

Cancer Assist – what is it?

Cancer continues to be one of the most important concerns for our members. Cancer Assist provides members diagnosed with a qualifying cancer with a one-off, tax-free payment option ranging from \$20,000 to \$300,000. This is in addition to their health insurance and can be spent on whatever the member chooses, including accessing additional non-Pharmac approved drugs, paying off their mortgage, taking leave from work or travelling to see family. Cancer Assist provides a one off payment for an invasive cancer event, it has not been designed to cover early stage cancer, as medical treatment for these are adequately covered within our base health insurance plans. Please refer to the policy document for our full 'cancer diagnosis' and 'exclusion' definitions. Cancer Assist provides extra financial support at a time when emotional, physical and financial pressures can mount, and compliments the cancer treatment cover under their Southern Cross health insurance policy.

The levels of cover available are \$20,000, \$50,000, \$100,000, \$200,000 and \$300,000.

Features	Benefits
A range cover levels up to a \$300,000.	Members can select the appropriate and affordable level of cover based on their needs. The higher levels of cover available can contribute significantly to covering the cost of non-Pharmac approved drugs.
Underwriting on application. No surprises about exclusions.	Members will know exactly what they are covered for as it will be clearly stated on their membership certificate at the time of joining.
Child rates until 21 years.	Peace of mind that children can be covered and at child rates.
Free child discount (for third and subsequent child/children under 21 years).	Support for larger families – only pay for two children, the rest are free.
Cover for over 65 year olds, reduces to \$20,000 sum insured.	Members can continue to have a level of cover beyond 65 years. The sum insured reduces to \$20,000 after age 65.
Tax-free payment.	You get the entire amount you are insured for – no income tax payments.

Cancer Assist – who is it for?

Cancer Assist has been focused towards the younger demographic (20-40 years, primarily 25-35 years), although it will be available for everyone. We expect that as member's concerns grow beyond cancer as

they get older, particularly around cardiac and stroke, Critical Illness is likely to be the most suitable option.

The development of the product to extend coverage for children (when an adult is on the policy) makes Cancer Assist a strong family proposition for both existing members and new joiners (including the expectant parents market). The benefits support this, such as fixed prices for kids, and pay for the first two child dependents and get cover for third and subsequent children free.

Marketing and Communications

The Cancer Assist launch campaign is taking a digital approach with targeted digital messaging focused towards new members and existing members segmented by age, demographic and lifestyle factors. There will be PR, TV and Radio marketing taking place during May and June.

Existing members will be targeted through the member email programme as well as segmented digital banners, and broad cancer benefit messaging will be included within Benefit Review 2017 communication.

Purchase path

New members

Prospects have the ability to quote and buy online. The online experience has been deliberately designed to help the prospect consider Cancer Assist at the time of choosing their health insurance rather than as an afterthought. The policyholder of the health insurance policy is required to be the policyholder of the Cancer Assist policy through the online sign up process. Should the spouse require Cancer Assist and the HI policy holder doesn't, the Cancer Assist application will need to be completed separately on paper.

Existing members

Existing members adding Cancer Assist to their policy will follow an offline journey to complete a sale. However the product page will include an easy quoting tool that allows those already with health insurance to identify what it would cost them to add Cancer Assist. An easy call back enquiry form has been designed should they be ready to buy.

Product design

WHAT IS COVERED

We will pay the applicable Cancer Assist Maximum selected if:

- the member has a confirmed cancer diagnosis;
- the cancer is not excluded by the exclusions, including, but not limited to those cancers specifically listed on the member's Cancer Assist Certificate;
- the member is still alive 14 days after the confirmed cancer diagnosis. This period of 14 days will be increased by 1 day for every day they 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 the policy start date or the date they increase the Cancer Assist Maximum;
- the 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.

WHAT IS A CONFIRMED DIAGNOSIS?

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. (An Invasive Carcinoma).

Included are Hodgkin's lymphoma, non-Hodgkin's lymphoma, malignant bone marrow disorders and leukaemia.

WHAT ISN'T COVERED – (WHAT DOES NOT MEET A CONFIRM DIAGNOSIS)

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**.

EXCLUSIONS

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 the 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).

Key terms and conditions

GENERAL

- Cancer Assist can be purchased with any Southern Cross health insurance plan (does not include HealthEssentials).
- Cancer Assist will be underwritten and a 3 month stand down period will apply from the date a member starts the policy.
- A 14 day survival period applies and claims will be paid based on the date of diagnosis.
- Cancer Assist cannot be suspended, for example when travelling overseas. Health Insurance can be suspended but Cancer Assist must continue.
- The health insurance waiver of premium benefit does not cover Cancer Assist premiums.
- Members can only be named on one Cancer Assist Certificate at once and can only claim once per lifetime on that policy. If a member claims on a policy they can take out a new policy and will have to complete a new application and be underwritten.

FAMILIES

- All members on the same **Cancer Assist** policy will have the same one-off payment maximum. The exception to this is on the policy anniversary date following an individual's 65th birthday their one-off payment maximum will be reduced to \$20,000.
- Adults on a single health insurance policy can go onto separate Cancer Assist or Critical Illness policies.
- All members on the Health Insurance policy do not have to be on the Cancer Assist policy.
- The policyholder on the Health Insurance policy doesn't have to be the Cancer Assist policyholder.

CHILDREN

- The Free Child Discount (FCD) will apply for 3 or more children.
- Children can be added to the Cancer Assist policy at any time, excluding children aged 21 years or older. The policyholder will need to complete a medical declaration for the child being added (there is no 3 month new born rule that covers existing PECs).
- Children cannot be on a Cancer Assist policy without an adult (unless in exceptional circumstances). 18 year olds are classed as an adult for purposes of taking their own policy, but as a child if on their parents policy.

Adult children will automatically remain on the policy unless specifically requested to remove. If parents wish to remove them from their 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.

65+

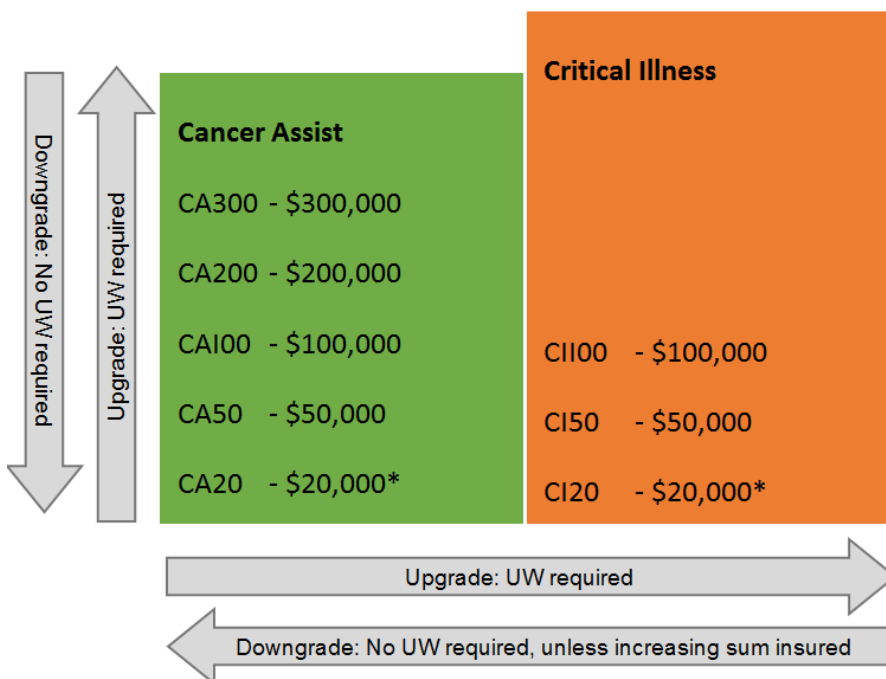
- For members joining Cancer Assist after their 65th birthday the maximum level of cover is \$20,000.
- **Following an individual's 65th birthday their one-off payment maximum will be reduced to \$20,000.**
- Members will be able to move between plans without being underwritten between when they are notified of the change as part of the 65th birthday policy renewal and the policy anniversary date – this is approximately a 6 week period.
- Community rating pricing from 75+

COVER ENDING UNDER A POLICY

- 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.
- If your Southern Cross health insurance is cancelled or terminated.

Product hierarchy

Cancer Assist will sit in a new trauma hierarchy that is outside the health insurance hierarchy.



1. Going from CA to CI is always an upgrade*
2. Increasing the amount of cover is always an upgrade, including when changing from CI to CA.
3. When someone upgrades:
 - a. They complete a Cancer Assist Application form (or Critical Illness Application form if upgrading to Critical Illness). These application forms are used for both new applications and upgrading applications.
 - b. We advise them the details of their new cover, including any new exclusions
 - c. A 3 month stand down applies to the new cover. They are still covered under their old plan and level for the next 3 months, unless they have gone from CI to CA, where obviously some benefits have been dropped.

* The exception is for when a member's 65 and over

- Going from CA to CI is a downgrade
- Going from CI to CA is an upgrade, and requires a new application and underwriting. The 3 month stand down will also apply. The exception to this is that members will be able to move between plans without being underwritten, this is between when they are notified of the change as part of the 65th – this is approximately a 6 week period
- Members cannot increase their level of cover, \$20,000 is the maximum

Note: The Critical Illness product will change later in the year to align the product with Cancer Assist levels of cover and terms and conditions.

Policyholder and applicant

Cancer Assist will look and act like a module from a member perspective, though it is in fact a separate policy. This means the policyholder may opt to have a different level of cover from the spouse or no cover while the spouse does take cover, and children may have the cover level of either adult. Where different levels are selected a separate application will be needed, as the 'spouse' on the health insurance policy will be the policy holder (and therefore must sign the contract) on their Cancer Assist cover.

Concessions and group rules

Please note that no concessions will be available on Cancer Assist, and it will not be available as a subsidised product for employer schemes.

Members who are in a group scheme may purchase Cancer Assist policy as an individual member

Underwriting rules

Cancer Assist will always be underwritten. The underwriting will be based around:

- pre-existing conditions
- family history of cancer (i.e. where two or more of the applicant's natural parents or siblings (living or dead) have been diagnosed with bowel and/or breast and/or ovarian cancer/s before the age of 55 years)
- genetic predisposition for cancer (i.e. 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).

Cancer Assist is being underwritten to allow the exclusion of partial benefits related to specific cancers rather than whole benefits. For example:

A member declares a previous bowel cancer (current or in remission), then bowel cancer is excluded, and excludes any metastasis (spread to other organs) of this type of cancer. However, cover remains for other unrelated cancer events.

Cancer Assist will not have any loadings applied to the ratecards, and there are no BMI premium loadings.

Rating

The Cancer Assist premium for adults is based on the member's age, biological sex and smoking status.

There will be four sets of ratecards per sum insured:

- male non-smoker
- male smoker
- female non-smoker
- female smoker

For a Cancer Assist member to change their 'smoking' status they will need to have stopped smoking for a minimum of one year. The member will need to contact their adviser or the Southern Cross customer service team who will organise for the smoker status to be removed from the members policy.

A single rate has been devised for all children (under 21 years), in addition the Free Child Discount will apply when more than two children are on a Cancer Assist policy.

There is community rating for 75+

Biological sex

Cancer Assist will be asking 'biological sex' throughout (to replace 'gender').

Biological sex: In most cases biological sex is that assigned at birth, however if the members is intersex or have had surgical gender reassignment they can go to www.southerncross.co.nz/inclusive for support to help you answer this question, or contact us.

This is part of Southern Cross' Rainbow Tick initiative, for more information visit:

www.southerncross.co.nz/inclusive

Rewards/Discounts

The following rewards will be available on Cancer Assist.

- **Free child discount** - Southern Cross will only charge for the first two child dependants on a Cancer Assist policy. The Free Child Discount is given to the third and subsequent child

dependants.

- **Direct debit discount 2.5%**

The following rewards are not available on Cancer Assist

- Healthy Lifestyle Rewards (HLR)
- Low Claims Reward (LCR)
- Founding Members Reward (FMR) – not applied to Cancer Assist

Quoting

PDF rate cards are available on Adviser Gateway. You can also use the online Planfinder and quote tool on www.southerncross.co.nz

Cancer Assist will be added to quoting on Adviser Gateway as soon as possible.

Payment rules

Members have a choice of paying their Cancer Assist policy by direct debit or credit card (invoice options are not available). Direct Debit payment will receive a 2.5% discount. A Direct Debit Account or Recurring Credit Card account must be provided for every Cancer Assist policy created.

Payment frequency options

Direct Debit	Credit Card
Weekly, Fortnightly, Monthly	Monthly, Annually

FAQ's

When does the policy start?

This policy commences 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 the 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 the same three month stand-down rule applies.

When does cover end under the policy?

Cover under the 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
- for everyone on the Cancer Assist Certificate, if the Southern Cross health insurance is cancelled or terminated.

Can the member 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 their policy, cover for this policy ends for that person. The member can choose to start a new policy by completing a new application, which will be underwritten.

Can the member 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 the member 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 once.

What happens when the member turn 65 years old?

On the policy anniversary date following each person's 65th birthday their Cancer Assist Maximum will reduce to \$20,000.

What happens if the member makes changes to their policy?

We may change or update the scope of cover, terms and conditions and premiums for the 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 they 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.

Can dependants be added?

Yes, the policyholder can add dependants on to the policy at any time excluding children aged 21 years or over, unless they are on the Health Insurance policy. 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.

Premiums for dependants will be charged from the date of their addition as part of your normal billing cycle.

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 adult children stay on the policy?

Yes, adult children will automatically remain on the policy unless the policyholder specifically request us to remove them (in writing via email, post or via our website). If the policyholder wishes to remove

them from the 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 the parent's Cancer Assist policy or a lower level of cover, and they apply within 1 month of being removed from the Assist policy they will not need to complete a new medical declaration.

Can the Cancer Assist Maximum be changed?

Yes, but increasing or decreasing the Cancer Assist Maximum can affect the cover and the premium. In particular:

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

If the Cancer Assist Maximum is increased:

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

If the Cancer Assist Maximum is decreased:

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

To change the Cancer Assist Maximum the policyholder will need to complete an application and return it to us. The new Cancer Assist Maximum will apply to everyone covered by the policy (if entitled) and will be noted on the amended Cancer Assist Certificate.

What happens if Southern Cross is given 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 cancel a policy for any other non-disclosure, misrepresentation, fraud or material breach of the terms of the policy by anyone on this. Southern Cross may also take legal action against related people on the policy (as applicable).

Claiming process

To be eligible to claim, 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.

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.

Claims should be submitted 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.

How is the policy cancelled?

If the policyholder is not satisfied with the policy during the first 14 days after the date they have received the policy document and your Cancer Assist Certificate, they can cancel the policy and we will provide a full refund of all premiums paid. If they wish to cancel the policy within the 14 day period they need to contact us.

The policy can be cancelled at any other time but the policyholder 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.