

LIFE PLUS POLICY DOCUMENT.

What you need to know



The Cooperative Bank

IMPORTANT

This is your Policy Document for Life Plus, an annually renewable Term Life Policy with optional Trauma benefit. It is underwritten by Co-operative Life Limited, a wholly owned subsidiary of The Co-operative Bank Limited.

Please read this, the Life Plus Annexure, and your Policy Schedule carefully to ensure your Insurance Cover meets your requirements, and contact us immediately if there are any errors.

This Policy Document is an important document and should be kept in a safe place. It will be needed in the event of a claim.

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SECTION 1: POLICY DEFINITIONS

Annexure: The annexure attached to this Policy which sets out the insurance arranged under this Policy.

Effective Date: The date shown on the Policy Schedule, indicating the date that any changes to the Policy Schedule are effective from.

Illness: Any illness, sickness or disease suffered by the Life Insured.

Injury: Accidental bodily injury suffered by the Life Insured.

Life Cover: The life insurance described in the Annexure.

Life Cover Commencement Date: The date Life Cover commences under this Policy in accordance with Section 3c.

Life Cover End Date: The date shown on the Policy Schedule, indicating when the Life Cover ends under this Policy.

Life Cover Sum Insured: The amount of Life Cover insured under this Policy, shown on the Policy Schedule.

Life Insured: The Member named as such on the Policy Schedule.

Medical Practitioner: A person (including a specialist) registered under the Medical Practitioners Act 1995, or any substituted Act, which cannot be any of the following:

- The Life Insured;
- The Policy Owner;
- A member of the Life Insured's or Policy Owner's family;
- The Life Insured's or Policy Owner's business partner or associate.

Member: An account holder who has attained their 16th birthday, and is a resident of New Zealand.

Memorandum of Transfer: The memorandum of transfer attached to this Policy.

Policy: This Life Plus Policy, including the terms and covers purchased as shown on the Policy Schedule and the relevant Annexure.

Policy Owner: The person named as such on the Policy Schedule, or the Transferee of any cover as shown in the Memorandum of Transfer.

Policy Renewal Date: The date 12 months after the Life Cover Commencement Date, and every anniversary of that date.

Policy Schedule: The most recent Policy Schedule that We have issued.

Premium: The amount shown on the Policy Schedule, and any changes advised to You by Us.

Special Terms: The special or additional terms offered by Us as shown on the Policy Schedule. They contain changes to the standard terms.

Survival Period: The number of days the Life Insured must survive, as detailed in the relevant Annexure, from the date a Trauma Condition is first diagnosed by a Medical Practitioner to be eligible to receive payment of the Trauma Cover Sum Insured.

Terminal Illness: Has the meaning set out in Condition 2 of the Annexure.

Transferee: The transferee identified in the Memorandum of Transfer.

Trauma Condition: The trauma conditions described in the Annexure.

Trauma Cover: The insurance for trauma described in the Annexure.

Trauma Cover Commencement Date: The date Trauma Cover commences under this Policy, in accordance with Section 3c.

Trauma Cover End Date: The date shown on the Policy Schedule, indicating when the Trauma Cover ends under this Policy.

Trauma Cover Sum Insured: The amount of Trauma Cover insured under this Policy, shown on the Policy Schedule.

We, Us, Our: Co-operative Life Limited, or any person, firm, corporation or company carrying on business in succession to or in amalgamation with Co-operative Life Limited.

You, Your: The Policy Owner named on the Policy Schedule.

SECTION 2: BASIS OF CONTRACT

Section 2a: Introduction

2a(1) Free look period

If You decide this Policy does not suit Your needs, then You may cancel it by giving Us written notice within 14 days of receiving it. You are deemed to have received it three working days after We sent it to You.

Once We receive Your written notice, We will cancel the Policy and cover will be deemed to have never commenced under this Policy and We will refund any Premiums paid to Us. If You cancel this Policy then no claims are able to be made under it by any party or parties.

2a(2) In case of a problem

We want all parties named on the Policy Schedule to remain satisfied with this Policy. We have a complaints procedure to assist and resolve any dispute quickly and fairly. Questions or complaints about this Policy should be directed to Your local branch. If the branch is not able to resolve the problem, then please write to:

Co-operative Life Limited
PO Box 54
Wellington 6140

We are currently a participant in the Banking Ombudsman Scheme. In the unlikely event We cannot resolve the complaint satisfactorily it may be directed to the Banking Ombudsman at:

Office of the Banking Ombudsman
PO Box 10-573
Wellington 6143

2a(3) Take over of Cover

If the Life Cover Sum Insured or Trauma Cover Sum Insured under this Policy takes over or replaces insurance on the Life Insured that is already in place with another insurer, then the insurance under this Policy will only commence when the cover with the other insurer ends.

Section 2b: Policy wording and interpretation

2b(1) Terms and conditions

The terms and conditions of this Policy consist of:

- This Life Plus Policy wording, and;
- The relevant Annexure wording for the cover purchased, and;
- The application form, and;

- Any information supplied by anyone in support of the application for insurance, and;
- Any Special Terms for this insurance. They override anything else in Your Policy inconsistent with them.

2b(2) Interpretation

In this Policy some words have defined meanings (see Section 1). These words are indicated by initial capital letters, however the absence of a capital letter shall not alone imply that the word or phrase is used with a meaning different from that given by its definition.

The headings used in the Policy are for reference only. They do not form part of the Policy and are not to be referred to in interpreting it.

2b(3) No surrender value

This Policy does not accrue a surrender value or maturity value or provide profits or bonuses, at any time.

Section 2c: Duty of disclosure

2c(1) Duty of disclosure for all Cover

We are committed to honouring the terms and conditions of this Policy. In order for Us to do so all persons named in the Policy Schedule must have disclosed to Us any matter that they:

- Knew, or;
- Could reasonably have been expected to know;

that a prudent insurer would want to take into account in deciding whether and on what terms to offer insurance. The persons named in the Policy Schedule must have done this when arranging this Policy.

This Policy was issued based on the information provided by those persons named on the Policy Schedule. We may have also relied on information given to Us by Medical Practitioners and others.

If any of this information is materially incorrect, or if the persons named on the Policy Schedule failed to disclose to Us any material information, then We reserve the right to make this Policy void back to the Life Cover Commencement Date and all of the Premiums paid to Us from the earlier of the Life Cover Commencement Date or Trauma Cover Commencement Date will be forfeit. If We exercise Our right to void this Policy, We will not be liable for payment of any claim under this Policy and any benefits paid may have to be refunded.

2c(2) Misstatement

We are entitled to make this Policy void back to the Life Cover Commencement Date if any information given to Us when the insurance was

arranged, changed, or renewed was substantially incorrect and material, and was made either:

- Fraudulently, or;
- Within a period of 3 years immediately before the date on which We seek to make this Policy void, or the date of death of the Life Insured, whichever is the earlier.

If We do make this Policy void back to the Life Cover Commencement Date, then all of the Premiums paid to Us from the earlier of the Life Cover Commencement Date or Trauma Cover Commencement Date will be forfeit. If We exercise Our right to void this Policy, We will not be liable for payment of any claim under this Policy and any benefits paid may have to be refunded.

2c(3) Adjustments to the Sum Insured

If the Life Insured is older than the age originally given to Us, then We have the right to reduce either the Life Cover Sum Insured or the Trauma Cover Sum Insured or both under this Policy to reflect the Life Insured's correct age and actual premiums paid.

Section 2d: Jurisdiction and currency

2d(1) Law

The laws of New Zealand govern this Policy. The courts of New Zealand have exclusive jurisdiction.

This policy is referable to the Co-operative Life statutory fund, established under the Insurance (Prudential Supervision) Act 2010 with effect from 1 July 2012.

2d(2) Currency

All amounts referred to in this Policy are expressed and payable in New Zealand dollars and include Goods and Services Tax where applicable.

Section 2e: Correspondence

2e(1) Notices

All notices to Us regarding this Policy must be in writing and signed by the Policy Owner and posted to Your local branch, or to:

Co-operative Life Limited
PO Box 54
Wellington 6140

All notices sent by Us to the Policy Owner must be in writing, and posted to the Policy Owner's last address notified to Us.

2e(2) Change of address

The Policy Owner must advise Us in writing of any change to their postal address.

Section 2f: Authority

2f(1) Authority given by Policy Owner

All information about this Policy will be sent to the Policy Owner. The Policy Owner authorises Us to notify the Life Insured of changes to the Policy as We consider appropriate and provide the Life Insured with information about this Policy on request.

2f(2) Changes

The Policy Owner is authorised to enquire about, and can apply to Us in writing to make changes to this Policy.

SECTION 3: INSURANCE COVER

Section 3a: Annexure

The Annexure describes the insurance arranged under this Policy.

Section 3b: Worldwide Cover

Insurance under this Policy generally applies 24 hours a day, anywhere in the world. From time to time we may apply specific travel exclusions, please refer to the Special Terms detailed in the Policy Schedule.

Section 3c: Commencement of Cover

Subject to Section 2a(3) above, Life Cover will commence under this Policy on the Life Cover Commencement Date detailed in the Policy Schedule.

Subject to Section 2a(3) above, Trauma Cover will commence under this Policy on the Trauma Cover Commencement Date detailed in the Policy Schedule.

Section 3d: Termination of Cover

The Life Cover will end under this Policy when any of the following occur:

- We receive the Policy Owner's written request to cancel this Policy, or the Life Cover under this Policy, or;
- The Life Cover Sum Insured has been paid in full by Us, or;
- On the next Policy Renewal Date, unless the Policy is renewed, or;
- On the Life Cover End Date, or;
- The Life Insured dies, or;

- The Life Insured ceases to be a Member, or;
- Any instalment of Premium is not paid more than 42 days after it is due to Us and We cancel the Policy.

The Trauma Cover will end under this Policy when any of the following occur:

- We receive the Policy Owner's written request to cancel this Policy, or cancel either the Life Cover or Trauma Cover under this Policy, or;
- The Life Cover Sum Insured has been paid in full by Us, or;
- The Trauma Cover Sum Insured has been paid in full by Us, or;
- On the next Policy Renewal Date, unless the Policy is renewed, or;
- On the Trauma Cover End Date, or;
- The Life Insured dies prior to completion of the Survival Period, or;
- The Life Insured ceases to be a Member, or;
- Any instalment of Premium is not paid more than 42 days after it is due to Us and We cancel the Policy.

Section 3e: Claims procedure

3e(1) How to make a claim

The Policy Owner or their legal representative must notify the Life Insured's branch immediately any event occurs that might result in a claim. We will then advise the information that is required to progress the claim. The information required will depend on the type of cover that applies under this Policy and the nature of the claim. It includes, but is not limited to the following:

- A copy of the Life Insured's birth certificate, for proof of age. If there is a discrepancy between the information supplied in support of a claim and the age provided on the application form then We reserve the right to reduce the Life Cover Sum Insured and/or the Trauma Cover Sum Insured payable having regard to the amount of the underpaid Premium in accordance with Section 2c(3), or refund the amount of overpaid Premium, in both cases without interest, and;
- A certified copy of the Life Insured's death certificate (if applicable), and;
- This Policy Document, and;
- Proof of the event or condition for which the claim is being made, and;
- The completion of a standard claim form for

the type of cover provided.

We may seek confirmation from a Medical Practitioner of Our choice that the Life Insured is suffering from a condition insured under this Policy. This will be at Our expense. The Life Insured agrees to undergo examinations and other tests to enable Us to obtain this confirmation. Further, the Life Insured authorises Us to access any of their medical records in order for Us to verify and assess a claim under this Policy.

If the Life Insured refuses to undergo any examination or other test reasonably required by Us to verify the claim, We may decline to process the claim. We will not consider a claim for payment unless all the information We request is provided to Us.

3e(2) Truthfulness

All information given to Us in support of a claim must be true, correct, and complete.

If any information given to Us is untrue, incorrect, or incomplete and We consider or would have considered that information material to the claim, We reserve the right to withhold all claim payments. We also reserve the right to cancel this Policy (or any other insurance contract that the fraudulent party(ies) may have with Us).

If We cancel the Policy under this section after We have paid the claim, then We have the right to recover from You the full amount paid by Us, together with all costs incurred by Us in association with the collection of any amount We have paid or in association with the cancellation of this Policy.

3e(3) Claim payments

We will pay claim payments under this Policy to the Policy Owner, or to their legal representative.

Payment of the full Trauma Cover Sum Insured is a complete discharge of Our obligations in respect of the Trauma Cover provided under this Policy. The Trauma Cover Sum Insured will be reduced by any partial Trauma Cover paid under this Policy.

Payment of the Life Cover Sum Insured is a complete discharge of Our obligations in respect of this Policy.

SECTION 4: INSURANCE PREMIUMS

Section 4a: Premium payments

4a(1) Payment of Premiums

Shortly before each Policy Renewal Date, We will send the Policy Owner confirmation of the Premium payable for this Policy.

The Premium for this Policy must be paid at the frequency shown on the Policy Schedule.

4a(2) Premium frequency

The frequency of Premium payments is shown on the Policy Schedule.

4a(3) Right of renewal

The Policy Owner may renew this Policy at each Policy Renewal Date up until the last Policy Renewal Date immediately prior to the Life Cover End Date (for the Life Cover Sum Insured under this Policy) and the Trauma Cover End Date (for the Trauma Cover Sum Insured under this Policy), as shown on the Policy Schedule.

Unless otherwise advised this Policy will be renewed on the same terms and conditions, by the Policy Owner making a payment of the first instalment of Premium payable for the year following the relevant Policy Renewal Date.

4a(4) Method of Premium payments

Premium payments will be deducted from Your nominated account.

Section 4b: Premium arrears

If the Premium is not paid on the premium due date and all or part of it remains unpaid for more than 42 days then We may cancel this Policy. We will do this by notifying the Policy Owner in writing. However, cancellation is effective whether the Policy Owner receives the written notification or not.

We will automatically deduct all Premium arrears from any claim payment before We cancel the Policy.

Section 4c: Policy reinstatement

If We cancel this Policy because the Premium was not paid, We may at Our discretion reinstate it if the Policy Owner asks Us in writing to do so, provided the written notice is received by Us within 60 days from the date the Policy was cancelled. We will then advise the Policy Owner in writing if the Policy can be reinstated, and what terms will apply to the reinstatement.

Before any reinstatement is agreed all persons named on the Policy Schedule must comply with their duty of disclosure as outlined in Section 2c above.

Section 4d: Premium rates

In the event of an invasion, rebellion or an outbreak of war (whether war be declared or not) in which New Zealand is involved, and at any time during the continuance of such invasion, rebellion or war, We reserve the right to alter the underlying premium rates immediately by giving notice in writing to the Policy Owner.

SECTION 5: POLICY OWNERSHIP

Section 5a: Who owns this Policy

5a(1) Ownership

The Policy Owner shown on the Policy Schedule owns this Policy. We will pay a claim under this Policy to the Policy Owner, or their legal representative, which is full and final settlement of Our liability under this Policy subject to Section 3e(3) above.

5a(2) Changing ownership

To change ownership of this Policy, the existing Policy Owner and the new proposed Policy Owner must complete a Memorandum of Transfer. Before doing so they must satisfy themselves about the consequences of the change. We make no representations about this.

The change of ownership is not effective until We register the correctly completed Memorandum of Transfer. All the rights and obligations under this Policy of the existing Policy Owner will then transfer to the new Policy Owner.

Section 5b: Policy amendments

5b(1) Changing the Cover

We require the written consent of the Policy Owner before We will make any changes to the terms of the cover provided under this Policy other than in circumstances where Section 5b(3) applies.

5b(2) Changing Premium

We may change the Premium for the Life Cover Sum Insured and/or Trauma Cover Sum Insured at any time. There may be a variety of reasons for Us doing this. Some of these reasons are listed below:

- The law changes affecting the terms and conditions of this Policy or the Premium rates, or;
- The claims experience on policies or policies in general is higher than expected, or;
- The incidence of cost between different rating factors changes, or the emergence of new rating factors.

Premium changes will apply to all policies of a similar nature to this Policy We have issued to everyone. We will give the Policy Owner notice in writing of the changes (except in the circumstances as outlined in Section 4d above). We will apply the new Premium, and terms on the next Policy Renewal Date following the 14 day notice period.

5b(3) Changes in law

If changes in the law occur after the Life Cover Commencement Date that affect Our liability for tax, or the way in which the terms of this Policy are interpreted or the terms on which We are lawfully able to provide insurance cover to You, then We may change any of the terms and conditions of this Policy that We consider necessary by giving the Policy Owner written notice.

5b(4) Changes requested by the Policy Owner

The Policy Owner can apply to Us to reduce the Life Cover Sum Insured and/or Trauma Cover Sum Insured, or to remove the Trauma Cover Sum Insured at any time. Further, the Policy Owner can also apply for a change of smoker status.

To change from Smoker status to Non-Smoker status the Life Insured must not have smoked tobacco or any other substance for a minimum period of 12 consecutive months prior to the date the request for change is received by Us. All applications to Us will not take effect until We have assessed and accepted them at Our discretion.

Changing the Life Cover Sum Insured, Trauma Cover Sum Insured, or Smoker status may result in a change of Premium. We will advise the Policy Owner of the new Premium payable when We issue the replacement Policy Schedule, and the date the revised Premium will take effect from.

If, after the Life Cover Commencement Date or Trauma Cover Commencement Date, We agree to a reduction to the amount of Life Cover Sum Insured or Trauma Cover Sum Insured (or removal of the Trauma Cover Sum Insured), or a change of Smoker status then:

- We will issue a replacement Policy Schedule showing the new Life Cover Sum Insured, Trauma Cover Sum Insured, Smoker status, and Premium, and;
- The alteration will take effect from the Effective Date shown on the replacement Policy Schedule, and;
- The duty of disclosure requirements stated in Section 2c above apply again.

Life Plus is underwritten by Co-operative Life Limited, a wholly owned subsidiary of The Co-operative Bank Limited.

LIKE TO KNOW MORE?

Visit our website, give us a call
or pop in to your local branch.

 0800 554 554

 co-operativebank.co.nz



The Cooperative Bank

LIFE PLUS, ANNEXURE 1: LIFE AND TRAUMA COVER

This annexure should be read in conjunction with the Life Plus Policy Document and Your Policy Schedule. This is an important document and should be kept in a safe place with the Policy Document. It will be needed in the event of a claim. The terms of the Life Plus Policy also apply to this Annexure unless otherwise stated. Details of the Life Cover Sum Insured and Trauma Cover Sum Insured, and the name of the Life Insured and Policy Owner are shown on the Policy Schedule.

CONDITIONS

1. When will We consider a claim?

We will consider a claim under this Policy for the Life Cover Sum Insured when the Life Insured dies, or if a claim for a Terminal Illness benefit is lodged with Us.

We will consider a claim under this Policy for the Trauma Cover Sum Insured when the Life Insured suffers from one or more of the Trauma Conditions mentioned in Condition 5 below after the Trauma Cover Commencement Date and prior to the Trauma Cover ending under this Policy, provided the Life Insured survives the 14 day Survival Period.

We will consider a claim for the Life Cover Sum Insured or Trauma Cover Sum Insured as soon as We are satisfied that We have all the information necessary as detailed in Section 3e of the Policy.

You can only ever make one claim for the Trauma Cover Sum Insured under this Policy, after which the benefit will cease, and no further Premium in respect of the Trauma Cover Sum Insured will be payable. The only exception to this rule is where the Trauma Condition payable results in a partial payment of the Trauma Cover Sum Insured in which case the Trauma Cover Sum Insured will then be reduced by the partial Trauma benefit paid under this Policy.

2. Terminal Illness benefit

You can apply to Us for a Terminal Illness benefit equal to the Life Cover Sum Insured if the Life Insured has been diagnosed as having an Injury or Illness, which We believe after considering medical evidence provided by a Medical Practitioner approved by Us and any other evidence We require, will result in the death of the Life Insured within 12 months of that diagnosis.

If the Life Insured does not or does not agree to follow the recommended medical treatment as prescribed by a Medical Practitioner approved by Us, when doing so would increase their life expectancy beyond 12 months, then no Terminal Illness benefit will be paid.

To be considered for a Terminal Illness benefit, the Injury or Illness in question must not have been diagnosed prior to the expiration of six months following the date on which the person in question became a Life Insured.

This Terminal Illness benefit will be treated as an early payment of the Life Cover Sum Insured. The Life Cover Sum Insured will therefore be reduced by any Terminal Illness benefit paid and that payment will be full and final settlement of all Our liabilities under this Policy, to the extent of the benefit paid.

3. Premiums

Premiums will be reviewed at each Policy Renewal Date based on the Life Insured's age next birthday and relevant underwriting factors and Special Terms.

4. Exclusions – when won't We pay a claim?

We will not pay the Life Cover Sum Insured where the death or Terminal Illness suffered by the Life Insured is directly or indirectly due to:

- Intentional self inflicted, whether sane or insane, Injury or Illness which occurs within 13 months of the Life Cover Commencement Date.

We will not pay the Trauma Cover Sum Insured where the Trauma Condition suffered by the Life Insured is directly or indirectly due to:

- Intentional self inflicted, whether sane or insane, Injury or Illness, or;
- The Life Insured participating in any criminal act.

The Trauma Cover Sum Insured will only be paid on the first occasion the Life Insured suffers from one or more of the Trauma Conditions detailed in Condition 5 below. The Trauma Cover Sum Insured will not be paid for the Trauma Condition in question if prior to the Trauma Cover Commencement Date, the Life Insured is suffering from or has suffered from that Trauma Condition.

Further, We will not pay the Trauma Cover Sum Insured for any of the following Trauma Conditions if the Life Insured first suffers or is subject to that Trauma Condition within 3 months of the Trauma Cover Commencement Date:

- Cancer
- Coronary Artery Bypass Surgery
- Heart Attack
- Stroke

Additional exclusions (if any) may be set out in the Special Terms detailed in the Policy Schedule.

5. Trauma Conditions

Trauma Cover only applies if the Policy Schedule indicates that a Trauma Cover Sum Insured is payable under this Policy.

Details of the Trauma Cover Sum Insured and the name of the Life Insured are shown on the Policy Schedule.

The following Trauma Conditions and their definitions are covered under this Policy:

i. Cancer

Means the presence of one or more malignant tumours as diagnosed by a Medical Practitioner approved by Us. The malignant tumour is to be characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of the normal tissue. The following tumours are excluded:

- Tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, and CIN-3) or which are histologically described as pre-malignant*;
- All skin cancers, unless there is evidence of metastases or the tumour is a malignant melanoma of at least Clark level 3, or greater than 1.5mm maximum thickness as determined by histological examination using the Breslow method;
- Prostatic cancers which are histologically described as TNM Classification T1 or are of another equivalent or lesser classification, unless resulting in the surgical removal of the prostate;
- Papillary Micro-Carcinoma of the thyroid or bladder; and
- Chronic Lymphocytic Leukaemia less than RAI Stage 1.

**Carcinoma in situ of the breast is covered if it results directly in the removal of the entire breast. The procedure must be performed specifically to arrest the spread of malignancy, and be considered the appropriate and necessary treatment.*

ii. Chronic Renal Failure

Means end stage renal failure as diagnosed by a Medical Practitioner approved by Us presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is instituted.

iii. Coronary Artery Angioplasty

Means the actual undergoing for the first time of Angioplasty (with or without the use of lasers), the insertion of a stent or atherectomy to the coronary arteries that is considered medically necessary by a Medical Practitioner approved by Us to correct narrowing or blockage of one or more arteries.

Other intra-arterial procedures or non-surgical techniques are specifically excluded.

Payment of this Trauma Condition will be limited to 10% of the Trauma Cover Sum Insured, up to a maximum of \$25,000. The Trauma Cover Sum Insured will then be reduced by the amount paid under this Trauma Condition.

iv. Coronary Artery Bypass Surgery

Means coronary artery bypass graft surgery considered medically necessary by a Medical Practitioner approved by Us, performed in an open heart operation for coronary artery disease causing inadequate myocardial blood supply, but does not include laser therapy angioplasty or any other intra-arterial procedure.

v. Heart Attack (Myocardial Infarction)

Means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The basis of the diagnosis by a Medical Practitioner approved by Us will be:

- Confirmatory new electrocardiogram (ECG) changes, and;
- A diagnostic rise and fall (other than as a result of cardiac or coronary intervention) in either Troponin I in excess of 2.0 ug/L or Troponin T in excess of 0.6 ug/L or cardiac enzyme CK-MB.

If the above criteria are not met, We will pay a claim based on satisfactory evidence that the Life Insured had unequivocally been diagnosed by a Medical Practitioner approved by Us as having suffered a myocardial infarct resulting in:

- A permanent reduction in the Left Ventricular Ejection Fraction to less than 50%, measured 3 months or more after the event, or;
- New pathological Q waves.

vi. Major Organ Transplant Surgery

Means the human to human organ transplant from a donor to the Life Insured of one or more of the following organs:

- Heart
- Lungs
- Liver
- Kidney
- Pancreas

or, the transportation of bone marrow.

The transplantation of any other organ, only part of an organ or any other tissue transplant are excluded from this definition. The operation must be considered medically necessary by an appropriate Medical Practitioner approved by Us.

vii. Paraplegia

Means the first unequivocal diagnosis by a Medical Practitioner approved by Us of Paraplegia resulting in the permanent and total loss of use of both arms or legs resulting from Injury or Illness.

viii. Quadriplegia

Means the first unequivocal diagnosis by a Medical Practitioner approved by Us of Quadriplegia resulting in the permanent and total loss of use of both arms and both legs resulting from Injury or Illness.

ix. Stroke

Means the first occurrence of a cerebrovascular event producing neurological deficit as diagnosed by a Medical Practitioner approved by Us. This requires clear evidence on a CT, MRI or similar, appropriate scan or investigation that a Stroke has occurred and of infarction of brain tissue, intracranial and/or subarachnoid haemorrhage, or embolisation from an extracranial source.

Transient ischaemic attacks, reversible neurological deficit, cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

6. Additional Terms

The Trauma Cover Sum Insured cannot exceed the Life Cover Sum Insured under this Policy at any time.

Life Plus is underwritten by Co-operative Life Limited, a wholly owned subsidiary of The Co-operative Bank Limited.