



CHUBB®

LifeOne®

with Optional Critical Illness

Policy Wording

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As part of our commitment to you, this document meets the WriteMark Plain Language Standard. The WriteMark is an internationally recognised mark of writing that is clear and easy to read. The WriteMark doesn't apply to the medical terms in this policy document.



Welcome to Chubb Life

Thank you for choosing Chubb Life. We're the team behind this LifeOne Policy. This policy will give you peace of mind knowing you will have financial support when you need it most.

This policy is underwritten by Chubb Life Insurance New Zealand Limited (Chubb Life) who will be responsible for all claims and administration relating to this policy.

We're a licensed insurer. Visit our website to learn more about our financial strength and how much capital we hold:

www.chubblife.co.nz/financial-strength

We are required under the Insurance (Prudential Supervision) Act 2010 to establish a statutory fund. The statutory fund relevant to your policy is Chubb Life's Statutory Fund Number One.

Take time to understand your policy

It's good to get familiar with your policy now, before you need to make a claim.

We encourage you to carefully read all your policy documents, including your *policy summary*, this document, and your application form. These documents describe the terms and conditions that apply to your policy and form the basis of your contract with us.

You have 30 days to decide if LifeOne is right for you

We offer you 30 days to make sure you're happy with your insurance. If you cancel within the first 30 days, we'll refund any premiums you've paid. If for any reason you want to cancel this policy, please call us. To understand more about cancelling your policy within the 30-day period, see the section 'Ending your policy.'

All payments will be made in New Zealand Dollars (NZD)

All payments made for this policy will be in New Zealand Dollars (NZD).

This policy does not have any surrender or cash value.

We may collect, use, and disclose personal information

We may collect, use and disclose personal information about you, the life insured and anyone acting on your or their behalf.

See the privacy policy on our website for more information on:

- › who we may collect personal information from
- › who we may give it to
- › how we may use it
- › your rights to access and correct any personal information we hold.

<https://www.chubblife.co.nz/privacy>

Your duty to give us complete and correct information

All information we get from you, the life insured, and anyone giving information to us on your or their behalf must be true, correct and complete. We rely on this information to make decisions about the policy, for example, whether we'll provide this cover, what the terms are, and whether we'll pay any claims.

If we don't receive the information we ask for or any other *material information* we need, or any of the information we are provided with is false or incorrect, we may do one or more of the following:

- › decline your claim
- › cancel your policy from the *cover start date*
- › keep the premiums you've paid us
- › change the policy's terms by adding *endorsements* or *exclusions*, which will apply from the *cover start date*.

We define some words and phrases

If a word or phrase is in *italics*, it has a particular meaning that we define in the 'Defining words and phrases' section starting on page 11 of this document. When we use any of these words or phrases, we mean the definitions we give in that section.

In this document:

- › 'we', 'us', and 'our' means Chubb Life Insurance New Zealand Limited (Chubb Life), including its successors in title, permitted assigns, and permitted transferees
- › 'you', 'your' and 'yours' means the policy owner
- › the 'policy owner' is the person or people initially named as the policy owner or owners, or the assignees named on the most recent change of policy ownership form if the policy has been assigned
- › 'life insured' means the person this policy insures who is named on the *policy summary*
- › 'policy' means the terms and conditions applying to this insurance as described in this document, the *policy summary* and your application form.

Communicating with us

Let's keep in touch. We want to make sure you're satisfied with your policy.

Contact us if you have questions about your policy

If you have any questions about your policy, contact us.

We're available Monday to Friday, 8.30am to 5pm.

Free phone 0800 900 047

Overseas phone +64 493 197 72

Email (general questions) Getintouch.NZ@chubb.com

Email (claims) Claims.NZ@chubb.com

Chubb Life Insurance New Zealand Limited, Private bag 92131, Victoria Street West, Auckland 1142

Let us know if your contact details change

We'll send our correspondence to you by post or email. We'll use the most recent postal address or email address you've given us.

Please let us know if your postal address, phone number or email address changes.

If you have a complaint, talk to us first

We want you to stay satisfied with your policy, so please contact us if you have any problems. We're committed to helping resolve any problems as quickly as possible.

If we can't sort out the issue right away, our dedicated Customer Resolution Team will take on your case. If you're not satisfied with how we resolve a complaint or enquiry, you can talk to the Insurance and Financial Services Ombudsman Scheme (IFSO). It's a free, independent service which may help to settle any dispute.

Call IFSO or visit their website to find out more:

Free phone 0800 888 202

Website www.ifso.nz

Any dispute or action relating to this policy will be determined according to New Zealand law.

Making a claim

If you need to make a claim, contact us as soon as possible and we'll guide you through the process.

You will need to complete a claim form, and return it to us with any information we ask for to assess your claim. Any medical information we need to support your claim must be:

- › provided by a *qualified medical practitioner*
- › paid for by you.

We'll pay for any other examinations or tests required to confirm the life insured is suffering a *terminal illness* or a Critical Illness Benefit condition.

We'll fully assess your claim before we pay it

We'll pay your claim once we're satisfied that:

- › we have all the information we need to properly assess your claim
- › the life insured fulfils the relevant criteria
- › no exclusion or other limitation of cover applies.

Your cover must be in force to claim

We'll only pay your claim if the life insured meets all the criteria to claim while the policy is in force.

Tell us truthfully about anything that could affect your claim

You, the life insured, and anyone giving us information on your or their behalf must tell us everything they know, or ought to know, that could affect how we assess the claim.

Any information we receive must be true, correct and complete. This includes any information you give to anyone we may rely on to assess your claim, for example your medical practitioner or specialist.

We rely on true, correct, and complete information to make decisions about the claim. If we don't receive all the information we need, or any information we get is incorrect, we may decline your claim.

We may also take action, as explained in the above section 'Your duty to give us complete and correct information'.

Who we'll pay claims to

We'll pay any claims that we accept to the policy owner or the policy owner's estate.

Understanding the benefits that your policy includes

We'll pay you the benefits on the *policy summary* and as described here, if you meet the terms and conditions and the premiums are up to date.

Life Benefit

We'll pay you the current *Life Cover Amount* if the life insured dies.

Advanced Funeral Benefit

If the life insured dies, we'll pay an Advanced Funeral Benefit when we receive evidence of their death.

We'll pay the lesser of:

- › 5% of the current *Life Cover Amount*
- › \$15,000.

We'll reduce the current *Life Cover Amount* by the amount of Advanced Funeral Benefit paid.

If the Life Benefit claim is declined after the Advanced Funeral Benefit is paid, we can recover any amount paid.

The payment is paid once in full

We'll only make one Advanced Funeral Benefit payment for all life insurance policies the life insured holds with us.

Terminal Illness Benefit

If the life insured is diagnosed with a *terminal illness*, we'll pay the current *Life Cover Amount* up to a maximum of \$500,000.

If the payment is equal to the Life Cover Amount, your policy will end

If the Terminal Illness Benefit paid is equal to the current *Life Cover Amount*, we'll end the policy and you won't pay any more premiums.

If the payment is less than the Life Cover Amount, we'll reduce your cover

If the Terminal Illness Benefit paid is less than the current *Life Cover Amount*, we'll reduce the *Life Cover Amount* by the amount paid. We'll pay the remaining *Life Cover Amount* when the life insured dies.

We'll adjust the premiums for the remaining *Life Cover Amount* to reflect the reduced cover.

When we will not pay the Life, Advanced Funeral or Terminal Illness Benefit

We will not pay any claim for the Life Benefit, Advanced Funeral Benefit or Terminal Illness Benefit in the following circumstance.

If the life insured's death or *terminal illness* is caused or contributed to, directly or indirectly, by suicide, attempted suicide or intentional self-injury within 13 months of the *cover start date* or from the date the policy was reinstated after being cancelled. This applies whether the life insured is sane or insane.

If the *Life Cover Amount* is increased within 13 months before the life insured's death by suicide, attempted suicide or intentional self-injury, we'll only pay the *Life Cover Amount* that applied immediately before the increase.

We will not pay in some other circumstances

We will also not pay the Life, Advanced Funeral and Terminal Illness Benefits in the circumstances explained in the section 'Exclusions that apply to all benefits' on page 9.

Special Events Increase Benefit

You can apply to increase the *Life Cover Amount* for specified events without giving more health information.

We cover specific life events

This benefit covers the following specific events:

- › the life insured gets married or enters a civil union
- › the life insured has a child (by birth or legal adoption)
- › the life insured has a *dependant* who starts full-time tertiary study for the first time
- › the life insured takes out a loan to buy a property, including bare land, that will be used as the life insured's primary residence. The maximum increase is limited to the amount of the loan. This is specified below.

When you can apply

You must apply within 90 days of the event and provide us evidence of the event when you apply.

All of the following must also apply.

- › The life insured is under 55 and is living in New Zealand or Australia on the date of the event.
- › When you apply, you have not lodged a claim under the policy and neither you or the life insured are aware, or should be aware, of a potential claim under the policy.
- › The policy was not issued with an increased premium because of the life insured's health, medical history, occupation or leisure activities.
- › You must not have increased the *Life Cover Amount* under this benefit within the last 12 months, even if more than one event has occurred during that period.

If we become aware that you or the life insured were aware, or should have been aware, of a potential claim under the policy when you applied, the increase will be invalid.

You may increase the amount insured

You can apply to increase the *Life Cover Amount* each time one of the covered events happens, subject to the following.

- › Each increase made under this benefit is limited to a maximum of 25% of the *Life Cover Amount* at the time this policy started.
- › The total of all increases made under this benefit during the term of this policy may not be more than \$200,000.
- › The total of all increases made under this benefit during the term of this policy may not be more than 50% of the *Life Cover Amount* at the time this policy started.

If the policy was issued with an *exclusion*, the same exclusions will apply to any increases applied for under this benefit.

When we won't pay the increased amount

If the *Life Cover Amount* is increased under this benefit, and the life insured dies or is diagnosed with a *terminal illness* within 6 months of the *cover start date* of the increase, we'll only pay the increased amount if the life insured's death or *terminal illness* is due to an *accidental injury*.

We'll increase premiums each time we accept an application

Each time we accept an application, we'll increase the premium to reflect the increased *Life Cover Amount*. The premium for the additional cover will be based on the life insured's current age. The increased cover applies from the date when we confirm the new *Life Cover Amount*, subject to payment of the additional premium.

Optional Critical Illness Benefit

This benefit only applies if there is a Critical Illness Benefit shown on the *policy summary*.

When we'll pay the benefit

If the life insured suffers one of the following conditions for the first time, after the *cover start date* and before the *anniversary date* after they turn 65, we'll pay you the *Critical Illness Cover Amount*.

Cover under the Critical Illness Benefit will end on the *anniversary date* after the life insured turns 65. You won't pay premiums for this benefit after that date.

The benefit covers these conditions

The benefit covers these conditions if they meet our criteria for cover:

- › Cancer
- › Early stage cancer
- › Stroke
- › Heart attack
- › Open coronary artery bypass surgery
- › Coronary artery angioplasty
- › Paralysis
- › Third-degree burns.

The criteria for cover for these conditions is detailed at the end of this section.

How much we'll pay

We'll pay the *Critical Illness Cover Amount*, unless the claim is for:

- › Coronary artery angioplasty – we'll only pay the benefit once and it will be limited to the lesser of:
 - 20% of the *Critical Illness Cover Amount*, or
 - \$20,000
- › Early stage cancer – the payment will be limited to the lesser of:
 - 10% of the *Critical Illness Cover Amount*, or
 - \$20,000.

We will not cover an early stage cancer that is the same, similar to, related to, or directly or indirectly caused by an early stage cancer that has previously been covered by the Critical Illness Benefit.

- › Early stage chronic lymphocytic leukaemia – the payment will be limited to the lesser of:
 - 20% of the *Critical Illness Cover Amount*, or
 - \$20,000.

We'll reduce your Critical Illness and Life Cover Amounts by the amount we pay

Payment of this benefit will reduce the current *Life Cover Amount* and the *Critical Illness Cover Amount* by the amount paid.

We'll adjust the premiums for the remaining *Life Cover Amount* and any remaining *Critical Illness Cover Amount* to reflect the reduced cover.

The Critical Illness Benefit will end when the *Critical Illness Cover Amount* has reduced to zero.

When we will not pay the Critical Illness Benefit

We will not pay the Critical Illness Benefit if the claimed condition is caused or contributed to, directly or indirectly, by:

- › attempted suicide or intentional self-injury by the life insured, whether sane or insane
- › an unlawful act by you or the life insured
- › alcohol or drugs taken by the life insured – unless prescribed by a *qualified medical practitioner*
- › the life insured driving a motor vehicle with a blood alcohol level exceeding the minimum legal limit.

If a condition is not caused by *accidental injury*, there is no cover for conditions or symptoms of conditions which occurred, whether diagnosed or not, within 3 months after the later of:

- › the original *cover start date*
- › any increase to the *Critical Illness Cover Amount* (in respect of the increased portion only)
- › the most recent date this policy was reinstated.

We will also not pay the Critical Illness Benefit in the circumstances explained in the section 'Exclusions that apply to all benefits' on page 9.

Defining medical conditions

This section details the criteria for conditions we cover under the Critical Illness Benefit.

Cancer

The uncontrolled growth and spread of malignant cells and the invasion and destruction of tissue for which major interventionist therapy including surgery, radiotherapy, chemotherapy, biological response modifiers or any other major treatment is considered medically necessary, or the tumour is sufficiently advanced and major interventionist therapy is no longer recommended.

The following cancers are excluded:

- › all cancers which are histologically described as premalignant, or carcinoma in situ or cervical intraepithelial neoplasia, unless it results directly in the removal of the entire organ. The procedure must be performed specifically to arrest the spread of malignancy and be medically considered to be the necessary and appropriate treatment.
- › all skin cancers unless:
 - there is evidence of metastasis, or
 - the tumour is a malignant melanoma of Clark Level 3 and above, or
 - the tumour is a malignant melanoma with invasion greater than 1.5mm maximum thickness as determined by histological examination using the Breslow method, or
 - the tumour is a malignant melanoma showing signs of ulceration as determined by histological examination.
- › Prostate cancers diagnosed as TNM classification T1 with a Gleason score of 5 or less, unless major interventionist therapy (including but not limited to surgery, radiotherapy, brachytherapy or chemotherapy) is performed.
- › Chronic lymphocytic leukaemia less than Rai Stage 1.

Carcinoma in situ

A carcinoma in situ characterised by a focal autonomous new growth of carcinomatous cells, which has not yet resulted in the invasion of normal tissues. Invasion means an infiltration and/or active destruction of normal tissues beyond the basement membrane. The tumour must be confirmed by a tissue biopsy and classified as Tis according to the TNM staging method or FIGO stage O. Carcinoma in situ of the cervix uteri of Cervical Intraepithelial Neoplasia (CIN) classifications CIN1 and CIN2 are not covered.

Coronary artery angioplasty

The undergoing of angioplasty (with or without insertion of a stent) to the coronary arteries to treat coronary artery disease.

Coronary artery bypass surgery

The actual undergoing of coronary artery bypass surgery to correct or treat coronary artery disease.

Early stage cancer

Early stage cancer means:

- › Carcinoma in situ
- › Early stage chronic lymphocytic leukaemia
- › Early stage prostate cancer.

Papillary micro-carcinoma, non-invasive papillary carcinoma and flat, non-invasive carcinoma in situ of the bladder are not covered under this policy.

Early stage chronic lymphocytic leukaemia

The presence of chronic lymphocytic leukaemia diagnosed as Rai stage O, which is defined to be in the blood and bone marrow only.

Early stage prostate cancer

Prostate cancers which are histologically described as TNM classification T1 or a Gleason score of 5 or less.

Heart attack

The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area, confirmed by a cardiologist or general physician and evidenced by:

- › typical rise and/or fall of cardiac biomarkers (Troponin T or Troponin I or CK-MB) with at least one value above the 99th percentile of the upper reference limit, and
- › one of the following:
 - signs and symptoms of ischemia which are consistent with myocardial infarction
 - new serial ECG manifestations of acute myocardial ischemia with the development of any one of the following:
 - ST changes
 - T wave inversion
 - left bundle branch block
 - pathological Q waves.
 - imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

A rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease is excluded unless the baseline value is normal, and the elevation is greater than 10 times the 99th percentile of the upper reference limit.

If the above tests are inconclusive, we'll consider the evidence with other appropriate and medically recognised tests.

Paralysis

The permanent and total loss of functions as a result of injury of the spinal cord or brain, as defined below:

- › Diplegia – loss of function of both sides of the body
- › Hemiplegia – loss of function of one side of the body
- › Paraplegia – loss of function of both legs
- › Tetraplegia (Quadraplegia) – loss of function of both arms and both legs.

Stroke

The diagnosis of a cerebrovascular event producing permanent neurological deficit lasting more than 24 hours. A consultant neurologist must produce clear evidence of all the following:

- › infarction of brain tissue or intracranial or subarachnoid haemorrhage
- › a CT, MRI, or similar scan that shows a stroke has occurred
- › the onset of objective neurological deficit.

The following are excluded:

- › transient ischemic attacks (TIA)
- › cerebral symptoms due to reversible neurological deficits, migraine, cerebral injury from trauma or hypoxia and vascular disease affecting the eye, optic nerve or vestibular functions.

Third-degree burns

Burns destroying the full thickness or third-degree burns to:

- › at least 20% of the body's surface area (measured by the age-appropriate use of the Rule of Nines or the Lund and Browder Body Surface chart), or
- › 50% of each hand and/or 50% of the face, requiring surgical debridement and/or grafting.

Exclusions that apply to all benefits

We will not pay any benefit under this policy if the claim is due, directly or indirectly, to any of the following:

- › War or any act of war
- › Invasion
- › Terrorism or any acts of terrorism
- › Act of foreign enemy
- › Hostilities, strike, riot or civil commotion
- › Civil war, rebellion, revolution or insurrection
- › Military or usurped power.

Understanding what you pay

The premium is the amount you pay for cover under this policy. Your payments will start from the *premium start date*, and continue from then on. You can choose to pay premiums fortnightly, monthly, half-yearly or annually.

Your initial premium is in your *policy summary* and is based on the *Life Cover Amount* and any relevant *Critical Illness Cover Amount*.

If you pay your premiums you'll keep your cover

If you pay your premiums you'll keep your cover. We'll renew this policy each year on the *anniversary date*.

The premiums you pay can change

We base your protection premiums on the cover we provide under this policy and the details of the life insured.

Your premiums change as the life insured gets older

Your premiums change as the life insured gets older. We'll adjust your premiums each year on the *anniversary date*. We'll let you know if your premiums change at least 30 days before any changes happen.

We may change our premium rates

We review our premium rates for LifeOne policies from time to time. If we review and change the premium rates for all our LifeOne policies, we'll let you know at least 30 days before any changes happen.

We'll offer a cover increase each year to keep in line with inflation, up to 10%

We'll offer to increase the current *Life Cover Amount* and *Critical Illness Cover Amount*, up to 10%. We'll offer this increase each year to take effect on your next policy's *anniversary date*.

The percentage increase offered will be based on the most recent 12-month increase in the Consumer Price Index (CPI).

We'll let you know your new cover amount and premium. If you want to accept the increase, do nothing and the increase will take effect on the policy *anniversary date*. If you don't want your cover to increase, contact us before your policy *anniversary date*.

We won't offer you increases if any of the following happens.

- › You decline offers three years in a row
- › Your *Life Cover Amount* is \$1,000,000 or more
- › For Critical Illness cover, if your *Critical Illness Cover Amount* is \$500,000 or more
- › We're notified of a possible Life, Terminal Illness or Critical Illness claim under this policy
- › For Life cover, the life insured reaches the *anniversary date* after they turn 65
- › For Critical Illness cover, the life insured reaches the *anniversary date* after they turn 60
- › If CPI is zero or less.

If an offer to increase will lead to the total *Life Cover Amount* exceeding \$1,000,000, we'll cap your cover amount to \$1,000,000 and no further increases will be offered.

If an offer to increase will lead to the total *Critical Illness Cover Amount* exceeding \$500,000, we'll cap your cover amount to \$500,000 and no further increases will be offered.

Changing or adding to your policy

It's important to regularly review your insurance to make sure you have the right types and amounts of cover.

You can contact us anytime to make changes to your *Life Cover Amount* or *Critical Illness Cover Amount* and how you pay your premiums.

Your terms and conditions may change if you add additional cover

The terms and conditions for your additional cover may be different to your existing cover. We'll let you know if your terms and conditions change and what it means for you.

Applying for additional cover will not change the terms and conditions of your existing cover.

You can change who owns this policy

To change who owns this policy, download and complete a Change of Policy Ownership form from our website:

www.chubblife.co.nz/documents

All current and new policy owners must complete and sign the Change of Policy Ownership form. A third-party witness is also required to sign. Send the completed form back to us. We'll then write to the new policy owner or owners to confirm the change.

Ending your policy

You can cancel your policy or apply to reinstate your policy if it's been cancelled. We may also end your policy.

You can cancel this policy at any time

You can cancel this policy at any time.

If you cancel within the first 30 days, we'll refund any premiums you've paid.

If you cancel outside this 30-day period and pay your premiums every:

- › fortnight or month, we won't refund any premiums
- › 6 months or each year, we may refund any un-used premiums you've paid in advance.

When your policy will end

We'll end the policy when any of the following happens:

- › if premiums are unpaid for 3 months, your cover will end on the date the last premium was paid up to
- › we pay a Terminal Illness Benefit equal to the *Life Cover Amount*
- › we pay a Critical Illness Benefit equal to the *Life Cover Amount*
- › we pay out the full *Life Cover Amount*
- › you ask us to cancel your policy.

You can apply to reinstate your policy if it has been cancelled

You can apply to reinstate your policy if it has been cancelled because of unpaid premiums. To support your application, you may need to provide information about the life insured's health and lifestyle. The terms for the reinstated policy may be different.

You'll receive a new *policy summary* when your policy is reinstated.

Defining words and phrases

This section provides our definitions of the words and phrases that appear in this policy document in *italics*.

Accidental injury

A disorder or physical harm that the life insured suffers after the *cover start date* and is caused by violent, unexpected, external and visible means.

Anniversary date

The date 12 months after the *premium start date* and the same date every year after that.

Cover start date

The date the cover, or any increased cover, began, as shown on the *policy summary*.

Critical Illness Cover Amount

The amount this policy covers the life insured for under the Critical Illness Benefit. This amount is the amount shown on the *policy summary* as adjusted under this policy.

Dependant

A child aged up to 20, of the life insured or the life insured's spouse or partner, including a legally adopted or fostered child, who is financially dependent on the life insured.

Endorsement

An endorsement is a special term that we apply to your policy that changes your policy's terms and conditions.

Exclusion

A special term that we apply to your policy that restricts cover for specific risks including health, lifestyle and occupational risks.

Life Cover Amount

The amount this policy covers the life insured for under the Life and Terminal Illness Benefits. This amount is the amount shown on the *policy summary* as adjusted under this policy.

Material information

All the relevant information we need to decide the terms of your policy. It includes, but is not limited to, information about the life insured's health, medical history, occupation and leisure activities.

Policy summary

The summary sent to you with this document, or any replacement summary, that includes specific details about your policy.

Premium start date

The date when the first premium is due.

Qualified medical practitioner

A medical practitioner registered in New Zealand or Australia who is appropriately qualified to assess your medical condition or cause of death. If you're in another country, the medical practitioner must have qualifications and registration satisfactory to us and equivalent to New Zealand or Australian standards.

The medical practitioner cannot be you, your partner or related to you.

Terminal illness

An illness we believe will result in the death of the life insured within 12 months of you applying for a Terminal Illness Benefit. This illness must be supported by written diagnosis and prognosis by a *qualified medical practitioner*.

Terrorism

The use or threatened use of force or violence against human life or property, or commission of an act dangerous to human life or property, or commission of an act that interferes with or disrupts an electronic or communication system, undertaken by any person or group. This applies whether or not acting on behalf of or in any connection with any organisation, government, power, authority or military force, when the intent is to intimidate, coerce or harm a government, civilian population or any segment, or to disrupt any segment of the economy.

War

Any war, whether declared or not, or any warlike activities including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial or religious ends.