

# Cancer Assist

Policy document



# Welcome

to your **Cancer** Assist plan.

Thank you for choosing this additional cancer cover. This policy document shows the benefits of Cancer Assist. This policy document should be read with your Cancer Assist Certificate and any subsequent information we send regarding changes to Cancer Assist.

## **UNDERSTANDING CANCER ASSIST**

When we have used bold type in this policy document, it means that the word has a special medical or legal meaning. Some terms are defined in the main body of this document and the remaining are in the Glossary of terms. We may change or update benefits, terms and conditions and premiums for Cancer Assist from time to time. If we make these types of changes, we will notify you.

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Please note that we may record and store telephone calls to and from **Southern Cross**. 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 04 of this policy document.

# Cancer Assist – financial support when you need it most

Cancer Assist is designed to provide you with financial support should you have a **confirmed cancer diagnosis**. You can use your one-off payment for whatever you need to help you and to complement the cancer treatment covered under your Southern Cross health insurance policy.

## WHAT IS COVERED

We will pay you the applicable **Cancer Assist Maximum** selected if:

- you have a **confirmed cancer diagnosis**;
- the cancer is not excluded by the **exclusions**, including, but not limited to those cancers specifically listed on your **Cancer Assist Certificate**;
- you are still alive 14 days after your **confirmed cancer diagnosis**. This period of 14 days will be increased by 1 day for every day you are kept alive on a life support system;
- the **confirmed cancer diagnosis** (or related health condition, symptom, sign or event) first occurs at least 3 months after your **policy start date** or the date you increase your **Cancer Assist Maximum**;
- your **Southern Cross** health insurance policy and **Cancer Assist policy** are active and premiums are up to date; and
- all terms and conditions of the **policy** are met.

## DIAGNOSIS CRITERIA

A **confirmed cancer diagnosis** means:

- the presence of one or more malignant tumours which are 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 as confirmed by a **Medical Practitioner**. Included are Hodgkin's lymphoma, non-Hodgkin's lymphoma, malignant bone marrow disorders and leukaemia.

## WHAT ISN'T COVERED

The following do not meet the **confirmed cancer diagnosis** criteria and are excluded from cover:

- tumours histologically described as carcinoma in situ, cervical dysplasia, CIN-1, CIN-2 or CIN-3, or described as premalignant;
- chronic lymphocytic leukaemia which is at Binet stages A or B, or Rai stages 0, I or II;
- all skin cancers including 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 T2N0M0;
- papillary micro-carcinoma of the thyroid or bladder;
- any cancer which occurs less than 3 months after the **policy start date**.

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## EXCLUSIONS

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We may exclude cover for any cancer or tumour which occurs in relation to or as a consequence of:

- a **pre-existing condition**;
- a **family history of cancer** (relating to bowel and/or breast and/or ovarian cancers); or
- a **genetic predisposition for cancer**,

including but not limited to those cancers specifically listed on your **Cancer Assist Certificate**.

In addition, there is no cover for any cancer which has as an underlying cause, or is otherwise incurred in relation to, or as a consequence of, any of the following:

- a symptom, sign or event which occurs less than 3 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 less than 3 months after the date they were added to the **policy**;
- self-inflicted illness or injury, arising from, or caused or contributed to by, substance abuse, intoxication or drug taking whether prescribed or recreational;
- chemical warfare or nuclear contamination;
- **congenital condition(s)**.

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## HOW WE DETERMINE YOUR COVER

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When the **policyholder** completed the Application Form for this **policy**, the **policyholder** declared:

- a) the conditions, signs and symptoms for which **you** had received treatment, or which **you** knew about before the date of the application; and
- b) any **family history of cancer** and/or **genetic predisposition for cancer** which **you** knew about before the date of the application.

We assess the information disclosed in the application and make a decision whether to offer cover for any cancer that arises as a consequence of the information disclosed or to exclude certain cancers from cover under this **Cancer Assist policy**.

Any cancer(s) which relates to a **pre-existing condition**, **family history of cancer** or **genetic predisposition for cancer** and for which we decline to cover will be set out on your **Cancer Assist Certificate**. **You** will not have cover for these **exclusion(s)** for the duration of your **policy** unless otherwise agreed. **You** can request a review of your **exclusion(s)** after 5 years' continuous cover on your **Cancer Assist policy**.

The **exclusion(s)** listed on your **Cancer Assist Certificate** are in addition to the other **exclusions** noted in this **policy** document.

If **you** do not declare:

- a) a **pre-existing condition**; and/or
- b) any **family history of cancer**; and/or
- c) **genetic predisposition for cancer**,

which **you** know about, or ought reasonably to have been aware of, on any application or upgrade then we may decline cover for any cancer that arises as a consequence.

In these circumstances, at the time we become aware we will add the relevant **exclusion(s)** to your **Cancer Assist Certificate**.

# Other terms and conditions

This Cancer Assist policy can only be held if you have a Southern Cross health insurance policy (excluding HealthEssentials).

## When does your policy start?

This policy starts on the policy start date and is renewed annually on the policy anniversary date. The policy anniversary date is the same for everyone listed on the Cancer Assist Certificate as covered by the policy regardless of the date each person joined the policy.

## When does cover start?

There is no cover under this policy for any cancer which occurs less than 3 months after the policy start date or which has, as an underlying cause or otherwise arises as a result of a symptom, sign or event which occurs less than 3 months after the policy start date.

For dependants added to the policy after the policy start date there is no cover for any cancer which occurs less than 3 months after the date they were added to the policy or which has, as an underlying cause or otherwise arises as a result of a symptom, sign or event which occurs less than 3 months after the date they were added to the policy.

## When does cover end under this policy?

Cover under this Cancer Assist policy ends:

- for everyone on the Cancer Assist Certificate, when the policy is cancelled or terminated by either the policyholder or Southern Cross
- for a dependant, on their removal from the policy
- for the policyholder or a dependant, when a claim is paid to them under the policy, or
- if your Southern Cross health insurance is cancelled or terminated.

## Can I claim under this policy more than once?

No, each person can only claim once under this policy. Once a claim has been paid to a person under this policy, cover under this policy ends for that person.

## Can I be on more than one Cancer Assist policy at the same time?

No, each person can only have cover under one Cancer Assist policy at the same time.

## Can I have a Cancer Assist and Critical Illness policy at the same time?

No, each person can only have cover under one of these policies at the same time.

## What happens when I turn 65 years old?

On the policy anniversary date following an individual's 65<sup>th</sup> birthday their Cancer Assist Maximum will be automatically reduced to \$20,000.

## What happens if you make changes to my policy?

We may change or update the benefits, scope of cover, terms and conditions and premiums for this policy. If we do so, we will notify the policyholder in writing (including on our website or by email). The policyholder is responsible for advising dependants of any changes to the policy. If you are not happy with any of the changes, the policyholder can contact us within 1 month of the notification of changes to discuss alternatives or to cancel this policy. If the policyholder cancels this policy, cover will be provided until the date the policy is paid to.

## Where will Southern Cross send communications about my policy?

All policyholders registered for My Southern Cross will receive the majority of communications electronically, unless they choose otherwise, and will be notified of the availability of these communications by email. For communications received electronically via My Southern Cross, notice shall be considered to be delivered on the day the email notification is sent. If the policyholder is not registered for My Southern Cross, unless the policyholder tells us otherwise, or unless the policyholder can no longer be contacted at the policyholder's last known address, we will send every notice or other communication required to be sent by Southern Cross relating to the policyholder, this policy, or any dependant, to the policyholder at the last known address and such notice shall be considered to have been delivered 3 days after having been posted.

The policyholder must immediately notify Southern Cross of any change of postal, residential or email address or update these details in My Southern Cross. Where the policyholder can no longer be contacted at the last known address and has not provided Southern Cross with an up to date address, we will cease to send notices or other communications to the policyholder at that address until they notify us of an up to date address. In these circumstances, the policyholder acknowledges and agrees that

**Southern Cross** will be deemed to have satisfied its requirements regarding the sending of these notices or communications.

### Can I add dependants?

Yes, the **policyholder** can add **dependants** on to the **policy** at any time, excluding children aged 21 years or over. The **policyholder** will need to complete an application for the **dependant** being added with details of their medical history. **We** will then determine whether certain cancer(s) will be excluded from cover as a result of the information provided in the application. Cover starts on the date the **dependant** was added to **your policy**.

Premiums for **dependants** will be charged from the date of their addition as part of **your** normal billing cycle. The **policyholder** is responsible for payment of premiums for everyone named on the **Cancer Assist Certificate**.

For **dependants** added to the **policy** after the **policy start date** there is no cover for any cancer which occurs less than 3 months after the date they were added to the **policy** or which, has an underlying cause or otherwise arises as a result of a symptom, sign or event which occurs less than 3 months after the date they were added to the **policy**.

### Can my adult children stay on my policy?

Yes, **adult** children will automatically remain on **your policy** unless **you** specifically request **us** to remove them. If **you** wish to remove them from **your policy**, and they would like to continue cover with **Southern Cross**, they should apply for their own **Cancer Assist policy**.

If they apply for the same level of cover as they had under **your Cancer Assist policy** or a lower level of cover, and they apply within 1 month of being removed from **your Cancer Assist policy**, they will not need to complete a new medical declaration.

### How do I remove dependants from my policy?

The **policyholder** can remove a **dependant** at any time by notifying **us** in writing (email, post or via our website) or by calling **Southern Cross**. It is the **policyholder's** responsibility to remove **dependants** from the **policy**.

If a **dependant** is removed from the **policy** and subsequently added back on, the **policyholder** will have to complete a new application with details of the **dependant's** medical history. The **dependant** will not have cover for any cancer which relates to a **pre-existing condition** existing prior to the date of the

new application and will not have cover for any cancer which occurs up to 3 months after being added back on to the **policy**.

### Can I change my Cancer Assist Maximum?

Yes, but increasing or decreasing **your Cancer Assist Maximum** can affect **your** cover and **your** premium. In particular **you** should note:

- any **exclusions** (as set out in **your Cancer Assist Certificate**) affecting **you** or any **dependant** covered by the **policy** prior to any increase or decrease will remain.

If **you** increase **your Cancer Assist Maximum**:

- **your new Cancer Assist Maximum** will only apply from 3 months after the date of the increase; and
- **your previous Cancer Assist Maximum** will continue to apply for any cancer that developed before the date of the increase.

If **you** decrease **your Cancer Assist Maximum**:

- **your new Cancer Assist Maximum** will apply immediately from the date of the decrease; and
- **your new Cancer Assist Maximum** will apply for any cancer that developed before the date of the decrease.

To change **your Cancer Assist Maximum** **you** will need to complete and submit an application. The new **Cancer Assist Maximum** will apply to everyone covered by the **policy** (if entitled) and will be noted on **your amended Cancer Assist Certificate**.

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

For non-disclosure or misrepresentation of a **pre-existing condition**, a **family history of cancer** or a **genetic predisposition for cancer** **we** will exclude the cancer that relates to or occurs as a consequence of these and will add them to **your Cancer Assist Certificate** and **we** may decline any related claim.

**We** may also decline a claim where **we** reasonably believe **you** have lied or given **us** false information in respect to that claim. Before **we** do so **we** will give **you** a reasonable opportunity to explain.

In addition, **we** may cancel this policy for any other non-disclosure, misrepresentation, fraud or material breach of the terms of this policy by **you** and/or **your** dependants and/or **we** may recover any money **you** owe **us** and/or take legal action against **you** and/or **your** dependants (as applicable).

Before **we** cancel **your** policy for any of the reasons set out above:

- (a) **we** will notify **you** in writing of the reasons why **we** are considering cancelling **your policy**; and
- (b) **you** will have at least 7 working days to provide a written explanation (including any relevant evidence) that **you** wish **us** to consider;
- (c) **we** will reasonably consider **your** explanation.

If **you** are unhappy with **our** decision to cancel **your policy**, **you** can make a complaint in accordance with **our** complaints resolution process set out on page 10 of the **policy**.

# Claiming process

## How can I make a claim under my policy?

To be eligible to claim, **your** premium payments must be up to date and the **policyholder** or **dependant** seeking to claim must have the **confirmed cancer diagnosis** for the first time, and still be alive 14 days after. This period of 14 days will be increased by 1 day for every day that the eligible person is kept alive on a life support system.

All information provided in respect to any claim submitted under this **policy** must be complete, true and correct. Any failure to do so may result in the claim being declined and/or **your policy** being cancelled. See “What happens if I give Southern Cross incomplete, false or misleading information?” on page 05 of the **policy**.

Approval of a claim will only be made if all terms and conditions of the **policy** are met and a **confirmed cancer diagnosis** has been made to our reasonable satisfaction. In the event of any dispute **we** will determine, acting reasonably, whether the requirements of a **confirmed cancer diagnosis** have been met. If a claim is approved, payment of the **Cancer Assist Maximum** will be made to the **policyholder** or the **dependant** who suffered the cancer if so elected by the **policyholder**.

Please submit **your** claim within 12 months of the date of the **confirmed cancer diagnosis**. **You** must provide **us** with a medical report, at **your** cost, so **we** can 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 **your medical practitioner**.

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

If the **policyholder** has been overpaid on any claim, **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 any time **we** can deduct the amount **you** owe **us** from any claim payment or other payment **we** make to **you**.

If any claim or other payment **we** are due to make to **you** remains unclaimed for 2 years or more, such payment may be applied for the benefit of **Southern Cross**.

## 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 this **policy** document and **your Cancer Assist Certificate**, **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 **us**.

**You** can cancel **your policy** at any other time but **you** will not be entitled to a refund of any premium already paid to **us** and **you** will remain liable for any premium amount due up to the date of the cancellation. Cover will be provided until the date the **policy** is paid to.

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

## What happens if I do not pay my premium?

If **you** do not pay premiums for 3 months or more, **we** will cancel **your policy**.



# Your regulatory protection

## CANCER ASSIST PRIVACY STATEMENT

As a member of **Southern Cross**, **your** privacy is very important to **us**. **We** value the trust **you** place in **us** to handle **your** personal and health information in the right way. **Our** Member Privacy Statement sets out how **we** will collect, store, use and disclose **your** personal and health information, and how **you** can access and correct **your** personal information, in accordance with the Privacy Act 2020 and the Health Information Privacy Code.

The Member Privacy Statement is available on **our** website at [southerncross.co.nz/privacy](https://southerncross.co.nz/privacy). During the course of **our** relationship with **you**, **we** may also tell **you** more about how **we** will handle **your** information, for example when **you** make a claim.

For the purposes of **your** Cancer Assist **policy**, the Member Privacy Statement applies and when it references the word '**policy**' in the Member Privacy Statement it means the contract between **Southern Cross** and the **policyholder** in relation to Cancer Assist.

In addition, for the purposes of **your** Cancer Assist **policy**, the following also applies to how **we** will handle **your** personal and health information:

### How may Southern Cross use your information?

**You** authorise **us** to use information about **you** for the following additional purposes:

- to consider the specific terms applying to the **policy** (including the exclusion of any cancer which occurs in relation to or as a consequence of a **pre-existing condition**, a **family history of cancer** or a **genetic predisposition for cancer**)
- to consider whether any claim is eligible for cover under the **policy**.

### Who may Southern Cross collect your information from?

**You** authorise **us** to collect information about **you** for the purposes set out in the Member Privacy Statement as well as the above additional purposes from:

- **your** **Southern Cross** health insurance policy or a previous **Southern Cross** health insurance policy or Critical Illness **policy** or Cancer Assist **policy** (including previous application(s), Membership Certificate(s), **Cancer Assist Certificate(s)**, Critical Illness Certificate(s) and/or claims)
- the adviser associated with this Cancer Assist **policy** or any advisers associated with any of **your** previous or current **Southern Cross** policies.

**You** also authorise the disclosure of such information by such parties for any of the purposes set out in the Member Privacy Statement as well as the above additional purposes.

### Who may Southern Cross disclose your information to?

**You** authorise **us** to disclose information about **you** for the purposes set out in the Member Privacy Statement as well as the above additional purposes to:

- the adviser associated with this Cancer Assist **policy** or any advisers associated with any of **your** previous or current **Southern Cross** policies.

### Need more information?

If **you** have any queries about how **we** handle **your** personal and health information, or **our** Privacy Statement, please contact us.

**Your** information is collected and held by Southern Cross Medical Care Society, Level 1, Te Kupaenga, 155 Fanshawe Street, Auckland 1010.

# Financial advice service

As a licensed financial advice provider, **Southern Cross** is responsible for any financial advice **our Southern Cross** sales staff provide on the **Southern Cross** range of health insurance products. **We** are regulated by the Financial Markets Authority and have duties under the Financial Markets Conduct Act and the Code of Professional Conduct for Financial Advice Services for that financial advice. **You** can find out more about the limits on the nature and scope of the financial advice service **we** provide, how **we** address any conflicts of interest, **our** duties and **our complaints resolution process** (including **our** membership of the Insurance and Financial Services Ombudsman Scheme) in **our** Financial Advice Disclosure Statement which is available at [southerncross.co.nz/disclosure-statement](http://southerncross.co.nz/disclosure-statement).

## INDUSTRY ORGANISATIONS

**Southern Cross** is registered as a Friendly Society and is a member of the Financial Services Council, the Insurance & Financial Services Ombudsman scheme and the International Federation of Health Plans.

## FINANCIAL STRENGTH RATING

Southern Cross Medical Care Society (trading as Southern Cross Health Society) has an A+ (Strong) financial strength rating given by Standard & Poor's (Australia) Pty Limited.

The rating scale is:

AAA (Extremely Strong)	AA (Very Strong)	A (Strong)
BBB (Good)	BB (Marginal)	B (Weak)
CCC (Very Weak)	CC (Extremely Weak)	SD or D (Selective Default or Default)
R (Regulatory Action)	NR (Not Rated)	

Ratings from 'AA' to 'CCC' may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories.

Full details of the rating scale are available at [www.standardandpoors.com](http://www.standardandpoors.com). Standard & Poor's is an approved rating agency under the Insurance (Prudential Supervision) Act 2010.

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## COMPLAINTS RESOLUTION PROCESS

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We want to know if **you** are dissatisfied with **our** service or **our** treatment of **your** policy (including financial advice, a claim, a benefit entitlement or **our** decision to cancel **your** policy), so that **we** can work with **you** to resolve **your** concerns.

If **you** want to make a complaint, **you** can follow the resolution process outlined below.

Complaints (including about the financial advice service provided by or on behalf of Southern Cross) can be raised directly with any of **our** nominated representatives, or by:

- calling **us** on 0800 800 181
- using **our** complaints form on [contact-us.southerncross.co.nz](mailto:contact-us.southerncross.co.nz)
- writing to us at: Complaints at Southern Cross, Southern Cross Health Society, Private Bag 99934, Newmarket, Auckland 1149



We'll acknowledge receipt of **your** complaint within two working days of the date **we** receive it (or if it is not practicable to do so, as soon as practicable after that time). We'll aim to resolve **your** concerns in a timely manner and we'll keep **you** informed of **our** progress.

So that **we** can best address **your** complaint, **we** may refer it to different teams within Southern Cross. We'll respond to **you** with the outcome of **our** investigation in a timely, fair and transparent way.



### Unhappy with our response?

**You** can request that **your** complaint be reviewed by **our** Chief Operating Officer. **Our** Chief Operating Officer will review and make a final determination in respect of **your** complaint.



### Dispute Resolution Scheme

**We** belong to the Insurance & Financial Services Ombudsman's approved dispute resolution scheme (IFSO). The IFSO Scheme is a free and independent dispute resolution service available to consumers that may help investigate or resolve complaints if they're not resolved through **our** internal complaints process.

If **your** complaint has been fully investigated by **us**, **we** have issued **you** with a letter of deadlock and **you're** still not satisfied with the outcome, **you** can refer **your** complaint to IFSO for review. **You** must write to IFSO within 3 months of being notified by **us** in writing that deadlock has been reached.

**You** can contact the IFSO Scheme on 0800 888 202, email at [info@ifso.nz](mailto:info@ifso.nz) or at [www.ifso.nz](http://www.ifso.nz). Alternatively, **you** can write to: Insurance & Financial Services Ombudsman, PO BOX 10 845, Wellington 6143.

To resolve a complaint about **your** membership of Southern Cross, please refer to the Rules of Southern Cross. **You** can get a copy of the Rules from [southerncross.co.nz/rules](http://southerncross.co.nz/rules) or by calling **us**.

**You** can find more information about **our** complaints process, including how to make a complaint, at [contact-us.southerncross.co.nz](mailto:contact-us.southerncross.co.nz).

# Glossary of terms

For explanations of medical terminology please look at the Medical Terms Glossary at [www.southerncross.co.nz/society](http://www.southerncross.co.nz/society) or contact us.

Some terms used in this **policy** document have been explained in the previous pages. Other terms are defined below:

**Adult** means a person 21 years of age and over.

**Cancer Assist Certificate** means the certificate we issue to the **policyholder** from time to time which details the key dates in respect of the **policy**, the people covered, the **Cancer Assist Maximum**, the **policyholder's** **Cancer Assist policy** number, any **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**.

**Cancer Assist Maximum** means the level of cover selected by the **policyholder** at the time of application, upgrade or downgrade of cover. This maximum will apply to each person named on the **policy** (except for a person whose **Cancer Assist Maximum** has reduced to \$20,000 due to reaching the **policy anniversary date** following their 65<sup>th</sup> birthday) and will be noted on the **Cancer Assist Certificate**.

**Child/children** means a person/people under 21 years of age.

**Confirmed cancer diagnosis** means a diagnosis of cancer has been made which meets the diagnosis criteria section of this **policy** document. You must submit evidence of the diagnosis made by a **medical practitioner** as appropriate to the medical condition.

**Congenital condition(s)** means congenital anomalies or defects which are present at birth and for which the **policyholder** or **dependant** had either:

- a) signs or symptoms of the condition prior to purchasing this **policy**, or
- b) signs or symptoms of the condition within 3 months of birth, as reasonably determined by **Southern Cross**.

**Complaints resolution process** means the complaints procedure and resolution process available to you as set out in section 06.

**Dependant** means the husband/wife or partner (including any former husband/wife or partner) of the **policyholder** and any **child** or any **adult** dependant (including any stepchildren or adopted children) of the **policyholder** (or the **policyholder's** husband/wife or partner) who is listed on the **Cancer Assist Certificate**.

**Exclusion(s)** means those cancer or tumour types or other conditions that are not covered by this **policy**, as specified in this **policy** document, including (without limitation) any cancer(s) specifically excluded on the **Cancer Assist Certificate**.

**Family history of cancer** means where the **policyholder** or **dependant** has two or more natural parents or siblings (living or dead) that have been diagnosed with bowel and/or breast and/or ovarian cancer before the age of 55 years in relation to:

- a) the **policyholder** and each **dependant** named in the application, before the **policy start date**; and
- b) 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.

**Genetic predisposition for cancer** means where the **policyholder** or **dependant** has undertaken a predictive genetic test for cancer and obtained a positive result indicating a genetic predisposition for developing cancer in relation to:

- a) the **policyholder** and each **dependant** named in the application, before the **policy start date**; and
- b) 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.

**Medical Practitioner** means a medical practitioner who has a current practising certificate, is practising in accordance with any restrictions placed on them by the Medical Council of New Zealand (MCNZ) and whose scope of practise is relevant to the diagnosed cancer.

**Policy** means the contract between **Southern Cross** and the **policyholder**. The **policy** is made up of the **Cancer Assist Certificate**, this **policy** document 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** are usually paid.

**Policy anniversary date** means the date specified in the **Cancer Assist Certificate** and 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** means the date **your policy** commences as shown on **your Cancer Assist Certificate**.

**Pre-existing condition** means any cancer occurring or existing, or any cancer which relates to a sign, symptom or event occurring or existing in relation to:

- a) the **policyholder** and each **dependant** named in the application, before the **policy start date**; and
- b) 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 cancer, sign, symptom or event.

**Southern Cross** means Southern Cross Medical Care Society trading as Southern Cross Health Society, having its registered office at Level 1, Te Kupenga, 155 Fanshawe Street, Auckland 1010.

**We/us/our** means **Southern Cross**.

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

## Interested in joining?

Call **0800 100 777**, or if your employer has a work scheme call **0800 438 268**

For a free quote, visit

**[southerncross.co.nz/society/quote](https://southerncross.co.nz/society/quote)**

Apply online at

**[southerncross.co.nz/apply-now](https://southerncross.co.nz/apply-now)**

## Already a member?

For member queries, please call **0800 800 181**.



**Southern Cross  
Health Insurance**