

Medical loss of licence is an issue increasingly affecting our members. The Merchant Service Guild has developed, with the assistance of Willis Insurance Brokers and NZSOS, Gerard Breen, an income protection insurance proposal, known as the ‘NZSOS Risk Protection Plan’, with premiums for the core package payable by employers. The plan is currently being proposed to employers by the Guild on a nationwide basis, and includes the following optional components. A 5% discount on premiums for NZSOS members has been negotiated.

Insurance Cover	Benefit	Premium paid by
Life Insurance - Death by any cause, including terminal illness benefit plus physical dismemberment- “loss of limbs”	1 x Salary	Employer
Trauma Insurance-benefit payable, on diagnosis of one of 20+ specified trauma events, and survival of 14 days	\$5000	Employer
Income Protection Insurance - Total Disablement from following any occupation suited by education, training or experience.. Additional benefits for partial disablement, plus rehabilitation are included	75% of Salary payable monthly after a 90 day waiting period, for up to 2 years	Employer
Lump Sum Total and Permanent Disablement Insurance , payable at the end of 2 years if totally and permanently disabled at that time	1 x Salary	Employer
Income Protection Insurance, after a 2 year waiting period, payable up to age 65	75% or 50% of Salary	Individual Member

For ease and the minimising of the cost of administration the Trustees of the NZSOS, all of whose members are affected by this, have agreed that one Master Policy can be created, with individual employers participating under it.

Employers can choose to pay the premiums as a “stand alone charge” or as an “addition to any Superannuation Contributions to the NZSOS”.

### Terms and Conditions

1. The insurance brokers have approached a number of insurance markets and believe that the terms negotiated represent a good compromise of cost to insurance protection.
2. A number of “joining concessions” have been negotiated, which are as follows:-

Benefit Type	Joining Concession- ie if the sum to be insured is less than the concession, no medical evidence is required. If the sum insured is above the concession- terms or conditions can only be applied to the amount above the concession. NB Pre-existing conditions are therefore protected at least up to the “concession”,
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Life Insurance	\$500,000
Trauma Insurance	\$20,000
Income Protection Insurance	\$ 60,000 per annum
Total and Permanent Disablement Insurance	\$500,000

#### Premium Indications

The underwriters have agreed premiums for the “package” as set out above to be paid for by the respective Employer.

We are obtaining detailed demographics to allow us to offer a premium rate based on three criteria: age, gender and salary.

#### Variations to the Benefit Package Proposed

The “package is variable” to accommodate members’ individual requirements. All options are very much available to fit members’ and employers’ needs and any budgetary concerns.

# NZSOS RISK PROTECTION PLAN- 1<sup>st</sup> NOVEMBER 2004

## Member Insurance Coverage:

- Life Insurance and Physical Loss
- Trauma Insurance
- Income Protection Insurance
- Total and Permanent Disablement Insurance

## GENERAL INFORMATION

Q1	Who pays the premiums?	The premiums are paid by your Employer. There is no cost to you which means these very worthwhile benefits are even better value for you.
Q2	How do I join?	<p>You don't have to do anything!</p> <p>Cover is automatic through your Employer. It may be a direct insurance benefit or one that comes through your membership of the NZSO Superannuation Fund</p> <p>If your cover under any of the policies exceeds set "joining concession" limits, you may be asked to provide health evidence. This requirement only applies to the amount which <u>exceeds</u> the set limit.</p>
Q3	What happens to the cover if I leave my Employer?	<p>If you leave, you may be eligible for a continuation option. This means you can elect to replace some or all of the cover without having to provide evidence of health.</p> <p>You must exercise this option within 45 days of leaving your Employer.</p> <p>If this might apply to you, please contact:-</p> <p>Administrator for NZSOS Risk Protection Plan          Willis Employee Benefits          PO Box 369, Auckland          Email: <a href="mailto:eb.nz.enquiries@willis.com">eb.nz.enquiries@willis.com</a></p> <p><b>NB</b> If you stay in the maritime industry in New Zealand, then you will be able to continue this insurance through your new Employer.</p>
Q4	Who provides the insurance cover?	These insurance policies are underwritten by Sovereign Assurance Company Limited.
Q5	Can I assign my cover to another person or institution?	No. The policies are owned by your employer and cannot be assigned by individual employees.
Q6	What insurances can I buy voluntarily as "top up covers"?	You can purchase extra Life, Total and Permanent Disablement and Income Protection Insurance – see

## GROUP INCOME PROTECTION INSURANCE

<b>Q1</b>	<b>What is Income Protection Insurance?</b>	Group Income Protection Insurance provides a monthly benefit equal to a percentage of your Gross Income. You must be totally disabled and unable, through illness or injury, to earn remuneration from an occupation that you are suited to by education training or experience. "Totally disabled" is formally defined in the policy, .
<b>Q2</b>	<b>How much am I covered for?</b>	75% of your Gross Income.
<b>Q3</b>	<b>How long can the benefit be paid for?</b>	The benefit would be paid for as long as you are considered totally disabled to a maximum of 2 years from the expiry of the "waiting period" or age 65 whichever comes first.
<b>Q4</b>	<b>Is there a "stand down period" before an Income Protection claim can start?</b>	There is a "stand down" or "waiting period" of 90 days from the time of your total disability, before an Insurance claim can commence.
<b>Q5</b>	<b>If I am partially disabled can I claim on Income Protection?</b>	Yes, a claim may be payable, but first you will have to be "totally disabled" for a 30 day minimum, but after that if you are partially disabled at the end of the full 90 day waiting period a claim is possible.
<b>Q6</b>	<b>If an Income Protection Claim re-occurs do I have another "stand down period"?</b>	If the disablement that caused a claim in the first place re-occurs within 6 months of your return to work, then there is no new "stand down" or "waiting period" applied.
<b>Q7</b>	<b>If I am disabled and receiving an Income Protection benefit, can I receive any rehabilitation assistance?</b>	Yes, the policy provides for extra costs to be paid for rehabilitation expenses incurred. A maximum amount equal to your actual monthly claim is available each month up to a maximum period of 12 months. For some capital item expenses (ie wheelchairs) a payment of six times the monthly benefit is payable.
<b>Q8</b>	<b>What happens if I return to work in a part-time capacity?</b>	If you are able to return to work in a part-time capacity, your benefit will be reduced. The difference between the full benefit you were receiving and the income you receive from part time work would then be payable.
<b>Q9</b>	<b>Is this benefit taxable?</b>	Yes. The benefit is taxable just like your salary.
<b>Q10</b>	<b>If I am receiving a benefit, does my benefit increase from time to time?</b>	Yes, your benefit is increased annually by the lesser of the Consumer Price Index and 5%.
<b>Q11</b>	<b>What is not covered?</b>	No Disability benefit is payable if the Total Disability arose directly or indirectly from intentional self inflicted injury, war, whether declared to not.

## GROUP TOTAL & PERMANENT DISABLEMENT (TPD) INSURANCE

Q1	<b>What is Total and Permanent Disablement Insurance?</b>	TPD insurance provides a lump sum payment if you are totally and permanently disabled, from any cause, anywhere in the world whilst you are in permanent full time employment. The TPD benefit is payable only after 2 years has elapsed from the date of first becoming “totally disabled”, and is only payable if at the time you are “totally and permanently disabled”.
Q2	<b>How much am I covered for?</b>	Your cover is calculated as a multiple of your Gross Income as at 1 <sup>st</sup> November each year. The actual amount of your cover is shown on your personalised statement.
Q3	<b>What is Total and Permanent Disablement?</b>	TPD has a specific definition in the policy. In simple terms however, you must be continuously off work for 6 months as a result of injury or illness. You must then be declared <u>totally and permanently</u> unable to ever perform your specified occupation.

## VOLUNTARY EXTRA INSURANCES

Q1	<b>What Life Insurance can I access voluntarily?</b>	You can purchase extra Life Insurance if you are an NZSOS Superannuation Fund Member.
Q2	<b>What extra Total and Permanent Disablement Insurance can I purchase voluntarily?</b>	You can purchase extra Total and Permanent Disablement Insurance if you are an NZSOS Superannuation Fund member.
Q3	<b>What extra Income Protection Insurance can I purchase?</b>	Your employer is paying for Income Protection that has a 2 year Benefit. You can top this up to age 65. Premiums for the extra top up are paid by monthly direct debit from your Bank account.
Q4	<b>Do I have to provide any medical evidence?</b>	Yes, you will have to provide medical evidence.
Q5	<b>How do I access any of the above?</b>	<p>Contact:</p> <p>Willis Employee Benefits PO Box 369, Auckland</p> <p>Email address:      eb.nz.enquiries@willis.com</p>

## GROUP LIFE and PHYSICAL LOSS INSURANCE

Q1	<b>What is Life Insurance?</b>	Life insurance provides a lump sum payment if you die from any cause, anywhere in the world whilst you are in permanent full time employment																				
Q2	<b>How much am I covered for?</b>	Your cover is calculated as a multiple of your Gross Income as at 1 <sup>st</sup> November each year. The actual amount of your cover is shown on your personalised statement.																				
Q3	<b>What is Physical Loss?</b>	<p>This is an "Accident" benefit. It provides a lump sum for you under specified events as detailed below. "Physical Loss" has a specific definition in the policy.</p> <p>The amounts payable under certain specified circumstances are set out below:</p> <table border="0" data-bbox="812 779 1450 1157"> <tr> <td>1. Loss of both hands</td> <td style="text-align: right;">\$50,000</td> </tr> <tr> <td>2. Loss of both feet</td> <td style="text-align: right;">\$50,000</td> </tr> <tr> <td>3. Loss of the entire sight of both eyes</td> <td style="text-align: right;">\$50,000</td> </tr> <tr> <td>4. Loss of one hand and one foot</td> <td style="text-align: right;">\$50,000</td> </tr> <tr> <td>5. Loss of one hand and the entire sight of one eye</td> <td style="text-align: right;">\$50,000</td> </tr> <tr> <td>6. Loss of one foot and the entire sight of one eye</td> <td style="text-align: right;">\$50,000</td> </tr> <tr> <td>7. Loss of one hand</td> <td style="text-align: right;">\$25,000</td> </tr> <tr> <td>8. Loss of one foot</td> <td style="text-align: right;">\$25,000</td> </tr> <tr> <td>9. Loss of the entire sight of one eye</td> <td style="text-align: right;">\$16,250</td> </tr> <tr> <td>10. Loss of thumb and index finger of either hand</td> <td style="text-align: right;">\$12,500</td> </tr> </table> <p>A successful claim under this benefit will not, in itself, result in the termination of other benefits under this policy.</p>	1. Loss of both hands	\$50,000	2. Loss of both feet	\$50,000	3. Loss of the entire sight of both eyes	\$50,000	4. Loss of one hand and one foot	\$50,000	5. Loss of one hand and the entire sight of one eye	\$50,000	6. Loss of one foot and the entire sight of one eye	\$50,000	7. Loss of one hand	\$25,000	8. Loss of one foot	\$25,000	9. Loss of the entire sight of one eye	\$16,250	10. Loss of thumb and index finger of either hand	\$12,500
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Q4	<b>This policy has a terminal illness benefit. How is a terminal illness benefit paid?</b>	If your specialist diagnoses you as being terminally ill, and therefore likely to die within 12 months, the Insurer has an option to pay an "accelerated death benefit", i.e. payment in advance of death. If subsequently you do not die, then you do not have to pay the claim money back to the Insurer.																				

## GROUP TRAUMA INSURANCE

Q1	<b>What is Trauma Insurance?</b>	Trauma insurance pays a lump sum if you are diagnosed with one of a number of specified “critical conditions”. You must survive for a period of 14 days after diagnosis before a claim may be paid.
Q2	<b>How much am I covered for?</b>	The amount of cover is \$5,000.
Q3	<b>What is excluded?</b>	<p><b>A Benefit shall not be payable in respect of a Critical Condition resulting either directly or indirectly from: -</b></p> <ul style="list-style-type: none"> <li>• The Member deliberately injuring himself or herself or attempting to do so.</li> <li>• The Member participating in any criminal act.</li> <li>• Any Critical Condition that existed before the Member’s insurance under this Policy commenced, unless the Company is satisfied that the Member could not have known of the existence of the Critical Condition and did not have any symptoms of the Critical Condition that might have prompted a reasonable person to seek a medical diagnosis.</li> </ul> <p>A Benefit shall not be payable in respect of any of the following Critical Conditions if the relevant Member suffers the Critical Condition for the first time within 3 months after the commencement of the Member’s insurance under this Policy :-</p> <ul style="list-style-type: none"> <li>• Angioplasty</li> <li>• Aorta Surgery</li> <li>• Cancer</li> <li>• Chronic Liver Disease</li> <li>• Chronic Lung Disease</li> <li>• Coronary Artery By-pass Surgery</li> <li>• Heart Attack</li> <li>• Heart Valve Surgery</li> <li>• Multiple Sclerosis</li> <li>• Permanent Blindness</li> <li>• Stroke</li> </ul> <p>No payment will ever be made in respect of such Critical Condition even if there is a later occurrence of that Critical Condition.</p>
Q5	<b>What are the “critical conditions”?</b>	<p><b>SCHEDULE OF CRITICAL CONDITIONS</b></p> <p><b>For Comprehensive Group Living Assurance</b></p> <p>In the case of a Critical Condition marked by an #, the Company will not pay a Benefit if the relevant Member suffers for the first time the Critical Condition within three months after the commencement of the Member’s</p>

	<p><b>“Alzheimer’s Disease and Dementia”</b></p> <p><b>“Angioplasty”</b></p> <p><b>“Aorta Surgery”</b></p> <p><b>“Aplastic Anaemia”</b></p> <p><b>“Cancer”</b></p>	<p>insurance under this Policy.</p> <p>The following Critical Conditions are covered under this Policy:</p> <p>“Alzheimer’s Disease and Dementia” means the unequivocal diagnosis of Alzheimer’s disease or other dementia. The diagnosis must confirm permanent irreversible failure of brain function and result in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration or loss of intellectual capacity that results in a requirement for continual supervision to protect the Member or others. Dementia as a result of alcohol use or drug abuse is specifically excluded.</p> <p>“Angioplasty<sup>#</sup>” means the actual undergoing of coronary artery balloon angioplasty, to correct a narrowing or blockage of one or more coronary arteries. Laser, keyhole or other intra-arterial procedures are not included. Payment under this event is limited to 10% of the Member’s Benefit under this Policy, subject to a maximum of \$25,000. This benefit may not be claimed more than once in respect of a particular Member during the life of the Policy. The Member’s Benefit will reduce by the amount of the Angioplasty benefit paid. The policy premium will reduce with the reduction in the Member’s Benefit.</p> <p>“Aorta Surgery<sup>#</sup>” means the Member has undergone open chest surgery or a laparotomy to correct or repair any narrowing, dissection, or aneurysm of the thoracic or abdominal aorta. Keyhole surgery, or surgery performed using catheter techniques are specifically excluded.</p> <p>“Aplastic Anaemia” means specifically the first occurrence of bone marrow failure which results in anaemia, neutropaenia and thrombocytopaenia, requiring treatment over a period of at least two months by at least one of the following:</p> <ul style="list-style-type: none"> <li>- Blood product transfusions</li> <li>- Marrow stimulating agents</li> <li>- Immunosuppressive agents</li> <li>- Bone marrow transplantation</li> </ul> <p>“Cancer<sup>#</sup>” means the presence of one or more malignant tumours. The malignant tumour is to be characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue for which major interventionist treatment or surgery (excluding endoscopic procedures alone) is considered medically necessary.</p> <p>The following tumours are excluded:</p> <ul style="list-style-type: none"> <li>– 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 premalignant. Carcinoma in situ of</li> </ul>
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	<p><b>“Cardiomyopathy”</b></p> <p><b>“Chronic Liver Disease”</b></p> <p><b>“Chronic Lung Disease”</b></p> <p><b>“Coma”</b></p> <p><b>“Coronary Artery Bypass Surgery”</b></p>	<p>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.</p> <ul style="list-style-type: none"> <li>– All skin cancers, including hyperkeratoses, basal cell carcinomas, squamous cell carcinomas, unless there is evidence of metastases. Malignant melanomas of greater than 1.5mm maximum thickness as determined by histological examination using the Breslow method are covered.</li> <li>– Non Life-threatening cancers, such as <ul style="list-style-type: none"> <li>· Prostatic cancers that are histologically described as TNM Classification T1 or are of another equivalent or lesser classification.</li> <li>· Papillary micro-carcinoma of the thyroid or bladder.</li> <li>· Chronic lymphocytic leukaemia less than Rai Stage 3.</li> </ul> </li> </ul> <p>“Cardiomyopathy” means impaired ventricular function of variable aetiology, due to primary disease of the heart muscle, resulting in permanent and irreversible physical impairments to the degree of at least Class 4 of the New York Heart Association Classification of cardiac impairment. Cardiomyopathy caused by alcohol or drug abuse is specifically excluded.</p> <p>“Chronic Liver Disease<sup>#</sup>” means end stage liver failure and cirrhosis evidenced by:</p> <ul style="list-style-type: none"> <li>– Permanent jaundice; and</li> <li>– Ascites; and</li> <li>– Encephalopathy; and</li> <li>– Portal hypertension</li> </ul> <p>Liver disease caused by alcohol or drug abuse is specifically excluded.</p> <p>“Chronic Lung Disease<sup>#</sup>” means the Member has reached end stage respiratory failure and is returning FEV 1 test results of consistently less than 1 litre. Because of the respiratory failure, the Member requires extensive and continuous oxygen therapy. The diagnosis and the need for therapy must be made by a respiratory specialist acceptable to the Company.</p> <p>“Coma” means a state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least 96 hours, requiring the use of life support systems. The underlying disease must result in at least a 25% impairment of Whole Person Function which is permanent. Coma induced medically or by alcohol or drug abuse is excluded.</p> <p>“Coronary Artery Bypass Surgery<sup>#</sup>” means the Member has undergone open heart surgery to correct or treat coronary artery disease. (Treatment of the disease by angioplasty or intra-arterial procedures such as keyhole</p>
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	<p><b>“Creutzfeldt-Jakob Disease”</b></p> <p><b>“Diplegia”</b></p> <p><b>“Encephalitis”</b></p> <p><b>“Heart Attack”</b></p> <p><b>“Heart Valve Surgery”</b></p> <p><b>“Hemiplegia”</b></p> <p><b>“HIV (only for Emergency Services Professionals)”</b></p>	<p>or laser is not “surgery” for the purposes of this definition.)</p> <p>“Creutzfeldt-Jakob Disease” means the diagnosis of Creutzfeldt-Jakob Disease (the human form of spongiform encephalopathy or mad cow disease). The Member must exhibit signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasm, tremor and athetosis, which result in the Member requiring permanent and continual medical supervision.</p> <p>“Diplegia” means the total and permanent loss of function of both arms or both legs due to injury or disease of the spinal cord.</p> <p>“Encephalitis” means the severe inflammatory disease of the brain resulting in neurological deficit causing at least a 25% impairment of Whole Person Function which is permanent.</p> <p>“Heart Attack<sup>#</sup>” means the death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. The diagnosis shall be supported by the following criteria being present and consistent with a heart attack:</p> <ul style="list-style-type: none"> <li>– Clinical features</li> <li>– Confirmatory new electrocardiogram (ECG) changes, and</li> <li>– Diagnostic elevation of cardiac enzyme CK-MB.</li> </ul> <p>If the above criteria are not met then the Company will consider a claim based on evidence that the event produced a permanent reduction in the Cardiac Ejection Fraction to 50% or less. Elevation of Troponin is not considered to be diagnostic of a Heart Attack for the purpose of this definition.</p> <p>“Heart Valve Surgery<sup>#</sup>” means the actual undergoing of open heart surgery to correct any defects in, abnormalities of, or disease-affected cardiac valves. Repair via valvotomy, catheter, keyhole or similar techniques are specifically excluded.</p> <p>“Hemiplegia” means the total and permanent loss of functions of one side of the body due to brain injury or disease.</p> <p>“HIV (only for Emergency Services Professionals)” means the medical or Emergency Services Professional has been infected with the Human Immunodeficiency Virus as a result of an accident which happened while the Member was carrying out normal occupational duties. There must be sero-conversion to HIV infection within six months after the accident. HIV infection obtained in any other way is excluded. No claim for a benefit will be accepted unless any accident giving rise to a potential claim is reported to the Company within 30 days after the accident happens and a HIV antibody test with a negative result is taken within seven days after the accident. The test</p>
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	<p><b>“Kidney Failure”</b></p> <p><b>“Loss of Independent Existence”</b></p> <p><b>“Major Burns”</b></p> <p><b>“Major Head Trauma”</b></p> <p><b>“Major Transplant Surgery”</b></p> <p><b>“Motor Neurone Disease”</b></p>	<p>results must be provided to the Company immediately they are received by the Member. The Company must have access to blood samples and may require independent testing of samples. The benefit ceases if a medical cure is found for the HIV virus or a medical treatment is discovered that prevents the occurrence of AIDS.</p> <p>“Kidney Failure” means both kidneys have reached the end stage of renal disease resulting in chronic irreversible failure of the kidneys to function, as a result of which regular renal dialysis is instituted or transplantation performed.</p> <p>“Loss of Independent Existence” means the Member is totally and irreversibly unable, as a result of sickness or injury, to perform without assistance at least two of the following activities for themselves:</p> <ul style="list-style-type: none"> <li>– Bathing and showering</li> <li>– Dressing and undressing</li> <li>– Eating and drinking</li> <li>– Using a toilet</li> <li>– Moving from place to place by walking, in a wheelchair or with a walking aid.</li> </ul> <p>Alternatively, the Member is unable to perform one of the above <b>and</b> his or her intellectual capacity has reduced or deteriorated to such an extent that the Member requires permanent and constant supervision.</p> <p>“Major Burns” means the Member has suffered tissue injury caused by thermal, electrical or chemical agents. As a result the Member has third degree burns to at least 20% of the body surface area as measured by The Rule of 9 of the Lund &amp; Browder Body Surface Chart.</p> <p>“Major Head Trauma” means the Member has suffered an accidental cerebral injury resulting in a neurological deficit causing at least 25% impairment of Whole Person Function, which is permanent.</p> <p>“Major Transplant Surgery” means the Member has had any one or more of the following human organs or substances completely transplanted from a human into that Member’s body:</p> <ul style="list-style-type: none"> <li>– Kidney</li> <li>– Heart</li> <li>– Lung</li> <li>– Liver</li> <li>– Pancreas</li> <li>– Bone marrow</li> </ul> <p>The transplant of all other organs, parts of organs or any other tissue transplant is excluded.</p> <p>“Motor Neurone Disease” means the unequivocal diagnosis of motor neurone disease. The diagnosis must confirm significant persistent neurological deficit resulting in at least a 25% impairment of Whole Person</p>
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	Function, which is permanent.
<b>“Multiple Sclerosis”</b>	“Multiple Sclerosis <sup>#</sup> ” means the unequivocal diagnosis of multiple sclerosis confirmed by CT or MRI scans, where the condition is characterised by the demyelination in the brain and spinal cord and at least moderate progressing neurological abnormalities with at least a 25% impairment of Whole Person Function, which is permanent. A single episode of multiple sclerosis from which remission has occurred will not be covered under this Policy.
<b>“Muscular Dystrophy”</b>	“Muscular Dystrophy” means the unequivocal diagnosis of muscular dystrophy. The diagnosis must confirm significant persistent neurological deficit resulting in at least a 25% impairment of Whole Person Function which is permanent.
<b>“Out of Hospital Cardiac Arrest”</b>	“Out of Hospital Cardiac Arrest” means cardiac arrest that is not associated with any medical procedure and is documented by an electrocardiogram and occurs out of hospital and is due to:  Cardiac asystole; or ventricular fibrillation with or without ventricular tachycardia.
<b>“Paraplegia”</b>	“Paraplegia” means the total and permanent loss of all use of both legs as a result of injury or disease of the spinal cord.
<b>“Parkinson’s Disease”</b>	“Parkinson’s Disease” means the unequivocal diagnosis of Parkinson’s disease where the condition cannot be controlled by medication, shows signs of progressive impairment and there is at least a 25% impairment of Whole Person Function, which is permanent. Parkinsonism is specifically excluded. Parkinson’s disease caused by alcohol or drug abuse by the Member is specifically excluded.
<b>“Peripheral Neuropathy”</b>	“Peripheral Neuropathy” means the irreversible inflammation or degeneration of a peripheral nerve. The benefit is paid upon the first diagnosis by a Medical Practitioner specialising in neurology of irreversible peripheral neuropathy, with at least a 25% impairment of Whole Person Function, which is permanent. Peripheral neuropathy caused by alcohol or drug abuse by the Member is specifically excluded.
<b>“Permanent Blindness”</b>	“Permanent Blindness <sup>#</sup> ” means the complete and irrecoverable loss of the sight of both eyes (whether aided or unaided) as a result of accident or sickness. The extent of vision must be 6/36 or less in both eyes. Blindness as a result of alcohol or drug abuse is specifically excluded.
<b>“Permanent Loss of Speech, Hearing or Limbs”</b>	“Permanent Loss of Speech, Hearing or Limbs” means the Member, as a result of sickness or injury, loses all hearing in both ears (aided or unaided) or all speech (aided or unaided) or two or more limbs (the complete severance of an entire hand or foot). The loss of hearing or speech must be expected to be permanent, and in the case of speech must be suffered for at least

	<p><b>“Pulmonary Hypertension”</b></p> <p><b>“Quadriplegia”</b></p> <p><b>“Stroke”</b></p>	<p>a continuous period of 12 months.</p> <p>“Pulmonary Hypertension” means primary pulmonary hypertension with substantial right ventricular enlargement resulting in permanent and irreversible physical impairment to the degree of at least Class 4 of the New York Heart Association Classification of Cardiac impairment.</p> <p>“Quadriplegia” means total and permanent loss of function of both upper and both lower limbs due to spinal cord injury or disease.</p> <p>“Stroke<sup>#</sup>” means a cerebrovascular incident producing permanent neurological sequelae and causing at least a 25% impairment of Whole Person Function which is permanent. This requires evidence of:</p> <ul style="list-style-type: none"> <li>– Infarction of brain tissue; or</li> <li>– Intracerebral or subarachnoid haemorrhage; or</li> <li>– Embolisation from an extracranial source.</li> </ul> <p>Transient ischaemic attacks, cerebral symptoms due to migraine, cerebral injury resulting from trauma or systematic hypoxia and vascular disease affecting the eye or optic nerve are excluded.</p>
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