



Southern Cross
Health Society

Critical Illness

A guide to your policy

This Critical Illness plan can only be purchased in conjunction with a health insurance policy underwritten by Southern Cross Medical Care Society

+ Many of your body's repair and restoration processes occur while you're sleeping, including muscle growth and tissue repair.

Welcome

to your Critical Illness plan

Thank you for choosing us to help you take care of your health. This document is your guide to the benefits of your Critical Illness plan and it also provides information you need in order to make the most of your Southern Cross Health Society membership.



The Critical Illness plan

This **Critical Illness** plan can only be purchased in conjunction with a health insurance policy underwritten by Southern Cross. This means that you (and each of the dependants) must be a Southern Cross member or eligible dependant at the time that you apply for the **Critical Illness** plan.

Any time you need to contact us:

Member Services Centre: 0800 800 181. Open 8am - 6pm, Monday to Friday (except public holidays).

Fax: 0800 379 844

General correspondence: Southern Cross Medical Care Society, Private Bag 99934, Newmarket, Auckland 1149

Claims correspondence: Southern Cross Claims Centre, Private Bag 3216, Waikato Mail Centre, Hamilton 3240

Website: www.southerncross.co.nz/society

Please note that we may record and store telephone calls to our Member Services Centre. We do this to have a record of the information we receive and give over the telephone. This also helps us with quality assurance, continuous improvement and staff training. Your call will be handled in complete confidence, except to the extent we are authorised to discuss any aspect of your **policy**, any claim or health information relating to a claim or other information relating to your **policy** with other persons, as described in section 08 on page 13 and 14 of this **guide**.

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Your policy document

This document should be read in conjunction with your **Critical Illness Certificate**, the Rules of the Southern Cross Medical Care Society and any subsequent letters we send to you regarding changes to the **guide** or any of these related documents.

Terminology used in this guide

When we have used **bold type** in this **guide**, it means that the word has a special medical or legal meaning. We define some of these terms throughout the main body of this **guide**, and the remaining terms are defined on pages 15 and 16 at the end of this **guide**.

Throughout this **guide**, when we refer to **we/our/us** we mean **Southern Cross** and when we refer to **you/your**

we mean the **policyholder** and any **dependant** listed on the **Critical Illness Certificate** (unless otherwise specified).

If you do not understand any aspect of your **policy**, please contact our Member Services Centre and they will be pleased to answer your query.

Changes to your policy

We may change or update the benefits scope of cover, terms and conditions of your **policy** and premiums of this **policy** from time to time. If we make any such changes, we will notify you either in writing, or by electronic means (including website or email) or in our member magazine.

The **policyholder** is responsible for advising **dependants** of any changes to **policy** terms. If you are not happy with any of the changes we wish to make, the **policyholder** can contact us within one month of the notification of changes to discuss alternatives or to cancel this **policy**.

Contents of this guide

In the remainder of this introductory section **you/your** means the **policyholder**. This **guide** sets out the terms and conditions of your **policy**. Benefits under this **policy** are part of your entitlement as a member of the Southern Cross Medical Care Society.

The **policy** comprises:

- the details on any Application Form relating to your **policy**;
- the **Critical Illness Certificate**;
- this **guide**; and
- any amendment or variation made to them from time to time.

The **Critical Illness Certificate** details:

- the key dates in respect of your **policy**;
- the people covered under your **policy**;
- the **Critical Illness Maximum** applicable to the **policy**;
- your Critical Illness **policy** number;
- any specific **exclusions** from cover for example, **pre-existing conditions** known to **Southern Cross** at the time of issue of the **Critical Illness Certificate** applicable to the people covered under your **policy**; and
- any other information specific to your policy.

This **guide** details:

- the terms and conditions of your Critical Illness plan, including limitations and **exclusions**;
- the process involved in making a claim;
- administration details relating to your **policy**; and
- additional information relevant to your **policy**.

Certain terms and conditions of your **policy** are set out in this **guide** as easy-to-understand questions and answers. It is important that you read all of this **guide** to ensure that you fully understand the terms and conditions of your **policy**.

Your Critical Illness policy

This Critical Illness plan can only be purchased in conjunction with a health insurance policy underwritten by **Southern Cross**. This means that **you** (and each of the **dependants**) must be a **Southern Cross** member or eligible **dependant** at the time that you apply for the Critical Illness plan.

Please note that cover under your Critical Illness plan will cease in the event that cover under your **Southern Cross** health insurance policy is either cancelled or terminated.

At the time of application, you must select a **Critical Illness Maximum** for your **policy**. The **Critical Illness Maximum** will apply for you and each of the **dependants** named on the **policy** and will be noted on your **Critical Illness Certificate**.

Existing medical conditions and commencement of cover

ARE PRE-EXISTING CONDITIONS COVERED?

Critical Illness insurance is primarily meant to provide cover for the treatment of health conditions, signs or symptoms that arise after the **policy** has been taken out. There is no cover for **pre-existing conditions** under the **policy**.

When the **policyholder** completed the Application Form for this **policy**, the **policyholder** declared the conditions, signs and symptoms for which you had received treatment, or which you knew about before the date of the application. We assess the conditions, signs and symptoms disclosed in the application and make a decision whether to offer cover for the full range of **Critical Illness Events**, or as a consequence of the conditions, signs and symptoms disclosed in the Application Form, exclude certain **Critical Illness Events** from cover under your Critical Illness plan. The **pre-existing conditions** which we know of at the time of issuing the **Critical Illness Certificate** and for which we decline to cover certain **Critical Illness Events** will be set out on your **Critical Illness Certificate**. You will not have cover for the **Critical Illness Event(s) exclusion(s)** for the duration of your **policy**.

The **Critical Illness Event(s) exclusion(s)** listed on the **Critical Illness Certificate** are in addition to the standard **exclusions** noted in this **guide**.

Declaration of pre-existing conditions

If you do not declare a health condition, sign, symptom or event which you know about, or ought reasonably to have been aware of on any application or upgrade, then we may decline cover as this is considered to be a **pre-existing condition**. In these circumstances at the time we become aware of the condition, sign, symptom, or event, we will add the relevant **Critical Illness Event(s) exclusion(s)** to your **Critical Illness Certificate**.

Please note that regardless of whether the **policyholder** declares any conditions, signs or symptoms of any **pre-existing conditions** you may have on the Application Form, and whether you know, or ought reasonably to have known, about any condition, signs or symptoms you may have prior to the **policy start date** (or prior to the date a person was added to the **policy** in respect of any **dependant** added to the **policy** after the **policy start date**), such conditions, signs or symptoms will be **pre-existing conditions** and will not be covered under the **policy**.

WHEN DOES COVER UNDER THE POLICY COMMENCE?

No benefit is available for a **Critical Illness Event** which has as the underlying cause, is associated with, is otherwise incurred in relation to, or as a consequence of a health condition, symptom, sign or event arising prior to the date three months after the **policy start date**, or, in the case of **dependants** added to the **policy** after the start date, a health condition, symptom, sign or event arising prior to three months after the date they were added to the **policy**.

When does cover cease under this policy?

The Critical Illness plan ceases for each individual at the earliest of:

- a) your **policy** cover ceasing (for example when the **policy** is terminated by either the **policyholder** or **Southern Cross**);
- b) when that individual **policyholder** or **dependant** is removed from the **policy**; or
- c) when a claim has been paid to the individual suffering the **Critical Illness Event**;
- d) your **Southern Cross** health insurance policy is either cancelled or terminated.

Each person named on the **Critical Illness Certificate** can only claim for one **Critical Illness Event** per **lifetime**. Once a claim has been paid to the individual suffering the **Critical Illness Event**, the Critical Illness plan shall cease for that particular individual.

Please note that in the event that the **policyholder's** cover ceases prior to a **dependant's** cover ceasing, the **dependant** will subsequently be responsible for the Critical Illness **policy** (including payment of the premiums).

What happens to my cover at age 65?

The terms and conditions set out in this **guide** apply to each individual named on the **Critical Illness Certificate** up until the **policy anniversary date** following the 65th birthday of any one of those individuals.

On the **policy anniversary date** following the 65th birthday of any named individual, the terms and conditions applying to that individual will change.

Currently, on the **policy anniversary date** following the 65th birthday, the eligible Critical Illness Events are Loss of Independent Living as a direct result of an **accident** and Functional Loss as a direct result of an **accident** with a **Critical Illness Maximum** of \$20,000. However please be aware that these **Critical Illness Events** and **Critical Illness Maximums** may change from time to time. We will be in contact prior to the relevant **policy anniversary date** to remind you of this change and the benefits and level of cover that you may be eligible to elect to renew on.

Claiming process

To be eligible to claim under your **policy**, the premium payments must be up to date.

The **policyholder** or **dependant** seeking to claim must suffer the **Critical Illness Event** for the first time, and still be alive 14 days after the **Critical Illness Event** causing this claim. This period of 14 days will be increased by one day for every day that the eligible person is kept alive on a life support system.

The approval of a claim payment will only be made if all terms and conditions of the **policy** are adhered to and a **confirmed diagnosis** of a specified **Critical Illness Event** has been made to our satisfaction.

The **policyholder** makes the claim but can nominate the **dependant** having suffered the **Critical Illness Event** for payment.

Claims must be submitted to us within 12 months of the date of the **Critical Illness Event** in order to be assessed.

Call us on 0800 800 181 to discuss eligibility. We ask you to provide us with a medical report, at your cost, in order to assess your claim.

Sometimes we may not be able to assess your claim from the Claim Form and medical report and we may need to contact you or the **health services provider** to clarify some details to enable us to assess the claim correctly.

In some circumstances we may need to ask a **health services provider** chosen by us, to advise us about the medical facts or examine you in relation to the claim. We will only do this when there is uncertainty as to cover under the **policy** or the nature or extent of the medical condition. This examination and advice will be at our expense. You must co-operate with the **health services provider** chosen by us, or we will not pay your claim.

If the **policyholder** has been overpaid on any claims, we may seek to recover the amount incorrectly paid out. If we are entitled to recover any money from you in relation to this **policy** at anytime we can deduct the amount you owe us from any claim payment or other payment we make to you.

Diagnosis criteria and exclusions

CANCER

Means the presence of one or more malignant tumours which are to be characterised by the pathological (histological) confirmation of the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue for which major interventionist treatment or surgery is considered necessary. Included are sarcoma, Hodgkin's lymphoma, non-Hodgkin's lymphoma, malignant bone marrow disorders and leukaemia with the exception of chronic lymphocytic leukaemia which is at Binet stages A and B or Rai stages 0, I and II.

The following tumours are excluded:

- 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 premalignant. Carcinoma in situ of the breast is covered if it results directly in the removal of the entire breast. This procedure must be performed to specifically arrest the spread of malignancy and be considered the appropriate and necessary treatment as recommended by an appropriate medical specialist.
- All skin cancers, including hyperkeratoses, basal cell carcinomas and squamous cell carcinomas, unless there is evidence of metastases.
- Malignant melanomas of 1.5mm or less maximum thickness as determined by histological examination using the Breslow method and less than Clark level 3 depth of invasion without ulceration.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO.
- Papillary micro-carcinoma of the thyroid or bladder.
- Any tumours associated with Acquired Immune Deficiency Syndrome (AIDS) or HIV infection.
- Tumours treated by **endoscopic procedures** alone.

CARDIAC

Means either:

- (a) The first occurrence of open chest surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts.
A **Cardiologist** must provide angiographic evidence of significant coronary artery obstruction and the procedure must be considered by **Southern Cross** to be **medically necessary**.
Angioplasty and all other intra-arterial, catheter based techniques or laser procedures are excluded.
- (b) Myocardial Infarction (Heart Attack - the death of a portion of the heart muscle arising from inadequate blood supply to the relevant area).

A **Cardiologist** must certify that a Myocardial Infarction has occurred and this must be supported by the presence of:

- i. Clinical features consistent with Myocardial Infarction; and
- ii. Confirmatory new electrocardiogram (ECG) changes consistent with Myocardial Infarction; and
- iii. Progressive diagnostic elevation of cardiac enzyme or Troponins or other markers of cardiac injury consistent with Myocardial Infarction.

If criteria (i), (ii) and (iii), as set out above, are not genuinely available (or are deemed inconclusive by **Southern Cross**) then **Southern Cross** will consider other medical evidence which it deems satisfactory to support a diagnosis of Myocardial Infarction.

Lesser acute coronary syndromes including, but without limitation, unstable angina, acute coronary insufficiency and heart failure are excluded.

ORGAN FAILURE REQUIRING MAJOR ORGAN TRANSPLANT

Means a failure of a major organ resulting in the **medically necessary** receipt of a human to human organ transplant from a donor to the insured person of one or more of the following organs:

- Heart
- Liver
- Lung
- Kidney
- Pancreas
- Small bowel
- Transplantation of bone marrow

In the opinion of an appropriate consultant medical specialist, the transplant must be required on medical grounds and must be the most appropriate treatment. The transplant of all other organs, parts of organs or any other tissue or cell is excluded.

LOSS OF INDEPENDENT LIVING

Means the insured person suffers a total and permanent inability to perform at least two out of five defined activities of daily living without the assistance of someone else. This inability to perform the activities of daily living must be total and irreversible and continue for at least six months. The inability must be as a result of neurological damage which is defined as abnormalities (acquired rather than inherited) of the nervous system producing certain symptoms and resulting in functional disorders. Payment will not be made if the loss of independent living is the result of a cerebro-vascular episode or event or directly caused by alcohol dependence or abuse or related to the abuse of illegal drugs or misuse of prescription medication regardless of source.

An “activity of daily living” means the ability to:

- eat and drink; or
- use a toilet for normal personal hygiene; or
- bathe or shower; or
- dress and undress (including grooming and fitting of artificial limbs); or
- move to, from and within a bed, chair or wheelchair; or move from place to place by walking, using a wheelchair or with the help of a walking aid.

FUNCTIONAL LOSS

Means paralysis involving injury to or disease of the spinal cord or brain resulting in the permanent and total loss of function of any two or more limbs.

Examples of paralysis are:

- Hemiplegia: the permanent and total loss of function of one side of the body as a result of injury or disease of the spinal cord or brain.
- Diplegia: the permanent and total loss of function of both sides of the body as a result of injury or disease of the spinal cord or brain.
- Paraplegia: the permanent and total loss of function of both legs as a result of injury to or disease of the spinal cord or brain.
- Quadriplegia: the permanent and total loss of function of both arms and both legs as a result of injury to or disease of the spinal cord or brain.
- Tetraplegia: the permanent and total loss of function of both arms and both legs and loss of head movement as a result of injury to or disease of the spinal cord or brain.

STROKE

Means the suffering of a stroke which is defined as a cerebro-vascular episode or event (including intracranial or subarachnoid haemorrhage, thrombosis or embolisation) which lasts for more than 24 hours and resulting in permanent neurological deficit with persistent clinical symptoms.* This requires clear evidence of infarction of the brain tissue by a cerebral CT scan; or an angiogram; or an MRI or PET; or other reliable imaging technique approved by **Southern Cross**.

Reversible ischaemic neurological deficits and major head injuries are not covered. Cerebral symptoms due to transient ischaemic attacks, migraine, accident, infection, cerebral injury resulting from trauma or hypoxia, and vascular disease affecting the eye or optic nerve vestibular functions are excluded.

*Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous systems that are present on clinical examination and expected to last for the duration of the individual's life.

EXCLUSIONS

The **Critical Illness Event** benefit shall not be paid for any **Critical Illness Event** which has as an underlying cause, or is otherwise incurred in relation to, or as a consequence of, any of the following:

- **Pre-existing conditions**, including, but not limited to, those **Critical Illness Events** specifically excluded on your **Critical Illness Certificate**;
- Suicide or self-inflicted illness or injury;
- Injury, illness, condition or disability arising from, or caused or contributed to, by substance abuse, intoxication or drug taking whether prescribed or recreational;
- Injuries or disability directly or indirectly related to playing professional sport;
- **Congenital conditions**;
- HIV, HIV disorders including AIDS, and any medical conditions that arise in any way from HIV infection;
- Any health condition, symptom, sign or event which arises prior to the date three months after the **policy start date**, or, in the case of **dependants** added to the **policy** after the **policy start date** a health condition, symptom, sign or event arising prior to the date three months after the date they were added to the **policy**;
- Injury or disability suffered as a result of war or any act of war, declared or undeclared, or of active duty in the military, naval or air forces of any country or international authority, or as a direct or indirect result of terrorism;
- Nuclear contamination.

Administrative information

The **policy** is renewable annually on the anniversary of the **policy start date**, and this date is referred to as the **policy anniversary date**. The **policy anniversary date** is the same for all persons listed on the **Critical Illness Certificate** as covered by the **policy** regardless of the date each person joined the plan. If you change in any way the frequency or the manner in which you pay your premiums under the **policy**, then the **policy year** will be reset to start on the date of such change and the **policy anniversary date** will be the anniversary of the date of the change.

Where will Southern Cross send any communications in relation to my policy?

Every notice or other communication required to be sent by **Southern Cross** relating to you, this **policy**, or any **dependant** covered by the **policy** will be sent to the **policyholder** at his or her last known address and shall be considered to have been delivered 3 days after having been posted. Please note that when the **policyholder's** cover ceases prior to the **dependant's** cover ceasing, the **dependant** will subsequently receive every notice or other communication required to be sent by **Southern Cross** relating to the **policy**, or any dependent covered by the **policy**.

The **policyholder** must immediately notify **Southern Cross** of any change of postal or residential address.

When can I add dependants on to my policy?

You can add **dependants** on to the **policy** at any time. You will need to complete an Application for the **dependant** being added with details of their medical history. We will then assess their medical history to determine whether we will cover the full range of **Critical Illness Events**, or as a consequence of the conditions, signs and symptoms disclosed in the Application, exclude certain **Critical Illness Events** from cover.

Premiums for **dependants** added will be charged from the date of the addition of the **dependant** as part of your normal billing cycle. You are responsible for payment of premiums in respect of any **dependant** added to the **policy**. The **policyholder** is responsible for advising **dependants** of any changes to **policy** terms.

How do I remove dependants from my policy?

The removal of a **dependant** can take place at any time – you should inform us of the request to remove the **dependant** in writing or by calling the Member Services Centre. It is the responsibility of the **policyholder** to remove **dependants** from the **policy** where the circumstances change so that the **policyholder** no longer requires the **dependant** to be covered by the **policy** (for example, following a marital separation or a death).

You should note that if a **dependant** is removed from the **policy** and subsequently added back on, you will have to complete a new Application with details of their medical history. They will not have cover for any **Critical Illness Events** which relate to **pre-existing conditions** existing prior to the date of the new Application and no cover for the period of three months after being added back on to the **policy**.

When can I change my cover? Can I upgrade or downgrade?

A downgrade to your **policy** means changing from a **Critical Illness Maximum** of \$100,000 or \$50,000 to a **Critical Illness Maximum** of \$50,000 or \$20,000.

Upgrading or downgrading your **Critical Illness Maximum** can affect coverage for **Critical Illness Events** and premium. In particular you should note:

- Any **Critical Illness Event exclusions** (as set out in your **Critical Illness Certificate**) affecting you or any **dependant** covered by the **policy** prior to any upgrade or downgrade will remain;
- If you upgrade your **Critical Illness Maximum**, your previous **Critical Illness Maximum** will continue to apply for a period of three months from the date that your **policy** is upgraded.

What happens if I give Southern Cross incomplete, false or misleading information?

Southern Cross may cancel this **policy** or reduce cover immediately where it appears to **Southern Cross** that a **policyholder**, or any **dependant** covered by the **policy** has provided false, misleading or incomplete information. If this false, misleading or incomplete information relates to a claim, then we may decline your claim and recover any amount paid. In certain circumstances where fraudulent behaviour is evidenced, **Southern Cross** may take legal action against **you** and/or **your dependant** involved.

How do I cancel my policy?

If you are not satisfied with the **policy** during the first 14 days after the date you have received all the documents comprising the **policy** (as listed on page 3 of this **guide**), you can cancel the **policy** and we will provide a full refund of all premiums paid. If you wish to cancel the policy within the 14 day period please contact our Member Services Centre.

You can cancel your **policy** at any other time but if you do so you will not be entitled to a refund of any premium already paid to us.

Nothing in this **policy** limits or affects any rights you or any **dependant** covered by the **policy** may have under the Consumer Guarantees Act 1993.

What if I forget to pay my premium?

If you don't pay premiums for three months or more, we will cancel your **policy**.

Your regulatory protection

PRIVACY

Privacy of information relating to you and your **dependants** covered under your **policy** is governed by the Privacy Act, and in relation to health information, by the Health Information Privacy Code. The information we collect and hold about you and your **dependants** will be used:

- to consider your eligibility and the eligibility of your **dependants** for cover under this **policy**;
- to consider the specific terms applying to your **policy** (including the exclusion of any **pre-existing conditions**);
- for administration purposes, such as billing and claims management;
- to consider whether any **Critical Illness Event** is eligible for cover under this **policy**;
- to contact you from time to time with information about products and services relating to **Southern Cross**;
- for market research and targeted promotions by **Southern Cross**;
- to process and investigate claims made under your **policy**; and
- for statistical purposes (although for this purpose neither you nor any of your **dependants** covered by this **policy** will be identified).

We collect information about you and your **dependants** directly from you (for example, from the Application Form).

We may also collect information about you and each of your **dependants** from your husband/wife or partner (provided they are covered by the **policy**), your **Southern Cross** health insurance policy (including your health insurance application, Membership Certificate and claims history), **health services providers** and medical authorities (including ACC and Ministry of Health), **Southern Cross**' agents, contractors, suppliers and other business partners and any third party authorised by you, and you and each of your **dependants** authorises this collection and the disclosure of such information to such parties for any of the above purposes.

We may need to disclose information about you or any of your **dependants** to your husband/wife or partner (provided they are covered by the **policy**), the relevant **health services provider** and medical authorities or the

third parties authorised by you, in relation to any of the above purposes and you and each of your **dependants** authorises us to disclose this information.

We may need to use information collected about you or any of your **dependants** to consider the specific terms to apply to your and your dependant's **Southern Cross** health insurance policy and you and each of your **dependants** authorises us to use the information for this purpose.

We may also disclose information about you or your **dependants** to **Southern Cross**' agents, contractors, suppliers and other business partners in relation to any of the above purposes, and you and each of your **dependants** authorise us to disclose this information.

All communications from us relating to you or any of your **dependants** will be sent to you. This means that information about each of your **dependants** covered by the **policy** will be disclosed to you and each of your **dependants** authorises this disclosure.

We may also contact you and or your **dependants** within a reasonable time of you or your **dependants** ceasing to be covered by the **policy** with information about products and services relating to **Southern Cross**.

Southern Cross will endeavour to ensure that your and your **dependant's** personal (and health) information that we collect, store, use or disclose is accurate, complete and up to date. Prompt notification of any changes to personal contact details will help us do this. We will also endeavour to protect your personal and health information from misuse or loss and from unauthorised access, modification or disclosure in accordance with the Privacy Act and the Health Information Privacy Code.

Under the Privacy Act and the Health Information Privacy Code, you and each of your **dependants** covered by the **policy** are entitled to have access to, and request correction of, any personal information (including any health information) held by us. If you or any of your **dependants** have any queries about privacy of information or wish to access any personal information held by us, please contact our Member Services Centre.

If any of the information requested on the Application or Claim Form (or as part of the application or claims process) is not provided, it may delay the processing

of the Application Form or your claim, or may result in us not providing you and any of your **dependants** with cover. If any false or misleading information (including incomplete information) is provided to us at any time, the consequences are set out in your policy document(s).

You may advise us at anytime that you do not wish **Southern Cross** to collect and/or disclose information to your husband/wife or partner (covered by the **policy**).

Electronic Communications – from time to time **Southern Cross** may send you marketing and other information electronically such as by email or text message. If you have provided your email address or mobile phone number, we take this as your implied consent to us doing this. If you wish to withdraw your consent please contact our Member Services Centre.

FINANCIAL STRENGTH RATING

Southern Cross Medical Care Society has elected to be rated by Standard & Poor's. This provides reassurance on our ability to meet claims in the future. Full details of the current rating given to **Southern Cross** together with information on the rating scale can be obtained from our offices or our website www.southerncross.co.nz/society, and is also in the latest Critical Illness sales brochure.

You can also obtain background information from Standard and Poor's website www.spglobal.com.

INDUSTRY ORGANISATIONS

Southern Cross Medical Care Society is registered as a Friendly Society and is a member of the Insurance and Savings Ombudsman scheme.

MEMBER SERVICE

We aim to provide you with efficient and courteous service. In the event that you are unhappy with our service or our treatment of your **policy** or claim, you should write, in the first instance to:

The Member Relations Manager
Southern Cross Medical Care Society
Private Bag 99934
Newmarket
Auckland 1149

We will investigate and reply to your specific complaint as soon as practicably possible.

If you are unhappy with the response from the Member Relations Manager, then write to our Chief Operating Officer at the same address detailing the reasons you remain unhappy. The Chief Operating Officer will respond to you as soon as practicably possible.

After you have followed the **Southern Cross** internal process outlined above, if your complaint relates to a claim and deadlock has been reached, you can write to the Insurance and Savings Ombudsman within two months of being notified by us in writing that a deadlock has been reached or, if we do not notify you that a deadlock has been reached, within 3 months of the date of your original complaint. You can obtain more information on the Ombudsman from the website www.iombudsman.org.nz.

The Ombudsman's address is:
Insurance and Savings Ombudsman
PO Box 10 845
Wellington 6143

You may also like to consult the Rules of the Southern Cross Medical Care Society which set out our formal disputes processes in relation to:

- disputes in relation to your membership of Southern Cross Medical Care Society;
- disputes relating to this **policy**.

You can obtain a copy of the Rules by calling our Member Services Centre or from our website.

Glossary of terms

(where not explained in earlier sections of this guide)

For explanations of medical terminology please look at the Medical Terms Glossary on our website www.southerncross.co.nz/society or contact our Member Services Centre.

Some terms used in this **guide** have been explained as they arose. Other terms are defined below:

Accident means an accident as defined in the Injury prevention, Rehabilitation and Compensation Insurance Act 2001 (or its successor), which includes a specific event, or a series of events, that involves the application of a force (including gravity) or resistance external to the human body, or involves the sudden movement of the body to avoid such a force or resistance external to the human body, and is not a gradual process.

Adult means a person 21 years of age and over, or person aged under 21 years and paying an adult premium.

Cardiologist means a Medical Practitioner vocationally registered in Internal Medicine with a Cardiology specialisation.

Child means a person aged over 16 and under 21 years of age.

Confirmed diagnosis means in relation to the **Critical Illness Event** that a determination of the nature of the medical condition has been made to the satisfaction of which is consistent with the diagnosis criteria as described on pages 8 to 9 of this **guide** for a **Critical Illness Event** for the first time by the insured. The **policyholder** must submit evidence of the diagnosis made by a **Medical Practitioner** as appropriate to the medical condition. In the event of any dispute **Southern Cross** will have sole discretion to determine whether the definition of **confirmed diagnosis** has been met.

Congenital condition(s) are condition(s) which are present at birth as a congenital anomaly or defect as determined by **Southern Cross**.

Critical Illness or **Critical Illness Event** means a **confirmed diagnosis** of cancer, eligible cardiac condition, organ failure requiring major organ transplant, loss of independent living, functional loss or stroke as defined by the diagnosis criteria set out in this **guide**.

Critical Illness Certificate is the document we issue to the **policyholder** from time to time which details the key dates in respect of the **policy**, the people covered, the **Critical Illness Maximum** selected at the time of application, the **policyholder's** Critical Illness **policy** number, any specific **Critical Illness Event exclusions** applicable to the people covered under the **policy** known to **Southern Cross** at the date of issue of the certificate, and any other information specific to the **policy**.

Critical Illness Maximum means the level of cover selected by the **policyholder** at the time of application, upgrade of cover or downgrade of cover. This maximum will apply to each person named on the **policy** and will be noted on the **Critical Illness Certificate**.

Dependant means the husband/wife or partner (including any former spouse or partner) of the **policyholder** and any **child** (including any stepchildren or adopted children) of the **policyholder**.

Endoscopic procedure means a procedure performed using a surgical instrument that has been introduced into the body through a natural opening, for example the mouth.

Exclusion(s) means conditions, treatments or situations that are not covered by this **policy**, as expressed in this **guide** and any **Critical Illness Events** specifically excluded on the **Critical Illness Certificate**.

Guide means this document which forms part of the **policy**.

Health services provider means a **Medical Practitioner** or registered practising member of certain professions allied to medicine.

Lifetime means the duration of a **policyholder** or **dependant's** relationship with **Southern Cross** whether or not continuous.

Medically necessary means that in the opinion of **Southern Cross** the treatment of the health condition involved is appropriate and essential based on recognised standards of the healthcare specialty involved.

Medical Practitioner must have the relevant registration with the Medical Council of New Zealand.

Policy means the details on the Application Form, the **Critical Illness Certificate**, this **guide** and any amendment or variation made to them from time to time.

Policyholder means the person in whose name the **policy** is issued and who is responsible for the payment of premiums and to whom claims relating to the **policyholder** and any **dependants** covered by the **policy** are paid.

Policy anniversary date means each anniversary of the **policy start date**, and is the date from which your policy will be renewed for the following year.

Policy start date is the date your **policy** commences as shown on your **Critical Illness Certificate**.

Policy year means in relation to the first year of the **policy** the period from the **policy start date** to the first **policy anniversary date** and thereafter means the period from one **policy anniversary date** to the next.

Pre-existing condition means any health condition occurring or existing, or any health condition which relates to a sign, symptom or event occurring or existing:

- (a) in relation to the **policyholder** and each **dependant** named in the Application Form, before the **policy start date**; and
- (b) in relation to any **dependant** added to the **policy** after the **policy start date**, before the date the relevant **dependant** was added to the **policy**;

where the **policyholder** or the **dependant** was aware, or ought reasonably to have been aware, of the health condition, symptom or event.

Southern Cross means Southern Cross Medical Care Society.

We/us/our means Southern Cross Medical Care Society, having its registered office at 181 Grafton Road, Grafton, Auckland 1010.

You/your means the **policyholder** and any **dependant** named on the **Critical Illness Certificate** (unless otherwise specified).

Visit our website

www.southerncross.co.nz/society

or call us on

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