves, or • a permanent left ventricular ejection fraction of 50% or less, measured three or more months after the event. 	<p>Means the death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The diagnosis must be supported by the following being present and consistent with acute myocardial infarction (and not due to medical intervention):</p> <ul style="list-style-type: none"> • rise and/or fall of cardiac biomarkers (such as Troponins or cardiac enzyme CK-MB) with at least one value above the 99th percentile of the upper reference range of laboratory normal; and • one of the following: <ul style="list-style-type: none"> – new cardiac symptoms and signs consistent with myocardial infarction – new ST elevation – new T wave changes – new Left bundle branch block (LBBB) – new pathological Q waves.

Current trauma condition	Current definition	New definition
Heart attack (continued)		<p>If the above test results are inconclusive, not undertaken or the tests are superseded due to technical advances, we will consider other appropriate and medically recognised tests that unequivocally diagnose myocardial infarction of the same degree of severity, or greater, as outlined above.</p> <p>The following are not covered under this definition:</p> <ul style="list-style-type: none"> • other acute coronary syndromes including but not limited to angina pectoris, myocardial infarctions arising from elective percutaneous coronary interventions or coronary bypass grafting that do not satisfy the requirements of the ESC/ACCF/AHA/WHF 3rd Edition of the 'universal definition of myocardial infarction'; and • elevations of troponins in the absence of overt ischaemic disease (for example but not limited to, myocarditis, apical ballooning, cardiac contusion, pulmonary embolism or drug toxicity).
Severe burns	<p>Tissue injury caused by thermal, electrical or chemical agents causing third degree burns to:</p> <ul style="list-style-type: none"> • 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. 	<p>Means tissue injury caused by thermal, electrical or chemical agents causing full thickness burns to either:</p> <ul style="list-style-type: none"> • 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 • the whole of the skin of the genitalia, requiring surgical debridement and/or grafting.

NAME CHANGES TO TRAUMA CONDITIONS TO REFLECT THE NATURE OF THE DEFINITION

In addition, we have updated the names that relate to six trauma conditions under ANZ Critical Illness Cover. The table below outlines the name changes that are applicable.

Current trauma condition terminology	New trauma condition terminology
Cancer	Cancer (excluding less advanced cases)
Chronic kidney failure	Kidney failure (end stage)
Heart attack	Heart attack (diagnosed)
Multiple sclerosis	Multiple sclerosis (diagnosed)
Severe burns	Burns (severe)
Stroke	Stroke (diagnosed)

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