



**PPS Mutual
Professionals' Choice**

Trauma Cover

Cover terms



MUTUAL
FOR PROFESSIONALS

Introduction

This Trauma Cover provides a lump sum payment if the ***life insured*** suffers one of the specified Trauma Cover ***conditions***.

These ***cover terms*** are a key part of our agreement with you. They explain how the Trauma Cover operates. For a complete understanding, read them alongside your ***PPS Mutual*** General Terms and Conditions document and ***policy schedule***. The ***policy schedule*** outlines the ***cover types, acceptance terms, the sum insured***, and optional benefits and features that you have chosen for each ***life insured***.

Accelerated Cover

If the ***life insured*** has Trauma Cover Accelerated noted on the ***policy schedule***, the Trauma Cover Accelerated is linked to a specific Life Cover, as shown on the ***policy schedule***. Accordingly, the Trauma Cover Accelerated ***sum insured*** cannot exceed that linked Life Cover ***sum insured***.

Any claim payment made under Trauma Cover Accelerated Main Benefits will reduce the ***life insured's*** Life Cover ***sum insured*** by the amount paid. The Trauma Cover Accelerated will cease once:

- the full Trauma Cover ***sum insured*** has been paid; or
- the ***life insured's*** linked Life Cover ***sum insured*** has been reduced to nil.



For any terms shown in both bold and italics (***like this***), refer to the glossary at the end of the ***PPS Mutual*** General Terms and Conditions document for the specific meanings.

Main benefits

This section is your guide to understanding the claim payments available under your Cover.

If the **life insured** suffers a Trauma Cover **condition** (described below) for the first time, then **PPS Mutual** will pay the applicable Trauma Cover benefit.



PPS Mutual will pay the Trauma Cover **sum insured** if the **life insured** suffers one of the specified Full Payment Conditions. The **life insured**'s Trauma Cover will then cease unless the **life insured** holds an Optional Instant Trauma Cover Buyback Feature or Optional Enhanced Instant Trauma Cover Buyback Feature, as shown in the **policy schedule** and described below.

The Optional Partial Payment Conditions listed below will only apply if shown in the **policy schedule** for the **life insured**. Claim payment amounts under the Optional Partial Payment Conditions are the lesser of twenty-five percent (25%) of the Trauma Cover **sum insured** or \$100,000 across all **PPS Mutual policies** for that **life insured**.

Any claim payments under the Optional Partial Payment Conditions will reduce the Trauma Cover **sum insured** by the claim amount paid unless the **life insured** holds an Optional Instant Trauma Cover Buyback Feature or Optional Enhanced Instant Trauma Cover Buyback Feature, as shown in the **policy schedule** and described below.

Stand-down period on cancer, cardiovascular and stroke claims

If, within ninety (90) days following an applicable **application date** for **cover**, the **life insured** or a **dependent child** of the **life insured** is diagnosed with or shows any signs, symptoms or underlying causes of any covered Cancer **condition**, then **PPS Mutual** will not pay a Trauma Cover Cancer benefit for the **life insured** or that **dependent child** for the applicable cover.

Similarly, if within thirty (30) days following an applicable **application date** for **cover**, the **life insured** or a **dependent child** of the **life insured** is diagnosed with or shows any signs, symptoms or underlying causes of any covered Cardiovascular **condition** (which includes stroke **conditions**), then **PPS Mutual** will not pay a Trauma Cover Cardiovascular benefit for the **life insured** or that **dependent child** for the applicable **cover**.

Medical advancements

If the treatment, evidence or diagnostic procedures used to describe a **condition** in these Trauma Cover **cover terms** has been superseded at the **claim event date**, **PPS Mutual** will consider any other generally recognised and appropriate treatment, evidence or diagnostic procedure that conclusively meets or diagnoses the **condition** to the same level of severity.

Survival period

PPS Mutual does not require the **life insured** or **dependent child** of the **life insured** to satisfy a specific survival period following the diagnosis of a Trauma Cover **condition** and will pay the applicable claim provided that there was unequivocal evidence as confirmed by a **specialist** that the **life insured** or **dependent child** suffered the covered **condition**, and the diagnosis was made while the **life insured** or **dependent child** was alive.

In other words, **PPS Mutual** will not accept a claim for a Trauma Cover **condition** where the diagnosis was made posthumously.

Covered Trauma Cover Conditions

The table below defines the claimable Trauma Cover **conditions** payable for the Full Payment Conditions and the Optional Partial Payment Conditions (where applicable). Where the **condition** requires a diagnosis, the diagnosis must be unequivocal, made by an appropriate **specialist**, and accompanied with prescribed evidence.

Cancer Conditions

Criteria	Full payment conditions	Optional partial payment conditions
Benign brain or spinal cord tumour requiring treatment <p>A non-cancerous tumour in the brain or spinal cord which:</p> <ul style="list-style-type: none"> produces neurological or spinal damage and functional impairment which a specialist considers to be permanent; or is deemed medically necessary to be removed through surgery (whether it can be removed or not); or is deemed medically necessary to be treated through major treatment (whether performed or not). <p>The tumour must be confirmed by imaging studies such as a CT or MRI scan.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> cysts, granulomas and cerebral abscesses; and cholesteatomas; and malformations in or of the arteries or veins of the brain or spinal cord; and haematomas. <p>Pituitary Neuroendocrine Tumours (PitNET) are excluded unless, in the opinion of a specialist, an open craniotomy to remove the tumour is medically necessary (whether performed or not).</p>	✓	
Benign brain or spinal cord tumour <p>The unequivocal diagnosis of a benign intracranial or spinal cord tumour by a specialist.</p>		✓

Criteria	Full payment conditions	Optional partial payment conditions
Cysts, granulomas, malformations in or of the arteries or veins of the brain, cholesteatomas, haematomas, and tumours on the pituitary gland are excluded.		
Cancer – malignant tumours excluding specified early-stage cancers	✓	
<p>The presence of one (1) or more malignant tumours, which are characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue for which major treatment or surgery is considered medically necessary by a specialist (whether undertaken or not).</p> <p>The following tumours are excluded:</p> <ul style="list-style-type: none"> tumours classified as carcinoma in situ or which are histologically described as premalignant or non-invasive except as defined below; and all non-melanoma skin cancers, unless there is evidence of metastases or spreading to the bone; and melanoma except as defined below; and prostatic cancers which are histologically described as TNM Classification T1 or Gleason Score of 5 or less unless requiring radical surgery or major treatment; and chronic lymphocytic leukaemia less than Rai Stage I; and papillary and follicular carcinoma of the thyroid, histologically diagnosed as TNM Classification T1a (tumour 1.0 cm or less in greatest dimension), unless there is evidence of lymph node and/or distant metastasis. 		
Cancer – carcinoma in situ radical surgery	✓	
<p>As a result of a carcinoma in situ, undergoing medically necessary radical surgery or major treatment to arrest the spread of the malignancy.</p> <p>The carcinoma in situ must be positively diagnosed by biopsy and be classified as Tis according to the TNM staging method or FIGO Stage 0.</p>		

Criteria	Full payment conditions	Optional partial payment conditions
Cancer – melanoma of specified severity	✓	
<p>Malignant melanomas, which are:</p> <ul style="list-style-type: none"> at least 1.0mm in maximum thickness as determined using the Breslow thickness histological classification; or graded at least Clark level 3 depth of invasion; or show evidence of ulceration as determined by histological examination. 		
Cancer – specified early-stage		✓
<p>An unequivocal diagnosis of any of the following early-stage cancers:</p> <ul style="list-style-type: none"> chronic lymphocytic leukaemia Rai Stage 0; or prostatic cancers which are histologically described as TNM classification T1 or Gleason Score of 5 or less; or malignant melanoma of less than 1.0 mm using the Breslow method or malignant melanoma of at least Clark Level 1, as determined by histological examination; or non-melanoma cutaneous squamous cell carcinoma of the skin, lips and ears, positively diagnosed by histological examination and classified as T3N0M0 or above according to the TNM classification; or papillary and follicular carcinoma of thyroid, histologically diagnosed as T1a (tumour 1.0cm or less at its greatest dimension); or the presence of carcinoma in situ, characterised by a focal autonomous new growth of carcinomatous cells which has not yet resulted in invasion of normal tissue beyond the basement membrane. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of carcinoma in situ must always be positively diagnosed by histological examination and classified as at least one (1) of the following – whichever is the most applicable for the tumour site: <ul style="list-style-type: none"> TisN0M0 according to the TNM classification; or FIGO stage 0; or Cervical Intraepithelial Neoplasia grade 3 (CIN 3). 		

Cardiovascular Conditions

Criteria	Full payment conditions	Optional partial payment conditions
Aneurysm – cerebral or aortic – with specified severity		✓
<p>Either:</p> <ul style="list-style-type: none"> a cerebral aneurysm of any size that a specialist recommends treatment via clipping or endovascular surgery (coiling); or an aortic aneurysm that has been definitively identified through MRI or CT scanning and: <ul style="list-style-type: none"> is larger than 5.5cm in diameter; or is larger than 3.5cm in diameter and growing at a rate faster than 0.5cm in diameter per year. 		
Angioplasty – triple vessel	✓	
<p>Undergoing of coronary artery angioplasty to correct a narrowing or blockage of at least three (3) different coronary arteries within a period of ninety (90) days. The triple vessel angioplasty must be considered medically necessary based on angiographic evidence indicating an obstruction to three (3) or more different coronary arteries.</p> <p>Repeat procedures to the same coronary artery are not covered.</p>		
Angioplasty – two vessels or fewer		✓
<p>Undergoing of coronary artery angioplasty to correct a narrowing or blockage of one (1) or two (2) different coronary arteries that is considered medically necessary, with angiographic evidence indicating obstruction of the coronary arteries.</p> <p>A life insured or a dependent child of the life insured can claim more than once for this condition if the subsequent claim relates to a different coronary artery or arteries from any prior claims made under this condition.</p>		
Cardiomyopathy – with specified severity	✓	
Impaired ventricular function of variable aetiology, resulting in permanent and irreversible physical impairments to the degree		

Criteria	Full payment conditions	Optional partial payment conditions
of at least Class 3 of the New York Heart Association Classification of Cardiac Impairment or a persistent left ventricular ejection fraction of less than or equal to thirty-five percent (35%) despite optimal medical therapy.		
Cardiomyopathy		✓
The unequivocal diagnosis of cardiomyopathy.		
Coronary artery bypass surgery	✓	
Undergoing of coronary artery bypass graft surgery , either through an open-heart operation or through a 'key-hole' surgical technique to correct or treat coronary artery disease.		
Heart attack (acute myocardial infarction)	✓	
<p>The unequivocal diagnosis of a heart attack (acute myocardial infarction) as confirmed by an appropriate specialist and supported by diagnostic rise and/or fall of cardiac biomarkers with at least one (1) value above the 99th percentile of the upper reference limit and at least one (1) of the following:</p> <ul style="list-style-type: none"> • symptoms of ischaemia (inadequate blood supply to the heart muscle) consistent with acute myocardial infarction; or • ECG changes indicative of new ischaemia (for example new ST-T changes or new left bundle branch block "LBBB"); or • development of pathological Q waves in the ECG; or • imaging evidence (including echocardiogram, cardiac CT, cardiac MRI or cardiac nuclear scan) of new loss of viable myocardium or new regional wall motion abnormality in a pattern consistent with an ischaemic aetiology; or • identification of a coronary thrombus by angiography. <p>If the above tests are inconclusive, we will consider other appropriate and medically recognised tests provided in support of the diagnosis.</p> <p>Myocardial ischaemia may be due to obstructed coronary arteries or non-obstructed coronary arteries (for example in myocardial infarction with non-obstructive coronary arteries "MINOCA").</p>		

Criteria	Full payment conditions	Optional partial payment conditions
<p>The following are excluded:</p> <ul style="list-style-type: none"> a rise in biological markers as a result of an elective percutaneous procedure (such as a coronary stent) for coronary artery disease; and other acute coronary syndromes including, but not limited to, angina pectoris; and other causes of increased troponin levels in non-obstructive coronary arteries including myocarditis, pulmonary embolism or coronary spasm where there is no evidence of myocardial infarction; and any cardiomyopathy including Takotsubo cardiomyopathy (Takotsubo Syndrome). 		
Heart valve replacement – with specified treatment	✓	
<p>The undergoing of heart valve surgery performed to replace or repair one (1) or more heart valves that cannot be repaired by intra-arterial procedures.</p>		
Heart valve replacement – with specified treatment		✓
<p>The undergoing of a heart valve replacement or repair via thoracoscopic, laparoscopic, valvotomy, catheter or minimally invasive surgery to treat or repair a cardiac valve as a consequence of heart valve defects or abnormalities.</p> <p>A life insured or a dependent child of the life insured can claim more than once for this condition if the subsequent claim to treat or repair a cardiac valve is at least six (6) months after the previous cardiac replacement or repair.</p> <p>Investigative or diagnostic procedures are specifically excluded.</p>		
Open heart surgery	✓	
<p>The undergoing of open heart surgery to treat a cardiac defect, cardiac aneurysm, or benign cardiac tumour.</p> <p>Repair via catheter surgery, minimally invasive 'keyhole' surgery or similar techniques are excluded.</p>		

Criteria	Full payment conditions	Optional partial payment conditions
Out-of-hospital cardiac arrest – unrelated to a medical procedure	✓	
<p>Cardiac arrest that occurs outside hospital not associated with any medical procedure and documented by an ECG, cardiac biomarkers, or any other digital imaging or diagnostic test, and that was caused by cardiac asystole, ventricular fibrillation, or ventricular tachycardia.</p>		
Permanent implantable cardiac defibrillator – for specified arrhythmias		✓
<p>The permanent insertion of an automatic implantable defibrillator after the occurrence of ventricular tachycardia or ventricular fibrillation.</p> <p>PPS Mutual will only pay one (1) Partial Payment Benefit for cardiac defibrillator insertion per life insured or a dependent child of the life insured during the term of this policy regardless of the number of cardiac defibrillators inserted.</p>		
Primary pulmonary hypertension – idiopathic or familial	✓	
<p>Diagnosis of idiopathic or familial pulmonary arterial hypertension, associated with right ventricular enlargement established by investigations including cardiac catheterisation.</p> <p>All other causes of pulmonary arterial hypertension are excluded.</p>		
Repair to the thoracic or abdominal aorta (excluding its branches) – with specified treatment	✓	
<p>Undergoing treatment to repair or correct any narrowing, dissection, rupture, obstruction or aneurysm of the thoracic or abdominal aorta (but not any of its branches) either through Endovascular Aneurysm Repair (EVAR) or open thoracic or abdominal surgery.</p> <p>Angioplasty and other non-surgical techniques are excluded.</p>		

Criteria	Full payment conditions	Optional partial payment conditions
Stroke – in the brain resulting in specified impairment	✓	
<p>A cerebrovascular event producing neurological deficit. This requires clear evidence on CT, MRI or similar appropriate scan or investigation that a stroke has occurred. This requires evidence of:</p> <ul style="list-style-type: none"> • infarction of brain tissue; or • intracranial or subarachnoid haemorrhage. <p>The following are excluded:</p> <ul style="list-style-type: none"> • transient ischaemic attacks (TIA); and • cerebral symptoms due to migraine; and • cerebral injury from trauma or hypoxia; and • vascular disease affecting the eye, optic nerve or vestibular functions. 		
Surgery to insert a permanent pacemaker		✓
<p>Permanent insertion of an artificial pacemaker to correct an abnormal rhythm of the heart. The abnormal rhythm of the heart must have been documented on ECG.</p> <p>PPS Mutual will only pay one (1) Partial Payment Benefit for Pacemaker Insertion per life insured or a dependent child of the life insured regardless of the number of pacemakers inserted.</p> <p>PPS Mutual will not pay a claim for this condition for the life insured or a dependent child of the life insured if they satisfy the criteria for a claim payment under any other cardiovascular condition.</p>		

All other conditions

Criteria	Full payment conditions	Optional partial payment conditions
Advanced acquired immunodeficiency syndrome (Advanced AIDS)	✓	
<p>HIV infection with a persistent:</p> <ul style="list-style-type: none"> • CD4 cell count of less than 200/ul despite appropriate continuous antiretroviral therapy; or • CD4 percentage less than fifteen percent (15%) despite appropriate continuous antiretroviral therapy. <p>There must also be an associated AIDS defining illness resulting in at least one (1) of the following:</p> <ul style="list-style-type: none"> • Kaposi's sarcoma or lymphoma; or • pneumocystis carinii infection, cryptococcal infection or any other opportunistic infection of the lungs or nervous system; or • tuberculosis or other mycobacterium infection at any site; or • progressive multifocal leukoencephalopathy; or • HIV encephalopathy; or • HIV wasting syndrome characterised by more than ten percent (10%) weight loss and chronic intractable diarrhoea; or • chronic candidiasis of the respiratory tract or gastrointestinal tract. 		
Alzheimer's disease	✓	
<p>The unequivocal diagnosis of Alzheimer's disease.</p>		
Aplastic anaemia requiring specified treatment	✓	
<p>Bone marrow failure that results in anaemia, neutropenia, and thrombocytopenia, and requires treatment (whether undertaken or not) with at least one (1) of the following:</p> <ul style="list-style-type: none"> • marrow stimulating agents; or • bone marrow transplant; or • peripheral blood stem cell transplantation; or • blood product transfusions; or 		

Criteria	Full payment conditions	Optional partial payment conditions
<ul style="list-style-type: none"> immunosuppressive agents. 		
Blindness – loss of sight in both eyes – of specified severity	✓	
<p>Permanent and irrecoverable loss of sight in both eyes, as evidenced by:</p> <ol style="list-style-type: none"> visual acuity of less than 6/36 in both eyes after correction; or field of vision constricted to 20 degrees or less of arc in the better eye; or a combination of irrecoverable visual defects resulting in the same degree of visual impairment as that occurring in (a) or (b). <p>Blindness due to cataracts is excluded.</p> <p>Or</p> <p>The unequivocal diagnosis of one of the following:</p> <ul style="list-style-type: none"> age-related macular degeneration or Stargardt disease where: <ul style="list-style-type: none"> the life insured is under the age of fifty-five (55) years old; and there is the presence of significant central vision loss categorised by the presence of drusen or retinal atrophy. glaucoma where there is progressive and irreversible loss of visual field over a 12-month period and this is as a result of optic nerve atrophy as signified on a fundoscopy or appropriate digital screening. 		
Blindness – loss of sight in one eye – of specified severity		✓
<p>Permanent and irrecoverable loss of sight in one eye, as evidenced by:</p> <ol style="list-style-type: none"> visual acuity of less than 6/36 in that eye after correction; or field of vision constricted to 20 degrees or less of arc; or a combination of irrecoverable visual defects resulting in the same degree of visual impairment as that occurring in (a) or (b). <p>Blindness due to cataracts is excluded.</p>		

Criteria	Full payment conditions	Optional partial payment conditions
Or The unequivocal diagnosis of macular degeneration or Stargardt disease.		
Burns – major burns of the skin – of specified severity and requiring specified treatment	✓	
<p>Deep partial-thickness burns or full thickness burns to the skin. The burns must involve one (1) of the following:</p> <ul style="list-style-type: none"> • twenty percent (20%) of the total body surface area as measured by the Lund-Browder Chart or 'Rule of Nines'; or • fifty percent (50%) of the total combined area of both hands requiring surgical debridement and skin grafting or flap reconstruction; or • fifty percent (50%) of the total combined area of both feet requiring surgical debridement and skin grafting or flap reconstruction; or • twenty-five percent (25%) of the face requiring surgical debridement and skin grafting or flap reconstruction. 		
Burns – moderate burns of the skin – of specified severity and requiring specified treatment		✓
<p>Deep partial-thickness burns or full thickness burns to the skin. The burns must involve one of the following:</p> <ul style="list-style-type: none"> • at least nine percent (9%) of the total body surface area as measured by the Lund-Browder Chart or 'Rule of Nines'; or • both hands or both feet requiring surgical debridement and skin grafting or flap reconstruction; or • any part of the face requiring surgical debridement and skin grafting or flap reconstruction. 		
Chronic kidney (renal) failure – with specified treatment	✓	
<p>End stage renal failure presenting as chronic irreversible failure of both kidneys to function and requiring either regular renal dialysis or renal transplantation.</p> <p>The definition will also be met if, despite the need for regular renal dialysis or a kidney transplant as confirmed by a nephrologist, the life insured or a dependent child of the life insured chooses renal supportive care.</p>		

Criteria	Full payment conditions	Optional partial payment conditions
Chronic kidney (renal) failure		✓
The unequivocal diagnosis of chronic kidney failure.		
Chronic (decompensated) liver failure – of specified severity	✓	
End stage liver failure evidenced by any of the following symptoms: <ul style="list-style-type: none"> • permanent jaundice; or • chronic ascites; or • hepatic encephalopathy. 		
Chronic liver failure		✓
The unequivocal diagnosis of chronic liver failure.		
Chronic lung failure – of specified severity	✓	
Means chronic irreversible lung disease that has progressed to an advanced stage with either a PaO ₂ consistently less than 55mmHg or requiring long term oxygen therapy of at least fifteen (15) hours per day as certified by an appropriate specialist .		
Chronic lung disease		✓
The unequivocal diagnosis of chronic respiratory failure.		
Cognitive impairment – with specified severity	✓	
Either: <ul style="list-style-type: none"> • the permanent deterioration or loss of intellectual capacity, with the life insured or a dependent child of the life insured needing to be under continual care and supervision by a qualified medical caregiver for at least four (4) hours per day; or • the permanent and irreversible loss of cognitive function caused by an injury, illness or accident to the brain, and resulting in: <ul style="list-style-type: none"> – disorientation in time and place; and 		

Criteria	Full payment conditions	Optional partial payment conditions
<ul style="list-style-type: none"> a Mini-mental State Examination score of at least 20 out of 30, or an equivalent level of impairment under an equivalent test. 		
Coma – with specified severity	✓	
<p>A state of unconsciousness characterised by abnormal response to external stimuli, resulting in seventy-two (72) or more consecutive hours of either:</p> <ul style="list-style-type: none"> the continuous use of a life support system; or a documented Glasgow Coma Scale of six (6) or less. <p>Coma arising from drug and/or alcohol abuse is excluded.</p>		
Creutzfeldt–Jakob Disease (CJD)	✓	
<p>The unequivocal diagnosis of CJD by a specialist neurologist that causes signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasm, tremor or athetosis.</p>		
Deafness in both ears – profound and permanent, or requiring cochlear implant	✓	
<p>The diagnosis of profound and irreversible loss of hearing in both ears to the extent that either:</p> <ul style="list-style-type: none"> the hearing loss, with and without the assistance of an external hearing aid is greater than 80 decibels across 0.5, 1, 2, 4 kHz frequencies; or the hearing loss is greater than 80 decibels across all frequencies and a specialist has recommended the insertion of a cochlear implant. 		
Deafness in one ear – with specified severity		✓
<p>Either:</p> <ul style="list-style-type: none"> the profound and irreversible loss of hearing in one ear which is greater than 80 decibels across 0.5, 1, 2, 4 kHz frequencies, with and without the assistance of a hearing aid; or the unequivocal diagnosis by a specialist that all hearing in both ears is likely to be lost within the following twelve (12) months despite available medical treatment. 		

Criteria	Full payment conditions	Optional partial payment conditions
Dementia	✓	
The unequivocal diagnosis of dementia confirmed by permanent and irreversible failure of brain function resulting in cognitive impairment for which no other recognisable cause has been identified.		
Diabetes – advanced – with at least one complication of specified severity	✓	
<p>Means the diagnosis of diabetes mellitus resulting in at least one (1) of the following complications as a direct result of diabetes:</p> <ul style="list-style-type: none"> • severe diabetic retinopathy resulting in visual acuity of 6/36 or worse in both eyes after correction; or • diabetic gangrene leading to surgical intervention; or • severe diabetic nephropathy causing chronic irreversible renal impairment, as measured by an estimated glomerular filtration rate <30 mL/min/1.73m² (CKD stage 4 or worse, International Chronic Kidney Disease classification); or • diabetic neuropathy including: <ul style="list-style-type: none"> – irreversible autonomic neuropathy resulting in postural hypotension, and/or motility problems in the gut with intractable diarrhoea; or – polyneuropathy leading to significant mobility problems due to sensory and/or motor deficits. 		
Diabetes mellitus		✓
The diagnosis of diabetes mellitus which requires insulin, after the age of thirty (30).		
Encephalitis – of specified severity	✓	
Severe inflammatory disease of the brain, resulting in a neurological deficit causing the total and irreversible inability to perform at least one (1) of the activities of daily living without the assistance of another person.		

Criteria	Full payment conditions	Optional partial payment conditions
Encephalitis		✓
The diagnosis of severe inflammatory disease of the brain.		
HIV		✓
<p>The life insured or a dependent child of the life insured is diagnosed with Human Immunodeficiency Virus (HIV) with an initial CD4+ cell count of less than or equal to 500 cells per microlitre.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> HIV infection acquired by the life insured or a dependent child of the life insured from deliberate injection of a drug not prescribed by a doctor; and the life insured did not make reasonable efforts to comply with relevant government guidelines in their usual occupation in relation to preventing infection of health care workers; and HIV infection acquired by the life insured after the date of commencement where a HIV vaccine is approved for use in New Zealand and is recommended by the relevant government body for use in the life insured's usual occupation and is available prior to the event which caused the infection; and HIV infection where a publicly funded cure for HIV or AIDS was available at the time of the event that caused the infection. 		
Hydrocephalus – requiring specified treatment		✓
An excessive accumulation of cerebrospinal fluid within the cranium requiring the insertion of a shunt or Endoscopic Third Ventriculostomy (ETV).		
Intensive care treatment – with specified severity	✓	
As a result of an illness or injury and on the recommendation of a specialist , the life insured or a dependent child of the life insured continually meets the applicable definition listed in the Severity Criteria (specified below) where the accumulated		

Criteria	Full payment conditions	Optional partial payment conditions
score for the Severity Criteria or multiple Severity Criteria equals fifteen (15) points or more.		
Intensive care treatment – with specified severity		✓
As a result of an <i>illness</i> or <i>injury</i> and on the recommendation of a <i>specialist</i> , the <i>life insured</i> or a <i>dependent child</i> of the <i>life insured</i> meets the applicable definition listed in Severity Criteria (specified below) where the accumulated score for the Severity Criteria or multiple Severity Criteria equals ten (10) points or more.		
Loss of independent existence	✓	
A <i>condition</i> resulting in either: <ul style="list-style-type: none"> the total and irreversible inability to perform at least two (2) of the <i>activities of daily living</i> without the assistance of another person; or the total and irreversible inability to perform at least three (3) of the <i>normal domestic duties</i> as a result of <i>accident, illness</i> or <i>injury</i> without the assistance of another person; or the permanent need for continuous <i>full-time care</i>. 		
Loss of limbs and sight – total and permanent	✓	
Total and permanent <i>loss of use</i> of the following: <ul style="list-style-type: none"> use of both hands or both feet; or use of a whole hand or whole foot, and loss of sight in one (1) eye. For the purpose of this definition 'loss of sight in one (1) eye' means one of the following: <ul style="list-style-type: none"> best corrected visual acuity is 6/36 or less in the affected eye; or the visual field is reduced to 20 degrees or less of arc in one (1) eye; or a combination of visual defects causing the same amount of visual impairment as either of the above. 		

Criteria	Full payment conditions	Optional partial payment conditions
Loss of limb – total and permanent		✓
Total and permanent loss of use of one (1) or more limbs caused by an illness or injury . In this case, limb is a whole hand or whole foot.		
Loss of speech – total and permanent	✓	
The unequivocal diagnosis by a specialist that the life insured or a dependent child of the life insured has suffered the total and permanent loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply or to the speech centres of the brain, whether caused by injury , tumour or illness . Loss of speech due to psychological reasons is excluded.		
Major head trauma – with permanent and significant neurological impairment	✓	
An accidental head injury with permanent neurological deficit resulting in either: <ul style="list-style-type: none"> a Montreal Cognitive Assessment (MoCA) test with a persistent score of 17 or less, or other standardised cognitive assessment test with an equivalent severity; or the total and irreversible inability to perform at least one (1) of the activities of daily living without assistance from another person. For the purpose of this definition 'accidental head injury' means a bump, blow, or jolt to the head, or penetrating head injury.		
Major head trauma		✓
An accidental head injury resulting in infarction of brain tissue or intracranial or subarachnoid haemorrhage, as evidence by CT, MRI , or equivalent scan. For the purpose of this definition 'accidental head injury' means a bump, blow, or jolt to the head, or penetrating head injury.		

Criteria	Full payment conditions	Optional partial payment conditions
Major organ transplant – or placement on specified organ transplant list	✓	
<p>Undergoing of, or placement on an official New Zealand or Australian transplant waiting list for, one (1) or more of the following organs or tissues:</p> <ul style="list-style-type: none"> • bone marrow; or • heart; or • kidney; or • liver (including partial liver); or • lung; or • pancreas; or • all or part of the small bowel. <p>The transplant of all other organs, parts of organs, or any other tissue or cell is excluded.</p>		
Meningitis or meningococcal disease – resulting in significant and permanent functional impairment	✓	
<p>The unequivocal diagnosis of meningitis and/or meningococcal disease including meningococcal septicaemia resulting in the total and irreversible inability to perform at least one (1) of the activities of daily living without the assistance of another person.</p>		
Motor neurone disease	✓	
<p>The unequivocal diagnosis of motor neurone disease.</p>		
Multiple sclerosis – of specified severity	✓	
<p>The unequivocal diagnosis of multiple sclerosis. There must be more than one (1) episode of well-defined neurological deficit with persisting neurological abnormalities, evidenced by neurological investigations that support the diagnosis, such as lumbar puncture abnormalities, evoked visual responses, evoked auditory responses, and MRI showing evidence of lesions in the central nervous system.</p> <p>Clinically isolated syndromes are excluded.</p>		

Criteria	Full payment conditions	Optional partial payment conditions
Muscular dystrophy	✓	
The unequivocal diagnosis of muscular dystrophy.		
Osteoporosis – early onset of specified severity		✓
<p>Before the age of fifty (50), the life insured or a dependent child of the life insured suffers at least one (1) fragility fracture due to osteoporosis (a fracture resulting from minimal trauma such as falling from a standing height typically in the hip, spine or wrist) and has either:</p> <ul style="list-style-type: none"> a bone mineral density reading with T-score of -2.5 or lower; or a bone mineral density reading with Z-score of -2.0 or lower. 		
Paralysis – total and permanent	✓	
<p>Total and permanent loss of use of one (1) or more limbs resulting from injury or illness of the brain or the spinal cord.</p> <p>‘Limb’ means the whole arm or leg, and included in this definition is monoplegia, diplegia, hemiplegia, paraplegia, quadriplegia and tetraplegia.</p>		
Parkinson’s disease	✓	
<p>The unequivocal diagnosis of idiopathic Parkinson’s disease.</p> <p>All other types of Parkinsonism are excluded.</p>		
Peripheral neuropathy – severe	✓	
Irreversible loss of function of the peripheral nerves resulting in the total and irreversible inability to perform at least one (1) of the activities of daily living without the assistance of another person.		
Pneumonectomy	✓	
Undergoing of surgery to remove an entire lung.		

Criteria	Full payment conditions	Optional partial payment conditions
Severe inflammatory bowel disease – requiring specified treatment	✓	
Diagnosis of severe Crohn’s disease or ulcerative colitis that has failed conventional medical intervention and requires (whether undertaken or not) indefinite immunosuppressive therapy or surgical removal of the entire colon with or without the removal of the rectum.		
Severe rheumatoid arthritis	✓	
Diagnosis of severe rheumatoid arthritis that fails to achieve remission or sustain low disease activity for at least six (6) months despite intensive treatment with conventional synthetic disease-modifying anti-rheumatic drugs (csDMARDs) and has also failed to respond to treatment with at least one (1) biological DMARD (bDMARD). For the purpose of this definition, corticosteroids and non-steroidal anti-inflammatory drugs (NSAIDs) are not classified as csDMARDs or bDMARDs.		
Surgery to insert colostomy and / or ileostomy		✓
The creation of a permanent, non-reversible opening, linking the colon and/or ileum to the external surface of the body.		
Systemic lupus erythematosus (SLE) with lupus nephritis	✓	
Diagnosis of SLE according to internationally accepted criteria, including the American College of Rheumatology revised criteria for the classification of SLE. The diagnosis of SLE must also be confirmed by renal changes as measured by a renal biopsy, that it is grade 3 to 6 of the ISN/RPS classification of lupus nephritis and be associated with persisting proteinuria (more than 2+).		
Systemic lupus erythematosus (SLE) – with specified severity		✓
Diagnosis of SLE according to internationally accepted criteria, including the American College of Rheumatology revised criteria for the classification of SLE that fails to achieve remission or sustain low disease activity for at least three (3)		

Criteria	Full payment conditions	Optional partial payment conditions
months despite intensive treatment with conventional synthetic disease-modifying anti-rheumatic drugs (csDMARDs).		
Systemic sclerosis – with specified severity	✓	
Diagnosis of systemic sclerosis resulting in the total and irreversible inability to perform at least one (1) of the activities of daily living without the assistance of another person.		
Systemic sclerosis		✓
The diagnosis of systemic sclerosis.		
Terminal Illness	✓	
<p>Progressive illness which has been diagnosed as terminal by a specialist and for which a specialist has confirmed in writing that the life expectancy of the life insured or a dependent child of the life insured would more likely than not be less than twelve (12) months even if the life insured or dependent child of the life insured were to receive all reasonable treatment.</p> <p>If the life insured has Trauma Cover Accelerated noted on the policy schedule, the terminal illness Full Payment Condition is excluded for the life insured. Any terminal illness claim for the life insured would instead be assessed under the relevant Life Cover for the life insured.</p>		

Intensive care treatment definition severity criteria

Severity criteria	Accumulative score
Undergoes continuous mechanical ventilation by means of tracheal intubation while admitted to an ICU or HDU .	Five (5) points per twenty-four (24) consecutive hours.
Receives intensive care in a hospital , which is the equivalent of care which would be expected to be provided in an ICU .	Three (3) points per twenty-four (24) consecutive hours.
Receives high dependency care in a hospital , which is the equivalent of care which would be expected to be provided in a HDU .	One (1) point per twenty-four (24) consecutive hours.
Admission to either an ICU and/or HDU and simultaneous artificial airway management, other than tracheal intubation.	Additional one (1) point per twenty-four (24) consecutive hours.
Following admission to an ICU and/or HDU (or receiving the equivalent of care which would be expected to be provided in an ICU or HDU) suffering the total inability to perform at least one (1) of the activities of daily living , as certified by a specialist , for ninety (90) consecutive days or more after being discharged from hospital .	Additional ten (10) points – once only per illness or injury .



Additional benefits

Your Trauma Cover comes with the following additional built-in benefits that are paid in addition to the Trauma Cover **sum insured**.

Accelerated Cover

If the **life insured** has Trauma Cover Accelerated noted on the **policy schedule**, any claim payments under these Additional Benefits will not reduce the **sum insured** for the **life insured** under their Trauma Cover Accelerated or Life Cover.

Trauma Cover for your Children

PPS Mutual's Trauma Cover automatically covers the **dependent children** of a **life insured** under either the Dependent Child Trauma Benefit or the Newborn Baby benefit (as described below).

You may make a claim for a **dependent child** under either the Newborn Baby Benefit or the Dependent Child Trauma Benefit, but not both.

1.

Dependent Child Trauma Benefit

PPS Mutual will pay the Dependent Child Trauma Benefit if a **dependent child** of a **life insured** suffers a Full Payment Condition or a Partial Payment Condition (if the **life insured** has the Optional Partial Payment Condition option, as shown in the **policy schedule**). Diagnosis must be unequivocal, made by an appropriate **specialist**, and accompanied with prescribed evidence.

The Dependent Child Trauma Benefit covers each **dependent child** of each **life insured**, from three (3) months to twenty-four (24) years of age (inclusive), up to the lesser of fifty percent (50%) of the Trauma Cover **sum insured** or \$50,000 across all **PPS Mutual policies** for each **life insured**.

In other words, the amount payable in respect of a **dependent child** is the same regardless of whether the child suffers a Full Payment Condition or an Optional Partial Payment Condition (if applicable).

The Dependent Child Trauma Benefit also provides for one (1) subsequent claim in respect of the **dependent child**. However, the subsequent claim must not be a **related condition** of the initial claim.

Congenital condition exclusion

PPS Mutual will not pay a claim under this benefit if, based on medical evidence, the **dependent child** suffers a covered Trauma Cover **condition** as a direct or indirect result of a **congenital condition**.

2.

Newborn Baby Benefit

PPS Mutual will pay the Newborn Baby Benefit if a **dependent child** of a **life insured** is born with one (1) or more of the following covered **congenital conditions** (defined below). Diagnosis must be unequivocal, made by an appropriate **specialist**, and accompanied with appropriate evidence.

The amount payable under this benefit is the lesser of fifty percent (50%) of the Trauma Cover **sum insured** or \$50,000 across all **PPS Mutual policies** for each **life insured**.

You can claim the Newborn Baby Benefit once in respect of each **dependent child** for each **life insured**.

Stand-down period

A claim will not be paid under this benefit if the birth of the **dependent child** occurs less than twelve (12) months after the **application date**.

Covered Newborn Baby conditions

Absence of function of limb

The **congenital** absence of a limb or the total and permanent loss of function of a limb. Limb means the whole hand or whole foot.

Anal atresia

Undergoing treatment for anal atresia.

Blindness

Congenital total and permanent loss of sight in both eyes whether aided or unaided, confirmed by an appropriate **specialist**.

Cleft palate

A fissure of the palate at birth associated with possible separation of the lip extending into the nose.

The benefit is only paid for those cases with cleft palate, or cleft lip and palate. No benefit is payable for cleft lip alone.

Coarctation of the aorta

Undergoing treatment for coarctation of the aorta.

Congenital diaphragmatic hernia

Undergoing treatment for **congenital** diaphragmatic hernia.

Deafness

Congenital total and permanent hearing impairment in both ears resulting in:

- an average aided hearing threshold in both ears of greater than 80 decibels as measured at 0.5, 1, 2, 4 kHz frequencies; or
- the recommendation for the insertion of a cochlear ear implant (whether inserted or not).

Infantile hydrocephalus

Undergoing treatment for infantile hydrocephalus.

Oesophageal atresia

Undergoing treatment for oesophageal atresia.

Retinopathy of prematurity

Undergoing treatment for retinopathy of prematurity.

Spina bifida

Diagnosis of spina bifida. Only spina bifida associated with a meningeal cyst (meningocele), a cyst containing both meninges and spinal cord (meningomyelocele), or spinal cord (myelocele) are covered.

All other forms of spina bifida are excluded.

Tetralogy of fallot

A ***congenital*** anatomical abnormality of the heart with severe or total right ventricular outflow tract obstruction and a ventricular septal defect where surgical repair is ***medically necessary*** (whether performed or not).

Tracheo-oesophageal fistula

Undergoing treatment for trachea-oesophageal fistula.

Transposition of great vessels

Diagnosis of the complete transposition of the aorta and pulmonary artery where treatment or therapy is ***medically necessary***.

Truncus arteriosus

Undergoing treatment for truncus arteriosus.

3.

Professional Advice Benefit

If **PPS Mutual** pays you a Full Payment Condition for a **life insured** under this Cover, then we will pay you the Professional Advice Benefit to cover associated professional advice fees that you may incur.

The maximum total benefit amount is \$3,000 across all **PPS Mutual policies** for each **life insured** for each **condition**.

4.

Return to Home Benefit

If **PPS Mutual** pays a Full Payment Condition or a Newborn Baby Benefit for a **life insured** or a **dependent child** of a **life insured** while living outside of New Zealand for three (3) or more continuous months and subsequently returns to New Zealand, then **PPS Mutual** will reimburse you for the cost of a one-way flight to New Zealand for the **life insured** or **dependent child** and one (1) support person.

The maximum total benefit amount is \$10,000 per **life insured** or **dependent child** of a **life insured** across all **PPS Mutual policies** for each **condition**.

To claim the Return to Home Benefit, you must provide **PPS Mutual** with satisfactory evidence for the costs of the one-way flight.

5.

Counselling Benefit

If **PPS Mutual** pays a Full Payment Condition, Dependent Child Trauma Benefit, or a Newborn Baby Benefit under this Cover, then we will reimburse you the fees paid to a psychiatrist, psychologist or counsellor for services provided to the **life insured** or an **immediate family** member of the **life insured** within twelve (12) months of the payment of the Full Payment Condition, Dependent Child Trauma Benefit or Newborn Baby Benefit.

The maximum total benefit amount is \$3,000 across all **PPS Mutual policies** for each **life insured** or **dependent child** of a **life insured** for each **condition**.

To claim the Counselling Benefit, you must provide **PPS Mutual** with satisfactory evidence of the fees paid. **PPS Mutual** will reimburse the person who paid the fees for the services provided.

6.

Accommodation and Transport Costs Benefit

PPS Mutual will pay a benefit of \$3,000 if the **life insured** or a **dependent child** of a **life insured** is diagnosed with a Full Payment Condition, or if a **dependent child** of a **life insured** is diagnosed with a Newborn Baby Benefit **condition**, and they receive treatment at least one-hundred (100) kilometres away from their main home.

This benefit is paid once per **life insured** or **dependent child** of a **life insured** across all **PPS Mutual policies** for each **condition**.

Payment under this benefit is subject to the following conditions:

- The applicable treatment must be performed within six (6) months of the diagnosis of the Full Payment Condition or Newborn Baby Benefit **condition**; and
- You must provide **PPS Mutual** with satisfactory evidence showing that treatment was performed at least one-hundred (100) kilometres away from the main home of the **life insured** or a **dependent child** of a **life insured**.

7.

Trauma Cover Premium Protector Benefit

If **PPS Mutual** has accepted a claim for a Full Payment Condition or a Partial Payment Condition for a **life insured**, we will apply a twelve (12) month **premium** credit to your **policy** from the **claim event date**.

The twelve (12) month **premium** credit is calculated using the monthly equivalent of the last **premium** charged for the **policy** prior to the **claim event date** and multiplying it by twelve (12).

If you or **PPS Mutual** cancel your **policy** before the **premium** credit has been fully utilised, **PPS Mutual** will pay you the outstanding value of the credit at the cancellation date.

If your **policy premiums** are being waived due to a waiver of premium claim before the **premium** credit has been fully utilised, **PPS Mutual** will pay you the outstanding value of the credit after the **waiting period** has passed.

Limitations

PPS Mutual will not pay you the outstanding value of the **premium** credit if your **policy** is cancelled due to:

- your failure to comply with your duty of disclosure that is deliberate or reckless; or
- a dishonest or fraudulent claim or breach of this **policy**.

PPS Mutual will pay one (1) Trauma Cover Premium Protector Benefit for each claim event for the **life insured** across all Trauma Covers on your **policy**.



Additional features

Your Trauma Cover comes with the following additional built-in features.

1.

Conversion of Trauma Cover for your Children Feature

If a **life insured** has Trauma Cover Standalone noted on the **policy schedule**, a **dependent child** of the **life insured** can apply to become a **life insured** holding Trauma Cover Standalone on your **policy** without further assessment of the **dependent child's** health up to a maximum **sum insured** of \$50,000.

Limitations

This conversion feature is unavailable if any Trauma Cover benefit has previously been paid for the **dependent child** applying for the Trauma Cover conversion.

This conversion feature is only available up to the **policy anniversary** following the **dependent child** turning twenty-five (25) years old.

2.

Conversion of Trauma Cover Standalone to Life Cover and Trauma Cover Accelerated Feature

If a **life insured** has Trauma Cover Standalone noted on the **policy schedule**, you may convert their Trauma Cover Standalone **sum insured** to a Life Cover and Trauma Cover Accelerated for the **life insured** subject to the following conditions:

- the **life insured** must be aged 16 years or older; and
- the **sum insured** for the Life Cover and the **sum insured** for Trauma Cover Accelerated may not exceed the Trauma Cover Standalone **sum insured**; and
- once converted, any remaining Trauma Cover Standalone **sum insured** for the **life insured** will reduce by the amount converted; and
- the **acceptance terms** which applied to this Trauma Cover Standalone for the **life insured** will be applied on the same basis to the Life Cover and Trauma Cover Accelerated Cover issued under this conversion benefit; and
- the Life Cover and Trauma Cover Accelerated will otherwise be subject to the **cover terms** in effect when the Life Cover and Trauma Cover Accelerated **covers** are issued by us.

Limitations

PPS Mutual will not accept a request under this conversion feature if a claim has been made for the **life insured** under a **PPS Mutual policy**.

3.

Specified Life Event Increase Feature

The Specified Life Event Increase Feature may be used to increase the **life insured's** Trauma Cover **sum insured** after any of the following life events for that **life insured**:

- marriage or civil union; or
- divorce or legal separation; or
- death or **terminal illness** of a **spouse** of the **life insured**; or
- the birth, legal adoption, or legal guardianship of a **dependent child**; or
- taking on **full-time care** of an **immediate family** member of the **life insured**; or
- the commencement for the first time, of full-time tertiary education by a **dependent child**; or
- every fifth (5th) **policy anniversary**, provided that the Trauma Cover has been continuously held for the **life insured**; or
- increasing an existing residential mortgage, purchasing a new home or vacation home, bare block of land zoned as residential, purchasing a new residential investment property, or purchasing a **professional business premises**; or
- an increase in annual salary or **business** revenue of fifteen percent (15%) or more; or
- qualifying as a member, fellow or registrant of their professional body, becomes a partner in their organisation, establishes private practice, or buys interest into a professional practice.

The maximum increase for each Specified Life Event Increase to the **life insured's** Trauma Cover **sum insured** across all **PPS Mutual policies** cannot exceed the lower of:

- twenty five percent (25%) of the **underwritten** Trauma Cover **sum insured** for the **life insured**; or
- \$400,000.

The total of all increases made under this feature to the **life insured's** Trauma Cover **sum insured** across all **PPS Mutual policies** cannot exceed the lower of:

- one-hundred percent (100%) of the **underwritten** Trauma Cover **sum insured** for the **life insured** across all **PPS Mutual policies**; or
- \$800,000.

The Specified Life Event Increase Feature is subject to the following conditions:

- the feature must be exercised within one-hundred and eighty (180) days after the relevant event occurs; and
- the **life insured** must provide evidence satisfactory to **PPS Mutual** to verify the occurrence of the event; and
- the **acceptance terms** which applied to this Trauma Cover for the **life insured** will apply to increases under this feature.

Limitations

You cannot exercise the Specified Life Event Increase Feature if the total Trauma Cover **sum insured** across all **PPS Mutual policies** for the **life insured** exceeds \$3,000,000.

In the event of an increase to an existing residential mortgage or purchase of a new home or vacation home, bare block of land zoned as residential, new residential investment property, or **professional business premises**, the individual Specified Life Event increase cannot exceed the amount of the applicable transaction.

In the event of an annual salary or **business** revenue increase, the individual increase cannot exceed five (5) times the applicable increase in salary or revenue.

PPS Mutual may not accept increases under this feature after the **policy anniversary** immediately following the **life insured's** sixtieth (60th) birthday or where the **life insured** has:

- previously been deferred an application for cover with **PPS Mutual**; or
- been diagnosed with a **terminal illness**; or
- made a claim under any **PPS Mutual policy**.



Exclusions

PPS Mutual will not pay any claim under this Trauma Cover if a **life insured** and/or **dependent child** suffered a covered Trauma Cover **condition** resulting from the consequence of harm inflicted by you, a **life insured**, or the **dependent child's** parent(s) or legal guardian(s).

Appendix A

Optional benefits

This appendix describes optional benefits available under this Trauma Cover. Only those optional benefits shown in the **policy schedule** for each **life insured** apply to your **policy**.

1.

Optional Total and Permanent Disablement Condition

PPS Mutual will pay the Trauma Cover **sum insured** under this Total and Permanent Disablement Condition if:

- the **life insured** is completely incapacitated and has been unable to perform their **usual occupation** for ninety (90) consecutive days; and
- in **PPS Mutual's** reasonable opinion, following a review of the medical evidence and any other evidence **PPS Mutual** requires, the **life insured** has become so incapacitated that they are unlikely to ever be able to work in their **usual occupation** again.

To be assessed as totally and permanently disabled, the **life insured** must undergo reasonable **medical treatment** at their own expense, which their medical **specialist** considers **medically necessary** to address their incapacity.

This optional condition will cease on:

- the **policy anniversary** following the **life insured** turning seventy (70) years old; or
- following a claim payment of a Trauma Cover Full Payment condition or this optional condition.

However, **PPS Mutual** will assess a claim for a **life insured** after the cessation of the optional condition if the incapacity began while this optional condition was in force.

A claim payment made to you under this optional condition will reduce the **life insured's** Trauma Cover **sum insured**.

Appendix B

Optional features

This appendix describes optional features available under Trauma Cover. Only those optional features shown in the **policy schedule** for each **life insured** apply to your **policy**.

1.

Optional Business Insurability Feature

The Optional Business Insurability Feature may be used to increase the **life insured's** Trauma Cover **sum insured** after one of the following:

- the **business** gross profit has increased; or
- the **life insured's** ownership interest in the **business** increases through an increase in shareholding; or
- the **business** debt has increased; or
- a **business** valuation has been completed showing an increase in the **business** value.

To use this feature, you must provide **PPS Mutual** with appropriate **business** financial information to support an increase in the **sum insured**. **PPS Mutual** will determine the justifiable increase in the **sum insured** based on **PPS Mutual's** current financial underwriting guidelines.

The total **sum insured** for a **life insured** following increases made under this feature is limited to the maximum allowable **sum insured** for this feature as shown in the **policy schedule**. The **sum insured** for this feature is subject to the same sum insured adjustment option selected for the Trauma Cover

Limitations

The following limitations apply to increases under this feature:

- you must request the increase within six (6) months after the applicable financial event; and
- the feature will expire on the **policy anniversary** following the **life insured's** sixtieth (60th) birthday; and
- you cannot exercise an increase under this feature and the Specified Life Event Increase Feature resulting from the same event; and
- you cannot exercise an increase under this feature if a claim has been paid for the **life insured** under this **PPS Mutual** Trauma Cover; and
- the **acceptance terms** which applied to this Trauma Cover for the **life insured** will apply to increases under this feature.

2.

Optional Instant Trauma Cover Buy Back Feature

If **PPS Mutual** has accepted a Full Payment Condition, Partial Payment Condition, or Optional Total and Permanent Disablement Condition claim under this Trauma Cover, then the **sum insured** under the Trauma Cover will be reinstated immediately on the **claim event date**.

Limitations

The Optional Instant Trauma Cover Buy Back Feature is subject to the following limitations:

- this feature will cease when the Trauma Cover **sum insured** has been reinstated for the equivalent of three (3) Full Payment Conditions; and
- **PPS Mutual** will not reinstate the Trauma Cover **sum insured** for a **life insured** under this feature if the Trauma Cover claim was for a **terminal illness** Full Payment Condition; and
- claims for **related conditions** are permanently excluded for the reinstated Trauma Cover **sum insured**; and
- **PPS Mutual** will treat all subsequent claims for any cardiovascular **condition** (see above) as a **related condition** of an earlier cardiovascular **condition** for the reinstated Trauma Cover **sum insured**; and
- **PPS Mutual** will treat all subsequent claims for any cancer **condition** (see above) occurring within twelve (12) months of an earlier cancer **condition** as a **related condition** for the reinstated Trauma Cover **sum insured**.

3.

Optional Enhanced Instant Trauma Cover Buy Back Feature

If **PPS Mutual** has accepted a Full Payment Condition, Partial Payment Condition, or Optional Total and Permanent Disablement Condition claim under this Trauma Cover, then the **sum insured** under the Trauma Cover will be reinstated immediately on the **claim event date**.

Limitations

The Optional Enhanced Instant Trauma Cover Buy Back Feature is subject to the following limitations:

- this feature will cease when the Trauma Cover **sum insured** has been reinstated for the equivalent of three (3) Full Payment Conditions; and
- **PPS Mutual** will not reinstate the Trauma Cover **sum insured** for a **life insured** under this feature if the Trauma Cover claim was for a **terminal illness** Full Payment Condition; and
- claims for **related conditions** are permanently excluded for the reinstated Trauma Cover **sum insured** except for some cardiovascular **condition** and cancer **condition** claims, as described below.

Where a Trauma Cover claim relates to a cardiovascular **condition** (see above), then the reinstated Trauma Cover **sum insured** will only apply to subsequent cardiovascular **condition** claims occurring

twenty-four (24) months after the prior cardiovascular **condition** claim. In other words, **PPS Mutual** will treat a subsequent claim for a cardiovascular **condition** as:

- a **related condition** where it occurs within twenty-four (24) months of the prior cardiovascular **condition claim event date**, and any associated claim would be excluded; and
- an unrelated **condition** where it occurs beyond twenty-four (24) months of a prior cardiovascular **condition** claim event date.

Cancer claims for **related conditions** are permanently excluded for the reinstated Trauma Cover **sum insured** except if a **life insured** has gone into complete remission following an earlier cancer **condition** claim and the cancer has subsequently returned and metastasized into a stage 4 cancer.

Complete remission means a **specialist** has confirmed the disappearance of all signs of cancer for the **life insured** following **medical treatment**.

PPS Mutual will otherwise treat any cancer **condition** occurring within twelve (12) months of an earlier cancer **condition** as a **related condition**.

4.

Optional Life Cover Buy Back Feature

If **PPS Mutual** has accepted a Full Payment Condition or Partial Payment Condition claim and the **life insured** has survived six (6) months from the **claim event date**, then **PPS Mutual** will automatically reinstate the Life Cover **sum insured** equal to the claim paid.

Limitations

The Optional Life Cover Buy Back Feature is subject to the following limitations:

- you cannot exercise the Specified Life Event Increase Feature or Optional Business Insurability Feature for the Life Cover amount bought back under this feature.
- the feature will expire on the **policy anniversary** following the **life insured's** sixty fifth (65th) birthday.

0508 PPS Mutual (0508 777 6888)
contact@ppsmutual.co.nz

