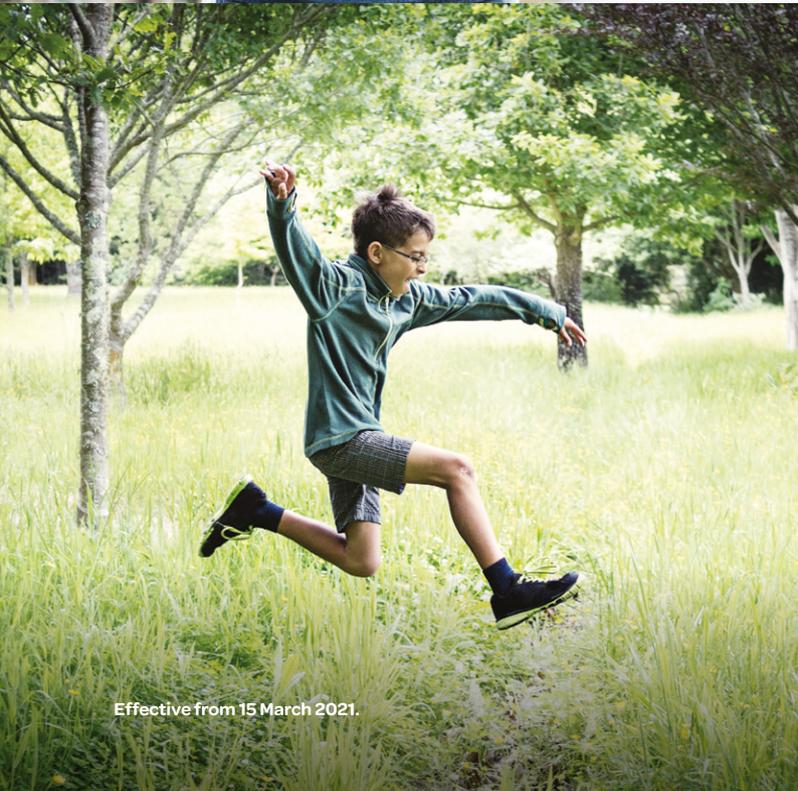
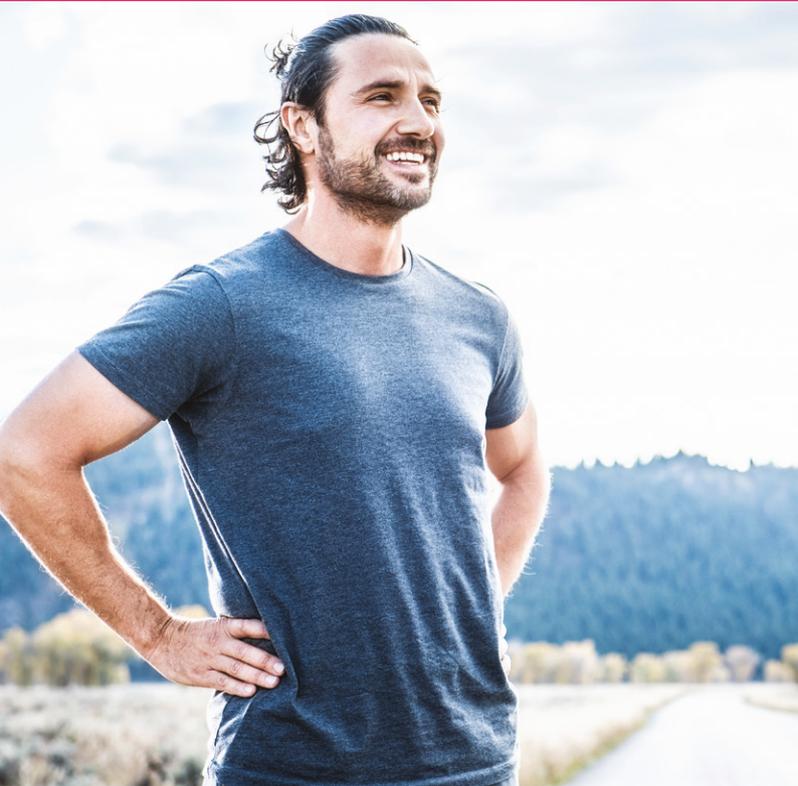


Critical Illness

Policy document



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. Standard & Poor's is an approved rating agency under the Insurance (Prudential Supervision) Act 2010.

Welcome

to your **Critical** Illness plan.

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

UNDERSTANDING CRITICAL ILLNESS

This policy document should be read with your Critical Illness Certificate and any subsequent information we send regarding changes to Critical Illness. 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 Critical Illness from time to time. If we make these types of changes, we will notify you.

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Critical Illness – financial support when you need it most

Critical Illness provides you with financial support should you have a **confirmed diagnosis** of a **critical illness event**. You can use your one-off payment for whatever you need to help you, for example mortgage payments, home modifications, care costs or overseas travel.

1.1. WHAT IS COVERED

We will pay you the applicable **Critical Illness Maximum** selected if:

- you have a **confirmed diagnosis** of a **critical illness event**;
- the **critical illness event** (or parts thereof) is not excluded by the **exclusions**, including, but not limited to those **critical illness events** specifically listed on your **Critical Illness Certificate**;
- you are still alive 14 days after your **confirmed 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 **critical illness event** (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 **Critical Illness Maximum**;
- your **Southern Cross** health insurance policy and **Critical Illness policy** are active and premiums are up to date; and
- all terms and conditions of the **policy** are met.

1.2. DIAGNOSIS CRITERIA

1.2.1. CANCER

A **confirmed 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 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.

1.2.2. CARDIAC – CORONARY ARTERY BYPASS GRAFT

A **confirmed diagnosis** means:

- 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 us to be **medically necessary**.

What isn't covered

The following does not meet the **confirmed diagnosis** criteria and is excluded from cover:

- angioplasty and all other intra-arterial, catheter based techniques or laser procedures.

1.2.3. CARDIAC – HEART ATTACK

A **confirmed diagnosis** means:

- the death of heart muscle as a result of inadequate blood supply to the relevant area, confirmed by a **cardiologist** and evidenced by typical rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference range,

plus at least one of the following:

- signs and symptoms of ischaemia which are consistent with myocardial infarction; or
- new serial ECG changes with the development of any one of the following:
 - ST elevation or depression
 - T wave inversion
 - new left bundle branch block (LBBB), or
 - pathological Q waves; or
- imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

If the above tests are deemed inconclusive by **us**, then **we** may consider other medical evidence at **our** discretion.

What isn't covered

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

- other acute coronary syndromes including but not limited to angina pectoris;
- a rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease, unless the baseline value is normal and the elevation is greater than 10 times the 99th percentile of the upper reference.

1.2.4. ORGAN FAILURE REQUIRING MAJOR ORGAN TRANSPLANT

A **confirmed diagnosis** means:

- the 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 only:
 - heart
 - liver
 - lung
 - kidney
 - pancreas
 - small bowel
 - transplantation of bone marrow

Where, in the opinion of an appropriate **Medical Practitioner**, the transplant is the most appropriate treatment.

1.2.5. LOSS OF INDEPENDENT LIVING

A **confirmed diagnosis** means:

- a total and permanent inability (which has continued for at least 6 months) to perform at least two out of the five activities of daily living set out below, without the assistance of someone else. This **loss of independent living** must result from a neurological disorder or damage (acquired not inherited) of the nervous system.

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.

1.2.6. FUNCTIONAL LOSS DUE TO PARALYSIS

A **confirmed diagnosis** means:

- paralysis caused by injury to, or disease of, the spinal cord or brain, resulting in the permanent and total loss of function of the following:
 - one side of the body (hemiplegia).
 - both sides of the body (diplegia).
 - both legs (paraplegia).
 - both arms and both legs (quadriplegia).
 - both arms and both legs and loss of head movement (tetraplegia).

1.2.7. STROKE

A **confirmed diagnosis** means:

- the suffering of a cerebro-vascular episode or event (including intracranial or subarachnoid haemorrhage, thrombosis or embolisation) which results in permanent neurological deficit and permanent dysfunction of the nervous systems that is due to infarction of the brain tissue. This requires clear evidence of infarction of the brain tissue by a cerebral CT scan, an MRI or other reliable imaging technique approved by **Southern Cross**.

What isn't covered

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

- reversible ischaemic neurological deficits, major head injuries, 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.

1.3. EXCLUSIONS

We may exclude cover for any **critical illness event** (or part thereof) 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), Huntington's chorea, motor neurone disease, Parkinson's disease, dementia, heart disease, polycystic kidney disease, stroke, diabetes, muscular dystrophy, any hereditary or familial disease or disorder; or
- a **genetic predisposition for cancer**,

including but not limited to those **critical illness events** specifically listed on **your Critical Illness Certificate**.

In addition, there is no cover 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:

- 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**;
- attempted 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;
- chemical warfare or nuclear contamination;
- HIV, HIV disorders including AIDS, and any medical conditions that arise in any way from HIV infection;

- 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;
- **congenital condition(s)**.

1.4. HOW WE DETERMINE YOUR COVER

When the **policyholder** completed the application for this **policy**, the **policyholder** declared, for themselves and any other person to be covered under this policy:

- a) any **pre-existing conditions**; and/or
- b) any **family history**; and/or
- c) any **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, for each person to be covered, whether to offer cover for the full range of **critical illness events** or to exclude certain **critical illness events** (or parts thereof) from cover under this Critical Illness **policy**.

The **critical illness events** (or parts thereof) which we decline to cover will be set out on **your Critical Illness 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 Critical Illness policy**.

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

If **you** do not declare:

- a) any **pre-existing conditions**; and/or
- b) any **family history**; and/or
- c) any **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 **critical illness event** (or part thereof) that arises as a consequence. In these circumstances, at the time **we** become aware **we** will add the relevant **exclusion(s)** to **your Critical Illness Certificate**.

Other terms and conditions

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

2.1. 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 Critical Illness Certificate as covered by the policy regardless of the date each person joined the policy.

2.2. When does cover start?

There is no cover under this policy for any critical illness event 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 critical illness event 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.

2.3. When does cover end under this policy?

Cover under this Critical Illness policy ends:

- for everyone on the Critical Illness 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.

2.4. 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.

2.5. If I have claimed on my Critical Illness policy and my cover has ceased, can I apply for cover again?

Yes, but you will need to complete a new application with details of your medical history and we will determine what cover we are able to provide and what exclusions will apply.

2.6. Can I have cover under more than one Critical Illness policy at the same time?

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

2.7. Can I have cover under a Critical Illness and Cancer Assist policy at the same time?

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

2.8. What happens when I turn 65 years old?

On the policy anniversary date following an individual's 65th birthday, the eligible critical illness events available to that person are automatically reduced to cancer, 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 for each of \$20,000.

2.9. 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.

2.10. 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.

2.11. 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 **critical illness events** 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 **Critical Illness Certificate**.

For **dependants** added to the **policy** after the **policy start date** there is no cover for any critical illness 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**.

2.12. 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 **Critical Illness policy**.

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

2.13. 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 dependent's medical history. The **dependant** will not have cover for any **critical illness event** which relates to a **pre-existing condition** existing prior to the date of the new application and will not have cover for any **critical illness event** which occurs up to 3 months after being added back on to the **policy**.

2.14. Can I change my Critical Illness Maximum?

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

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

If **you** increase **your Critical Illness Maximum**:

- **your** new **Critical Illness Maximum** will only apply from 3 months after the date of the increase; and
- **your** previous **Critical Illness Maximum** will continue to apply for any **critical illness event** that developed before the date of the increase.

If **you** decrease **your Critical Illness Maximum**:

- **your** new **Critical Illness Maximum** will apply immediately from the date of the decrease; and
- **your** new **Critical Illness Maximum** will apply for any **critical illness event** that developed before the date of the decrease.

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

2.15. 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** or a **genetic predisposition for cancer** we will exclude the **critical illness event** that relates to or occurs as a consequence of these and will add them to **your Critical Illness 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 your policy, you can make a complaint in accordance with our **complaints resolution process** set out on page 10 of the policy.

2.16. Can I suspend my policy, for example if I travel overseas?

No, your **Critical Illness policy** cannot be suspended, even if you have suspended your health insurance policy.

To keep a **Critical Illness policy** active when travelling overseas, you will need to continue to pay premiums. The benefit of this is that the **policy** is active and you can claim on the **policy** even if the illness commences while you are overseas.

Your **Critical Illness policy** can be cancelled if you go overseas. However, 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 **Critical Illness policy** is paid to.

If you cancel your **Critical Illness policy** and you change your mind you will need to apply for a new **policy** by completing an application with details of your (and your **dependant's**) medical history. We will then assess the information disclosed in the application and make a decision as to what cover will be offered.

You will not have cover for any condition (or related health condition, symptom, sign or event) which occurs in the first 3 months of the new **policy**.

Claiming process

3.1. 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 diagnosis** of a **critical illness event** for the first time, and still be alive for 14 days. 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?" under section 02 of the **policy**.

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

Please submit **your** claim within 12 months of the date of the **critical illness event**. **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**.

3.2. 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 Critical Illness 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.

3.3. 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

4.1. CRITICAL ILLNESS 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. 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 Critical Illness 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 Critical Illness.

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

4.1.1. 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 critical illness event (or part thereof) which occurs in relation to or as a consequence of pre-existing condition(s), family history, or a genetic predisposition for cancer)
- to consider whether any claim is eligible for cover under the policy.

4.1.2. 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 or a previous Southern Cross health insurance or Critical Illness or Cancer Assist policy (including previous application(s), Membership Certificate(s), Critical Illness Certificate(s), Cancer Assist Certificate(s) and or claims)

- the adviser associated with this Critical Illness 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.

4.1.3. 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 Critical Illness policy or any advisers associated with any of your previous or current Southern Cross policies.

4.1.4. 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 Kupenga, 155 Fanshawe Street, Auckland 1010.

4.2. 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.

4.3. 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.

4.4. COMPLAINTS RESOLUTION PROCESS

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
- 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 or at 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 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.

Glossary of terms

For explanations of medical terminology please look at the Medical Terms Glossary at 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:

Accident means an accident as defined in the Accident Compensation Act 2001 (or its successor).

Adult means a person 21 years of age and over.

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

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

Confirmed diagnosis means a diagnosis of a **critical illness event** 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.

Critical Illness 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 **Critical Illness Maximum**, the **policyholder's** **Critical Illness 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**.

Critical Illness Event means a **confirmed diagnosis** of cancer, eligible cardiac condition, organ failure requiring major organ transplant, loss of independent living, functional loss due to paralysis or stroke as specified in this **policy** document.

Critical Illness 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 **Critical Illness Maximum** has reduced to \$20,000 due to reaching the **policy anniversary date** following their 65th birthday) and will be noted on the **Critical Illness Certificate**.

Dependant(s) 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 step children or adopted children) of the **policyholder** (or the **policyholder's** husband/wife or partner) who are listed on the **Critical Illness Certificate**.

Exclusion(s) means **critical illness events** (or parts thereof) or other conditions that are not covered by this **policy**, as specified in this **policy** document, including (without limitation) any **critical illness events** (or parts thereof) specifically excluded on the **Critical Illness Certificate**.

Family history means where the **policyholder** or **dependant** has:

- a) two or more natural parents or siblings (living or dead) that have been diagnosed with cancer (relating to bowel and/or breast and/or ovarian cancers before the age of 55 years); and/or
- b) one or more natural parents or siblings (living or dead) that have been diagnosed with Huntington's chorea, motor neurone disease, Parkinson's disease, dementia, heart disease, polycystic kidney disease, stroke, diabetes, muscular dystrophy, any hereditary or familial disease or disorder

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.

Medically necessary means that in the reasonable 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 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 **critical illness event**.

Policy means the contract between **Southern Cross** and the **policyholder**. The **policy** is made up of the **Critical Illness 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 **Critical Illness 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 Critical Illness Certificate**.

Pre-existing condition(s) means any health condition occurring or existing, or any health condition 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 health condition, 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 **Critical Illness Certificate** (unless otherwise specified).

Interested in joining?

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



**Southern Cross
Health Insurance**