ClearView **LifeSolutions** Essentials

Product Disclosure Statement and Policy Document

Issue 1

21 October 2016

ClearView LifeSolutions Essentials is issued by ClearView Life Assurance Limited: ABN 12 000 021 581, AFS Licence No. 227682.

About this Product Disclosure Statement and Policy Document

This Product Disclosure Statement (PDS) and Policy Document (PDS and Policy Document), which includes the policy terms and conditions provides information about a life insurance product, ClearView LifeSolutions Essentials, issued by ClearView Life Assurance Limited (ClearView).

ClearView takes full responsibility for the whole PDS and Policy Document.

ClearView LifeSolutions Essentials is only available to persons who have received this PDS and Policy Document in Australia.

This PDS and Policy Document is not advice

This PDS and Policy Document has been prepared to help you make an informed decision about ClearView LifeSolutions Essentials. The information in this PDS and Policy Document is of a general nature and does not take into account your individual financial situation, needs or objectives. You should consider how appropriate the cover discussed in this PDS and Policy Document is for your needs before making any decision about these products.

Up to date information

Information in this PDS and Policy Document is subject to change from time to time. Information that is not materially adverse to you can be updated by us without advising you. Updated information can be obtained by calling us on **132 979** or online at **www.clearview.com.au/essentials**. You may request a paper copy of any updated information from us at any time, free of charge. If the change to the information is materially adverse we will notify you as required by law.

Understanding what we mean

'We/us/our' refers to ClearView.

'You/your' refers to the person insured or the policy owner, as the context requires.

Many of the terms and words used in this document have specific meanings, including some non-technical words commonly used. These words have been italicised and are explained in the Dictionary section at the end of this document. You should consult this section and understand the definitions prior to making any decision in relation to either of the products covered in this PDS and Policy Document.

This PDS and Policy Document is subject to and governed by the laws of New South Wales and premiums and any benefits are payable in Australia, in Australian dollars.

Contents

Who is ClearView?

ClearView Wealth Limited is an Australian life insurance, wealth management and financial advice business, listed on the Australian Securities Exchange (ASX). As a group, we manage and advise on approximately $8.2 billion of our customers' investment funds and have over $150 million of inforce annual insurance premium as at 30 June 2016. The key businesses include:

- ClearView Life Assurance Limited, providing life insurance products, and regulated by the Australian Prudential Regulation Authority (APRA)
- ClearView Financial Management Limited, managing investment products, and regulated by the Australian Securities and Investments Commission (ASIC)
- ClearView Life Nominees Pty Limited, the trustee of the ClearView Retirement Plan, and regulated by ASIC and APRA, and
- ClearView Financial Advice Pty Limited and Matrix Planning Solutions Limited, both providing financial advice to customers, and regulated by ASIC.

ClearView Wealth Limited is our listed group entity, which is licensed and regulated by APRA, and subject to ASX and ASIC regulation.

ClearView has been helping Australians invest their money and insure their lives for over 30 years. Together with providing quality financial advice, we offer a comprehensive range of investment, superannuation, retirement and life insurance solutions to assist our customers with financial security, help them achieve their financial goals and prepare for their future.

ClearView LifeSolutions Essentials

ClearView LifeSolutions Essentials provides a range of insurance cover to help with your wealth protection needs. The flexible nature of these products allow you to tailor multiple covers under the one policy.

This table is a high level outline of all available cover and will help you understand what you are covered for and possible reasons for holding the cover. Please read the detailed sections that follow for specific terms and limitations that apply for each cover.

Type of cover	What you are covered for	Possible reasons for holding the cover
Life Cover	If you die or are diagnosed as being *terminally ill*, we will pay a lump sum benefit amount.	Pay off the mortgage and other outstanding debts, provide a lump sum that could be invested to provide an ongoing income stream for dependants or help with estate planning or business buy outs.
Accidental Death Cover	If you die as a result of an *accident*, we will pay a lump sum benefit amount.	A lower cost alternative to Life Cover or an option for those who have a health condition and are unable to obtain full Life Cover.
Total and Permanent Disability (TPD) Cover	If you become *totally and permanently disabled* and unable to work again, we will pay a lump sum benefit amount.	Pay off the mortgage and other outstanding debts, cover the costs associated with a long term disability such as full-time care or modifications to the home, cover the shortfall of income from other benefits to assist in maintaining your standard of living.
Accidental Total and Permanent Disability (TPD) Cover	If you become *totally and permanently disabled* as a result of an *accident* and unable to work again, we will pay a lump sum benefit amount.	A lower cost alternative to TPD Cover or an option for those who have a health condition and are unable to obtain full TPD Cover.
Trauma Cover	If you suffer a specified trauma condition, we will pay a lump sum benefit amount.	While this cover may also be used to pay down debts it may also be used to access medical treatment available for your condition, which may be overseas, allowing you to focus on your recovery rather than worrying about the bills.
Child Cover	If your child suffers a specified trauma condition, becomes *terminally ill* or dies we will pay you a lump sum benefit amount.	To cover the costs of a very sick child, accessing medical treatment available, modifications to the family home or stopping work to be with your child.
Income Protection Cover	If you are *totally disabled* or *partially disabled* as a result of *sickness* or *injury* and unable to work at full capacity, we will pay you an ongoing *monthly benefit amount*. The *disability* may be short term or long term.	To replace a portion of your income, pay your bills, help with rehabilitation programs, and assist in maintaining your standard of living.
Accidental Income Protection Cover	Offers all the benefits and features of Income Protection Cover, if you are *totally disabled* or *partially disabled* as a result of an *accident* and unable to work at full capacity.	A lower cost alternative to Income Protection Cover or an option for those who have a health condition and are unable to obtain Income Protection Cover.

Key features of all ClearView LifeSolutions Essentials policies

Worldwide cover

You are fully covered, 24 hours per day, anywhere in the world.

Guaranteed renewable

We guarantee to renew your policy each year up until the policy expiry, so long as you continue to pay your premiums when due. This means that we cannot cancel your cover, place any further restrictions on your cover or increase your individual premium (before applicable discounts) because of any change to your health, occupation or pastimes.

Guaranteed upgrade of benefits to your cover

Any future product enhancements to your policy will be made available to you. These enhancements, unless otherwise specified, will not result in any increase in premium.

Any enhancements will apply to future claims. The enhancements will not apply to current claims or to any claims resulting from medical conditions, sickness, injury or disability which occurred before these enhancements came into effect.

Where a future product enhancement has been made available to you, then in the event of a claim:

- you may accept the application of the upgraded benefit or product enhancement by agreeing that your claim will be assessed against the terms of the policy as at the date you lodge your claim, or
- if, in your opinion, you feel the enhancements to the product are less favourable then in the event of a claim, you will be assessed against the terms of the policy before the upgrade to the policy.

Indexation Benefit

To ensure your cover keeps pace with the rising cost of living, we will automatically increase your benefit amount at each policy anniversary. The rate of increase will be the greater of:

- 5%, or
- the percentage increase in the *Consumer Price Index* (*CPI*).

You can choose not to accept this increase by contacting us within 30 days of your policy anniversary.

There are some circumstances where the Indexation Benefit will not apply. Please refer to pages 22 and 37 for more information.

Future Increase Benefit

Life changes and there will be certain personal and/or business events that result in you needing more cover. We will allow you to increase your cover in these circumstances without the need to provide any further medical information. This makes it easier for you to maintain the right level of cover for your needs.

There are some circumstances where the Future Increase Benefit will not apply. Please refer to pages 22 and 31 for more information.

Setting up your policy

Who can be covered?

You can cover your own life, which means you are the policy owner and the person insured. Alternatively, you may cover someone else's life such as a family member.

You may have up to five people insured under any one policy.

There is no limit to the number of children insured under Child Cover on one policy.

Who is the policy owner?	Who is the person insured?	Who are the benefits paid to?
An individual which could be you or another person Two or more individuals who own the policy as joint tenants. This means that on a policy owner's death, their share of the policy reverts to the surviving owner(s)	An individual which could be the policy owner or another person (you or another person)	You or the nominated beneficiary(ies) (for death benefits, if you are the only person insured and policy owner on the policy)

How the policy operates and is interpreted is outlined below.

In most cases the policy is owned by you, the person insured, but it could be owned by another person, e.g. your partner or spouse.

Income protection policies must be owned by the person insured, unless we are satisfied that the policy owner has an insurable interest in the life of the person insured.

Structuring your cover

You have a couple of options available when it comes to how you structure your cover. You can hold all your types of cover under the one policy and the cover may be stand alone or linked.

Stand alone cover

Stand alone cover operates independently of any other cover. When a benefit is paid for a stand alone type of cover it does not reduce the benefit amount for any other cover you hold.

Life Cover, Accidental Death Cover and Income Protection Cover may each be held as stand alone cover.

Multiple policies may be held by the same or different policy owners.

Linked cover

Linked cover interacts with other covers to which it is linked. When a benefit is paid, all cover with which it is linked will be reduced by the benefit amount paid.

TPD Cover and Trauma Cover are only available linked to Life Cover; they cannot be held as stand alone cover. For example, you may have $500,000 of Life Cover with $250,000 of linked TPD Cover and $100,000 of linked Trauma Cover. This means you have one policy with one policy owner but three types of cover. In this example, if you had a $100,000 trauma claim paid, your Life Cover would be reduced to $400,000 and linked TPD Cover would be reduced to $150,000.

Child Cover may only be purchased with an adult Life Cover or Accidental Death Cover. But unlike other linked cover, any benefit paid under Child Cover will not reduce the benefit amount on the adult life insured cover.

Please note that you cannot link a Life, TPD or Trauma Cover with Income Protection Cover. These types of cover act very differently, with Life, TPD and Trauma Cover paying a lump sum benefit amount and Income Protection Cover paying an ongoing *monthly benefit amount*.

Life Cover

Life Cover will provide a lump sum payment in the event of your death or *terminal illness*. You select the amount of cover which is known as the benefit amount.

Feature	Description
Insured events	• Death • *Terminal illness*
Minimum entry age	• 18
Maximum entry age	• 60
Expiry age	• 99
Minimum benefit amount that can be applied for	• $50,000
Maximum benefit amount that can be applied for	• $1,500,000 up to age 50 • $1,000,000 between ages 51 and 55 • $500,000 between ages 56 and 60
Premium type	• Stepped premium • Level premium to age 65 (reverts to stepped at policy anniversary after age 65)
Product structure combinations	• Stand alone Life Cover • Life Cover with linked TPD Cover (TPD Cover must not exceed the Life Cover benefit amount) • Life Cover with linked Trauma Cover (Trauma Cover must not exceed the Life Cover benefit amount) • Life Cover with linked TPD Cover and linked Trauma Cover (TPD and Trauma Cover must not exceed the Life Cover benefit amount)
Built in benefits at no extra cost	• Funeral Advancement Benefit • Grief Support Benefit • Life Cover Buy Back Benefit (where TPD Cover or Trauma Cover is linked to Life Cover) • Life Cover Conversion Benefit • Indexation Benefit • Future Increase Benefit • Financial Advice Benefit • Suspending Cover Benefit • Waiver of Premium While Involuntarily Unemployed Benefit

Life Cover

When the Life Cover benefit amount is payable

If you die or are diagnosed with a *terminal illness*, we will pay the Life Cover benefit amount stated on your policy certificate (including any increases or decreases that have been made under the terms of the policy).

Built in benefits at no extra cost

Life Cover provides a number of built in benefits. Some of these benefits allow you to tailor your level of cover in line with your changing needs, while other benefits are designed to support you and your family during a difficult time.

Funeral Advancement Benefit

Upon the production of the person insured's death certificate, or any other satisfactory evidence to us of the person insured's death, we will advance the lesser of $25,000 and the Life Cover benefit amount.

The Life Cover benefit amount will be reduced by the amount paid under this benefit.

Payment of this benefit is not an admission of our liability to pay a Life Cover claim. We reserve the right to recover the amount of the Funeral Advancement Benefit paid if a Life Cover claim is subsequently declined.

Limitations

This benefit is not available if your death is caused directly or indirectly by suicide or any intentional self-inflicted act within 13 months of:

- the cover start date
- an increase in the benefit amount (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), or
- the date on which cover was last reinstated.

Grief Support Benefit

If we pay the Life Cover benefit amount we will reimburse the cost of up to four hours of grief counselling sessions for you, the person insured (on *terminal illness*) or an *immediate family member* of the person insured.

The maximum total amount we will reimburse under the Grief Support Benefit in respect of each person insured is $1,000.

Limitations

The Grief Support Benefit must be claimed within 12 months of payment of the Life Cover benefit amount. The counselling session must be provided by an accredited counsellor approved by us.

A copy of the invoice or receipt showing the amount paid and the services provided must be provided to us upon request.

Life Cover Buy Back Benefit

This benefit only applies if you have TPD Cover and/or Trauma Cover linked to your Life Cover.

This benefit will allow you to reinstate your Life Cover benefit amount for the amount of the Trauma Cover or TPD Cover benefit paid, without having to provide further medical evidence.

We will offer to reinstate your linked Life Cover benefit amount 12 months after the later of:

- the date we received your fully completed claim form in relation to which the full or partial Trauma Cover or TPD Cover benefit amount is paid, or
- the date you satisfied the trauma condition or TPD definition.

To exercise this benefit, you must notify us in writing within 30 days of the date of our letter of offer.

If the premium type is stepped, the premium for the reinstated Life Cover will be calculated based on your age at the time of the reinstatement.

If the premium type is level, the premium for the reinstated Life Cover will be calculated based on your age at the cover start date.

Any premium loadings, exclusions or varied terms that applied to the original Life Cover (stepped or level premium type) will also apply to the reinstated Life Cover.

The Indexation Benefit will apply to the reinstated Life Cover.

Limitations

The Future Increase Benefit is not available with the reinstated Life Cover.

Life Cover Conversion Benefit

The Life Cover Conversion Benefit allows you to cash in some or all of your Life Cover at a pre-determined rate if you suffer a specific medical condition listed in the table below before the cover expiry date.

Each of these specified medical conditions has a specific meaning. Please refer to the Trauma definitions on page 53 for a full description of all conditions covered.

Specific medical condition covered	Conversion rate of benefit amount payable
Severe Cancer	30%
Severe Heart Attack	30%
Severe Stroke	30%
Motor Neurone Disease	30%
Severe Multiple Sclerosis	30%
Severe Parkinson's Disease	30%

All conditions above are subject to a 90 day qualifying period.

To exercise this benefit you must notify us in writing within 90 days after you are diagnosed with one of the specific medical conditions. If you choose not to exercise the benefit, your Life Cover benefit will continue on as usual, provided the premiums continue to be paid and a benefit will only be paid in the event of *terminal illness* or death.

Subsequent death or terminal illness

If you exercise the Life Cover Conversion Benefit and you die or are diagnosed as *terminally ill* from any cause within five years of receiving the payment, we will pay an additional benefit amount. The amount payable will be a percentage of the difference between the full Life Cover benefit amount converted at the time the Life Cover Conversion Benefit was exercised and the Life Cover benefit amount paid. The premium that would have been payable for that period for the extra benefit paid will be deducted from the benefit amount.

Number of years since exercising the Life Cover Conversion Benefit and being diagnosed as *terminally ill* or dying	Benefit payable as a % of the difference between the Life Cover benefit amount and the Life Cover Conversion benefit paid
1	100%
2	80%
3	60%
4	40%
5	20%
6+	0%

E.g. You had $1,000,000 of Life Cover and were diagnosed with *Severe Stroke*, and exercised the Life Cover Conversion Benefit and received a payment of $300,000. If you were diagnosed as *terminally ill* 18 months later, we would pay 80% of the difference between the Life Cover benefit amount at the time of exercising the Life Cover Conversion Benefit i.e $1,000,000 and the Life Cover Conversion benefit amount already paid i.e. $300,000, which would equal $560,000. 18 months of Life Cover premiums would be payable on the $560,000 which we would deduct from the benefit payable.

90 day qualifying period

This benefit is not available in the first 90 days immediately following:

- the date we receive your fully completed application form for Life Cover (this includes Life Cover that is being transferred from another insurer)
- an increase in the benefit amount for Life Cover (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), and
- the date this cover is last reinstated.

This means that no Life Cover Conversion Benefit will be paid if the specific medical condition first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within the 90 day qualifying period.

Limitations

This benefit is limited to the first $2,000,000 of any Life Cover benefit amount. Any benefit amount in excess of this cannot be converted under this benefit and will only be payable if you die or are diagnosed with a *terminal illness*.

This benefit is not available if the Life Cover Conversion Benefit amount payable, when combined with any other trauma benefit that has been paid or is payable by us or any other insurer exceeds $2,000,000.

This benefit expires at the policy anniversary immediately after you turn age 75.

Additional built in benefits at no extra cost

The following benefits are also provided under Life Cover. For more information on these benefits please refer to the reference in the table below.

Built in benefit	Reference
Indexation Benefit	22
Financial Advice Benefit	23
Suspending Cover Benefit	22
Future Increase Benefit	22
Waiver of Premium While Involuntarily Unemployed Benefit	23

When the Life Cover benefit amount is reduced

Your Life Cover benefit amount will be reduced by any amount paid:

- under this cover for *terminal illness*
- under this cover for the Funeral Advancement Benefit
- for TPD Cover, and
- for Trauma Cover.

Your Life Cover benefit amount will also be reduced by any amount converted under the Life Cover Conversion Benefit.

When the Life Cover benefit amount will not be paid

We will not pay any benefit under Life Cover if your death is caused directly or indirectly by suicide or any intentional self-inflicted act within 13 months of:

- the cover start date
- an increase in the benefit amount (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), or
- the date on which cover was last reinstated.

We will not pay any benefit under Life Cover for anything we have specifically excluded, as stated on your policy certificate.

If you are replacing an existing life cover policy

The 13 month suicide or any intentional self-inflicted act exclusion will not apply if your Life Cover is replacing an existing life cover policy issued by us or another insurer if:

- the insurance under the policy to be replaced has been in place for a minimum of 13 consecutive months immediately prior to the commencement of this cover
- the policy to be replaced is cancelled immediately after the issue of this cover
- all similar exclusions have expired under the policy to be replaced (including exclusions which were applied to the policy after its commencement due to, for example, reinstatements or increases)
- the benefit amount under this cover being issued by us is the same or less than that under the policy that is being replaced*, and
- no claim is payable or pending under the policy to be replaced.

*Where the benefit amount under this cover being issued by us exceeds that of the policy that is being replaced, this exclusion will only apply to the excess benefit amount.

When Life Cover ends

Life Cover will end on the earlier of the:

- date of your death
- date on which all entitlements under the cover are paid
- policy anniversary immediately after you turn age 99, or
- date on which the policy ends.

Accidental Death Cover

Accidental Death Cover will provide a lump sum payment in the event of your death as a result of an *accident*. You select the amount of cover which is known as the benefit amount.

This cover is not subject to medical assessment and may be a valuable alternative if you have health conditions that make Life Cover expensive or unavailable. Accidental Death Cover is also a lower cost alternative to Life Cover and could be used to complement your existing Life Cover.

Feature	Description
Insured events	• Death as a result of an *accident*
Minimum entry age	• 18
Maximum entry age	• 60
Expiry age	• 99
Minimum benefit amount that can be applied for	• $50,000
Maximum benefit amount that can be applied for	• $1,500,000 up to age 50 • $1,000,000 between ages 51 and 55 • $500,000 between ages 56 and 60
Premium type	• Stepped premium
Product structure combinations	• Stand alone Accidental Death Cover • Accidental Death Cover linked with Accidental TPD Cover (Accidental TPD Cover must not exceed Accidental Death Cover benefit amount)
Built in benefits at no extra cost	• Funeral Advancement Benefit • Grief Support Benefit • Indexation Benefit • Financial Advice Benefit • Suspending Cover Benefit • Waiver of Premium While Involuntarily Unemployed Benefit

When the Accidental Death Cover benefit amount is payable

If you die as a result of an *accident* and your death occurs within 90 days of the *accident*, we will pay the Accidental Death Cover benefit amount stated on your policy certificate (including any increases or decreases that have been made under the terms of the policy).

The benefit amount payable is in addition to any Life Cover benefit amount payable, where applicable.

Funeral Advancement Benefit

Upon the production of the person insured's death certificate, or any other satisfactory evidence to us of the person insured's *accidental death*, we will advance the lesser of $25,000 and the Accidental Death Cover benefit amount.

The Accidental Death Cover benefit amount will be reduced by the amount paid under this benefit.

Payment of this benefit is not an admission of our liability to pay an Accidental Death Cover claim. We reserve the right to recover the amount of the Funeral Advancement Benefit paid if an Accidental Death Cover claim is subsequently declined.

Limitations

This benefit is not available if your death is caused directly or indirectly by:

- suicide or any intentional self-inflicted act
- you participating in criminal activity
- you taking alcohol or drugs, other than a drug prescribed by a *medical practitioner* and taken as directed, or
- war or act of war (whether declared or not).

Grief Support Benefit

If we pay the Accidental Death Cover benefit amount we will reimburse the cost of up to four hours of grief counselling sessions for an *immediate family member*.

The maximum total amount we will reimburse under the Grief Support Benefit in respect of each person insured is $1,000.

Limitations

The Grief Support Benefit must be claimed within 12 months of payment of the Accidental Death Cover benefit amount.

The counselling sessions must be provided by an accredited counsellor approved by us.

A copy of the invoice or receipt showing the amount paid and the services provided must be provided to us upon request.

Additional built in benefits at no extra cost

The following benefits are also provided under Accidental Death Cover. For more information on these benefits please refer to the reference in the table below. Please substitute references to Life Cover for references to Accidental Death Cover.

Built in benefit	Reference
Indexation Benefit	22
Suspending Cover Benefit	22
Financial Advice Benefit	23
Waiver of Premium While Involuntarily Unemployed Benefit	23

When the Accidental Death Cover benefit amount is reduced

Your Accidental Death Cover benefit amount will be reduced by any amount paid under this policy for Accidental TPD Cover, where this is linked to your Accidental Death Cover.

When the Accidental Death Cover benefit amount will not be paid

We will not pay any benefit under Accidental Death Cover if your death is caused directly or indirectly by:

- suicide or any intentional self-inflicted act
- you participating in criminal activity
- you taking alcohol or drugs, other than a drug prescribed by a *medical practitioner* and taken as directed, or
- war or act of war (whether declared or not).

We will not pay any benefit under Accidental Death Cover for anything we have specifically excluded, as stated on your policy certificate.

When Accidental Death Cover ends

Accidental Death Cover will end on the earlier of the:

- date of your death
- date on which all entitlements under the cover are paid
- policy anniversary immediately after you turn age 99, or
- date on which the policy ends.

Total and Permanent Disability (TPD) Cover

TPD Cover will provide a lump sum payment if you suffer *total and permanent disablement* as a result of *sickness* or *injury*. You select the amount of cover which is known as the benefit amount.

Feature	Description
Insured events	• *Total and Permanent Disability*
Eligibility requirements	• You must be *gainfully employed* and working for at least 20 hours per week to be eligible to apply for Any Occupation TPD
Minimum entry age	• 18
Maximum entry age	• 60
Expiry age	• 99 Note: From the policy anniversary immediately after you turn age 70, the TPD definition for your cover will convert to the Non-working TPD definition.
Minimum benefit amount that can be applied for	• $50,000
Maximum benefit amount that can be applied for	• $1,500,000 up to age 50 • $1,000,000 between ages 51 and 55 • $500,000 between ages 56 and 60
Premium type	• Stepped premium • Level premium to age 65 (reverts to stepped at policy anniversary after age 65)
Type of cover	• Any occupation TPD (reverts to Non working TPD at policy anniversary after age 70) • Home duties TPD • Non-working TPD (only available once you turn age 70)
Product structure combinations	• TPD Cover linked to Life Cover (TPD Cover must not exceed the Life Cover benefit amount) • TPD Cover linked to Life Cover with linked Trauma Cover (TPD Cover and Trauma Cover must not exceed the Life Cover benefit amount)
Built in benefits at no extra cost	• Waiver of Qualifying Period Benefit (Day 1 TPD) • Life Cover Buy Back Benefit • Indexation Benefit • Financial Advice Benefit • Future Increase Benefit • Suspending Cover Benefit • Waiver of Premium While Involuntarily Unemployed Benefit

Total and Permanent Disability (TPD) Cover

When the TPD Cover benefit amount is payable

If you suffer *total and permanent disability* while this cover is in place and meet the conditions of the TPD definition which apply (as stated on your policy certificate), we will pay the TPD Cover benefit amount stated on your policy certificate (including any increases or decreases that have been made under the terms of the policy).

TPD definitions

The term *total and permanent disability* has a special meaning under this policy as set out below and will depend on the TPD definition which applies to your cover, as stated on your policy certificate (as varied by the terms of this policy document).

Any occupation TPD

As a result of *sickness* or *injury*, you:

- have been absent from, and unable to work for three consecutive months, and
- are disabled at the end of the period of three consecutive months, to such an extent that you are unlikely ever again to be able to engage in any occupation for which you are reasonably suited by education, training or experience.

OR

- suffer at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 6th edition, or an equivalent guide to impairment approved by us, and
- are disabled to such an extent that, as a result, you are unlikely ever again to be able to engage in any occupation for which you are reasonably suited by education, training or experience.

Home duties TPD

As a result of *sickness* or *injury*, you:

- have been unable to perform *home duties* for three consecutive months, and
- are disabled at the end of the period of three consecutive months, to such an extent that you are unlikely ever again to be able to perform *home duties*.

OR

- suffer at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 6th edition, or an equivalent guide to impairment approved by us, and
- are disabled to such an extent that, as a result, you are unlikely ever again to be able to perform *home duties*.

Where you were working at least 20 hours per week in regular paid employment for six continuous months prior to disability, the definition of *total and permanent disability* will be based on Any occupation TPD.

Non-working TPD

As a result of *sickness* or *injury* you have suffered:

- *Loss of Limbs or Sight* (as defined on page 55)
- *Loss of Independent Existence* (as defined on page 55), or
- *Cognitive Loss* (as defined on page 54).

This TPD definition is not available on application, however at the policy anniversary immediately after you turn age 70, the TPD definition for your cover will convert to the Non-working TPD definition.

When the TPD definition will change

On the policy anniversary immediately after you turn age 70, the TPD definition for all TPD cover will convert to the Non-working TPD definition.

The maximum TPD Cover available at age 70 is $3,000,000 across all policies issued by us (and includes cover provided under TPD Cover and Accidental TPD Cover).

If you are covered for more than $3,000,000 at this age, we will reduce the aggregate benefit amounts. The premium will also be reduced accordingly to reflect the reduced benefit amount.

The Indexation Benefit will continue to be available if the benefit amount is reduced to $3,000,000.

Built in benefits at no extra cost

TPD Cover provides a number of built in benefits. Some of these benefits allow you to tailor your level of cover in line with your changing needs.

Waiver of Qualifying Period Benefit (Day 1 TPD)

If you suffer one of the following defined trauma conditions (as defined in the 'Trauma definitions' section starting on page 53), and meet all other requirements of the TPD definition stated on your policy certificate, we will waive the normal three month qualifying period.

- *Cardiomyopathy*
- *Primary Pulmonary Hypertension*
- *Motor Neurone Disease*
- *Multiple Sclerosis*
- *Muscular Dystrophy*

- *Parkinson's Disease*
- *Dementia including Alzheimer's Disease*
- *Paralysis*
- *Blindness*
- *Loss of Speech*
- *Loss of Hearing*
- *End Stage Lung Disease*
- *Severe Rheumatoid Arthritis*

Life Cover Buy Back Benefit

This benefit applies if you have TPD Cover linked to your Life Cover.

This benefit will allow you to reinstate your Life Cover benefit amount for the amount of the TPD Cover benefit paid, without having to supply further medical evidence. Refer to page 8 for a full description of this benefit.

Additional built in benefits

The following benefits are also provided under TPD Cover. For more information on these benefits please refer to the reference in the table below.

Additional benefit	Reference
Indexation Benefit	22
Suspending Cover Benefit	22
Future Increase Benefit	22
Financial Advice Benefit	23
Waiver of Premium While Involuntarily Unemployed Benefit	23

When the TPD Cover benefit amount is reduced

Your TPD Cover benefit amount will be reduced by any amount paid:

- for *terminal illness*, under your linked Life Cover, and
- for Trauma Cover, where your Trauma Cover is linked to your Life and linked TPD Cover.

Your TPD Cover benefit amount will also be reduced by the amount of Life Cover converted under the Life Cover Conversion Benefit.

Your TPD Cover benefit amount may also be reduced in the circumstances described under the heading, 'When the TPD definition will change' on page 14.

When the TPD Cover benefit amount will not be paid

We will not pay any benefit under TPD Cover if your *total and permanent disability*, *sickness*, *injury* (or death) is caused directly or indirectly by an intentional self-inflicted act.

We will not pay any benefit under TPD Cover on or after the policy anniversary immediately after you turn age 70 for *total and permanent disability* unless you satisfy the Non-working TPD definition.

We will not pay any benefit under TPD Cover for anything we have specifically excluded, as stated on your policy certificate.

When TPD Cover ends

TPD Cover will end on the earlier of the:

- date of your death
- date on which all entitlements under the cover are paid
- policy anniversary immediately after you turn age 99, or
- date on which the policy ends.

Accidental Total and Permanent Disability (TPD) Cover

Accidental TPD Cover will provide a lump sum payment if you are *totally and permanently disabled* as a result of an *accident*. This cover is not subject to medical assessment and may be a valuable alternative if you have health conditions that make TPD Cover expensive or unavailable. Accidental TPD Cover is a lower cost alternative to TPD Cover and could be used to complement your existing TPD Cover.

Feature	Description
Insured events	• *Total and permanent disability* as a result of an *accident*
Eligibility requirements	• You must be *gainfully employed* and working for at least 20 hours per week to be eligible to apply for Any Occupation TPD
Minimum entry age	• 18
Maximum entry age	• 60
Expiry age	• 99 Note: From the policy anniversary immediately after you turn age 70, the TPD definition for your cover will convert to the Non-working TPD definition.
Minimum benefit amount that can be applied for	• $50,000
Maximum benefit amount that can be applied for	• $1,500,000 up to age 50 • $1,000,000 between ages 51 and 55 • $500,000 between ages 56 and 60
Premium type	• Stepped premium
Type of cover	• Any occupation TPD (reverts to Non working TPD at policy anniversary after age 70) • Home duties TPD • Non-working TPD (only available once you turn age 70)
Product structure combinations	• Accidental TPD Cover linked to Accidental Death Cover
Built in benefits at no extra cost	• Indexation Benefit • Financial Advice Benefit • Suspending Cover Benefit • Waiver of Premium While Involuntarily Unemployed Benefit

Accidental Total and Permanent Disability (TPD) Cover

When the Accidental TPD Cover benefit amount is payable

If you are *totally and permanently disabled* because of an *accident* and your *total and permanent disability* occurs within 90 days of the *accident*, we will pay the Accidental TPD Cover benefit amount stated on your policy certificate (including any increases or decreases that have been made under the terms of the policy).

The benefit amount payable is in addition to any TPD Cover benefit amount payable, where applicable.

TPD definitions

The term *total and permanent disability* has the meaning as set out on page 14, except that the benefits payable under Accidental TPD Cover only relate to *total and permanent disability* caused by an *accident* (i.e. you can only satisfy the relevant TPD definition if your *total and permanent disability* is the result of an *injury*. The *sickness* element of the TPD definition is not applicable in Accidental TPD Cover).

The specific TPD definition applicable also depends on the TPD definition which applies to your cover, as stated on your policy certificate (as varied by the terms of the policy).

When the TPD definition will change

On the policy anniversary immediately after you turn age 70, the TPD definition for the cover will automatically convert to the Non-working TPD definition set out on page 14, where your *total and permanent disability* is caused by an *accident* (i.e. you can only satisfy the Non-working TPD definition if your *total and permanent disability* is the result of an *injury*. The *sickness* element of the Non-working TPD definition is not applicable to Accidental TPD Cover).

The maximum Accidental TPD Cover (and TPD Cover if applicable) available at age 70 is $3,000,000 across all policies issued by us (and includes cover provided under Accidental TPD Cover and TPD Cover).

If you are covered for more than $3,000,000 at this age, we will reduce the aggregate benefit amounts. The premium will also be reduced accordingly to reflect the reduced benefit amount.

The Indexation Benefit will continue to be available if the benefit amount has been reduced to $3,000,000.

Additional benefits

The following benefits are also provided under Accidental TPD Cover. For more information on these benefits please refer to the reference in the table below. Please substitute references to TPD Cover for references to Accidental TPD Cover.

Additional benefit	Reference
Indexation Benefit	22
Suspending Cover Benefit	22
Financial Advice Benefit	23
Waiver of Premium While Involuntarily Unemployed Benefit	23

When the Accidental TPD Cover benefit amount is reduced

Your Accidental TPD Cover benefit amount may be reduced in the circumstances described under the heading, 'When the TPD definition will change' on page 17.

When the Accidental TPD Cover benefit amount will not be paid

We will not pay any benefit under Accidental TPD Cover if your *total and permanent disability*, *injury* (or death) is caused directly or indirectly by:

- suicide or any intentional self-inflicted act
- your participation in criminal activity
- you taking alcohol or drugs, other than a drug prescribed by a *medical practitioner* and taken as directed, or
- war or act of war (whether declared or not).

We will not pay any benefit under Accidental TPD Cover on or after the policy anniversary immediately after you turn age 70 for *total and permanent disability*, unless you satisfy the Non-working TPD definition.

We will not pay any benefit under Accidental TPD Cover for anything we have specifically excluded, as stated on your policy certificate.

When Accidental TPD Cover ends

Accidental TPD Cover will end on the earlier of the:

- date of your death
- date on which all entitlements under the cover are paid
- policy anniversary immediately after you turn age 99, or
- date on which the policy ends.

Trauma Cover

Trauma Cover will provide a lump sum payment if you are diagnosed with one of the specified trauma conditions and survive 14 days from the date of diagnosis. You select the amount of cover which is known as the benefit amount.

Feature	Description
Insured events	• Diagnosis or occurrence of a specified trauma condition
Minimum entry age	• 18
Maximum entry age	• 60
Expiry age	• 80 Note: From the policy anniversary immediately after you turn age 70, cover is only provided for *Loss of Independent Existence*, *Loss of Limbs or Sight*, or *Cognitive Loss*.
Minimum benefit amount that can be applied for	• $50,000
Maximum benefit amount that can be applied for	• $500,000
Premium type	• Stepped premium • Level premium to age 65 (reverts to stepped at policy anniversary after age 65)
Product structure combinations	• Trauma Cover linked to Life Cover • Trauma Cover linked to Life Cover with linked TPD Cover
Built in benefits at no extra cost	• Trauma Cover Reinstatement Benefit • Life Cover Buy Back Benefit • Indexation Benefit • Future Increase Benefit • Financial Advice Benefit • Suspending Cover Benefit • Waiver of Premium While Involuntarily Unemployed Benefit

Trauma Cover

When the Trauma Cover benefit amount is payable

If you suffer one of the 'Trauma conditions' listed immediately below and survive 14 days from:

- for an *injury*, the date the *injury* occurs
- for a *sickness*, the date a *medical practitioner* diagnoses the *sickness*, and
- for a treatment, the date you undergo the treatment,

we will pay the Trauma Cover benefit amount stated on your policy certificate (including any increases or decreases that have been made under the terms of the policy).

Trauma conditions covered

Each of these trauma conditions has a specific meaning. Please refer to the 'Trauma definitions' section starting on page 53. Those conditions marked with:

- ^ are subject to a 90 day qualifying period as explained immediately below.
- * will only pay a partial benefit amount as explained on page 20.

Heart condition
*Heart Attack^*
*Out of Hospital Cardiac Arrest^*
*Coronary Artery Bypass Surgery^*
Coronary Artery Angioplasty^*
*Coronary Artery Angioplasty – Triple Vessel^*
Repair or Replacement of a Heart Valve
Surgery of the Aorta
Cardiomyopathy
Open Heart Surgery
Primary Pulmonary Hypertension
Nervous system condition
*Stroke^*
Major Head Trauma
Motor Neurone Disease
Multiple Sclerosis
Muscular Dystrophy
Paralysis
Dementia including Alzheimer's Disease
Coma
Encephalitis
Parkinson's Disease
Bacterial Meningitis and/or Meningococcal Septicaemia

Body organ condition
*Cancer^*
*Cancer of the Vulva or Perineum^*
Severe Benign Brain Tumour or Spinal Cord Tumour
Blindness
End Stage Kidney Failure
Major Organ or Bone Marrow Transplant
Pneumonectomy
Severe Burns
Loss of Speech
Loss of Hearing
End Stage Liver Disease
End Stage Lung Disease
Severe Rheumatoid Arthritis
Blood condition
Occupationally Acquired HIV
Occupationally Acquired Hepatitis B or C
Medically Acquired HIV
Aplastic Anaemia
Advanced Diabetes
Other condition
Intensive Care
Loss of Limbs or Sight
*Loss of One Limb**
Loss of Independent Existence
Cognitive Loss

90 day qualifying period

Unless we have agreed to waive the 90 day qualifying period in respect of replacement cover, no benefit will be paid under this cover for any of the trauma conditions marked with a ^ in the table above if the condition first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within the first 90 days immediately following:

- the date we received your fully completed application for Trauma Cover
- an increase in the Trauma Cover benefit amount (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), and
- the date this cover is last reinstated.

If you are replacing an existing trauma policy

Where we have agreed to replace an existing trauma policy which is issued by us or another insurer, the 90 day qualifying

period will not apply if:

- the insurance under the policy to be replaced has been in place for at least 90 consecutive days immediately prior to the commencement of this cover
- the policy to be replaced provided similar cover for the same trauma conditions or events that are subject to a 90 day qualifying period under this cover
- the benefit amount under this cover being issued by us is the same or less than that under the policy that is being replaced*
- the policy to be replaced is cancelled immediately after the issue of this cover
- all similar exclusions have expired under the policy to be replaced (including exclusions which were applied to the policy after its commencement due to, for example, reinstatements or increases), and
- no claim is payable or pending under the policy to be replaced.

*Where the benefit amount under this cover exceeds that of the policy that is being replaced, the 90 day qualifying period will apply to the excess benefit amount.

Partial trauma benefit payment

The benefit amount payable for:

- *Coronary Artery Angioplasty* is 25% of the Trauma Cover benefit amount subject to a maximum of $50,000 and a minimum of $10,000
- *Loss of One Limb* is 25% of the Trauma Cover benefit amount subject to a maximum of $100,000 and a minimum of $10,000.

Any partial benefit paid will reduce the Trauma Cover benefit amount. Where a partial benefit payment would reduce the remaining Trauma Cover benefit amount to below $10,000, we will pay the entire benefit amount and your Trauma Cover will cease (subject to the Trauma Cover Reinstatement Benefit).

You can only claim for each type of trauma condition once, except for *Coronary Artery Angioplasty*. You may make multiple claims for this trauma condition. We will pay for such multiple trauma conditions until the full Trauma Cover benefit amount has been paid.

When the Trauma Cover changes

On the policy anniversary immediately after you turn age 70, we will only pay the Trauma Cover benefit amount if you suffer *Loss of Independent Existence*, *Loss of Limbs or Sight*, or *Cognitive Loss*.

The maximum Trauma Cover available at age 70 is $2,000,000 across all policies issued by us. If you are covered for more than $2,000,000 at this age, we will reduce the aggregate benefit amounts.

The Indexation Benefit will continue to be available if the benefit amount is reduced to $2,000,000.

Built in benefits at no extra cost

Your Trauma Cover provides a number of built in benefits. Some of these benefits allow you to tailor your level of cover in line with your changing needs.

Trauma Cover Reinstatement Benefit

If we pay a full or partial Trauma Cover benefit amount, you can reinstate your Trauma Cover benefit amount for the amount of the Trauma Cover benefit paid, without having to supply further medical evidence.

We will offer the Trauma Cover Reinstatement Benefit 12 months after the later of:

- the date we received your fully completed claim form in relation to which we pay the full or partial Trauma Cover benefit amount, or
- the date you satisfied the definition of the relevant trauma condition for which we paid the full or partial Trauma Cover benefit amount.

To exercise this benefit, you must notify us in writing within 30 days of the date of our letter of offer.

If the premium type is stepped, the premium for the reinstated Trauma Cover will be calculated based on your age at the time of the reinstatement.

If the premium type is level, the premium for the reinstated Trauma Cover will be calculated based on your age at the cover start date.

Any premium loadings, exclusions or varied terms that applied to the original Trauma Cover (stepped or level premium type) will also apply to the reinstated Trauma Cover.

The Indexation Benefit will apply to the reinstated Trauma Cover.

Limitations

This benefit is not available if:

- the Trauma Cover Reinstatement Benefit has already been exercised in aggregate for the full original Trauma Cover benefit amount
- a TPD benefit or benefit for *terminal illness* has been paid, is being assessed or you are eligible to claim a TPD benefit or benefit for *terminal illness*, under linked cover, or
- a benefit has been paid for *Loss of Independent Existence*.

We will not pay a claim under reinstated Trauma Cover for:

- the same trauma condition for which we paid a claim under the original Trauma Cover
- a condition which is directly or indirectly related to a condition for which a claim has been previously paid under the original Trauma Cover (or treatment of that condition)

- a condition which first occurs or is first diagnosed, or symptoms leading to the condition occurring or being diagnosed first become reasonably apparent, before the date of reinstatement of the Trauma Cover.
- *Stroke, Heart Attack, Out of Hospital Cardiac Arrest, Coronary Artery Bypass Surgery, Coronary Artery Angioplasty, Coronary Artery Angioplasty – Triple Vessel, Repair or Replacement of a Heart Valve, Surgery of the Aorta, Cardiomyopathy, Open Heart Surgery, Primary Pulmonary Hypertension or End Stage Kidney Failure* if a trauma benefit has been paid for any of these trauma conditions under the original Trauma Cover
- *Paralysis* or *Loss of Sight* if the cause of the condition was the result of a *Stroke* and a trauma benefit has been paid for *Heart Attack, Out of Hospital Cardiac Arrest, Coronary Artery Bypass Surgery, Coronary Artery Angioplasty, Coronary Artery Angioplasty – Triple Vessel, Repair or Replacement of a Heart Valve, Surgery of the Aorta, Cardiomyopathy, Open Heart Surgery or Primary Pulmonary Hypertension* under the original Trauma Cover
- *Cancer, Severe Benign Brain Tumour or Spinal Cord Tumour* or *Cancer of the Vulva or Perineum* if a trauma benefit has been paid for any of these conditions under the original Trauma Cover, or
- *Heart Attack* or *Stroke* if a trauma benefit has been paid for *Dementia including Alzheimer's Disease* under the original Trauma Cover.

For example:

- you have $1 million of Trauma Cover and make a claim for *Coronary Artery Angioplasty* which pays a partial benefit of $50,000
- you retain $950,000 Trauma Cover
- 12 months after the claim you exercise the Trauma Cover Reinstatement Benefit and your Trauma Cover increases back to $1 million
- you then lodge a subsequent claim for *Heart Attack*. Assuming the *Coronary Artery Angioplasty* is related to your claim for *Heart Attack*, you are not eligible to claim the entire $1 million for *Heart Attack*. However, you may be eligible to claim $950,000 for *Heart Attack*.

The Future Increase Benefit is not available for the reinstated Trauma Cover.

Life Cover Buy Back Benefit

This benefit allows you to reinstate your Life Cover benefit amount for the amount of the linked Trauma Cover benefit paid, without having to supply further medical evidence. Refer to page 8 for a full description of this benefit.

Additional benefits

The following benefits are also provided under Trauma Cover. For more information on these benefits please refer to the reference in the table below.

Additional benefit	Reference
Indexation Benefit	22
Suspending Cover Benefit	22
Future Increase Benefit	22
Financial Advice Benefit	23
Waiver of Premium While Involuntarily Unemployed Benefit	23

When the Trauma Cover benefit amount is reduced

Your Trauma Cover benefit amount will be reduced by any amount paid:

- under this cover for any partial trauma benefit
- for *terminal illness* benefit under linked Life Cover, and
- for TPD Cover, where Trauma Cover is linked to your Life and linked TPD Cover.

Your Trauma Cover benefit amount will be reduced by the amount of Life Cover converted under the Life Cover Conversion Benefit.

Your Trauma Cover may also be reduced in the circumstances described under the heading, 'When the Trauma Cover changes' on page 20.

When the Trauma Cover benefit amount will not be paid

We will not pay any benefit under Trauma Cover if your trauma condition, *sickness*, *injury* (or death):

- is caused directly or indirectly by any intentional self-inflicted act, or
- occurs within the 90 day qualifying period in respect of certain conditions as explained on page 19.

We will not pay any benefit under Trauma Cover on or after the policy anniversary immediately after you turn age 70, for any trauma condition except *Loss of Independent Existence, Loss of Limbs or Sight* or *Cognitive Loss*.

We will not pay any benefit under Trauma Cover for anything we have specifically excluded, as stated on your policy certificate.

When Trauma Cover ends

Trauma Cover will end on the earlier of the:

- date of your death
- date on which all entitlements under the cover are paid
- policy anniversary immediately after you turn age 80, or
- date on which the policy ends.

Additional benefits applicable to Life Cover, Accidental Death Cover, TPD Cover, Accidental TPD Cover and Trauma Cover

The following additional benefits may apply to Life Cover, Accidental Death Cover, TPD Cover, Accidental TPD Cover and Trauma Cover as indicated below (not all additional benefits apply to all cover types).

Indexation Benefit

To ensure your benefits maintain real value and keep pace with the cost of living we will automatically increase your benefit amount each year in line with the *Consumer Price Index (CPI)*, subject to a minimum increase of 5% p.a.

You may choose not to accept this increase by notifying us in writing within 30 days prior to the relevant policy anniversary. If you decline an increase, you will not be excluded from being offered increases in future years.

The premium will be increased at the same time to reflect the increased benefit amount.

Limitations

The Indexation Benefit will not apply if the Suspending Cover Benefit is being exercised.

Suspending Cover Benefit

You may suspend all cover under your policy and premiums associated with your policy for up to 12 months. During this period, you will be unable to claim in respect of any event, *sickness* or *injury* that occurs during the suspension period.

To exercise this benefit you must notify us in writing at least 30 days prior to the relevant premium due date (monthly or annually) for which you wish to suspend your cover.

To cancel the suspension of your policy, you must notify us in writing. All cover under the policy and premiums will resume as of the next premium due date after we receive your notice. At the end of your suspension period, we will continue your cover and your premium payments will resume, unless you let us know otherwise.

Limitations

Your policy must have been in place for at least 12 consecutive months before you can exercise the Suspending Cover Benefit.

You may only exercise this benefit once in any 12 month period.

Your policy may be suspended under this benefit for a maximum of 12 months in total over the life of the policy.

Future Increase Benefit

We understand that certain life events may mean you need to increase your level of cover. The Future Increase Benefit allows you to increase your Life Cover, TPD Cover and/or Trauma Cover benefit amount after certain specific events, without having to supply further medical evidence.

The Life Cover benefit amount must always be greater than or equal to the higher of the linked TPD Cover and linked Trauma Cover benefit amount.

The events and the maximum increase amounts are summarised in the following table.

Personal event	The Life/TPD/Trauma benefit amount may be increased by up to the lesser of:
• You get married • You or your partner give birth to, or adopt a child • A dependent child of yours starts secondary school • You complete an undergraduate degree at a government recognised Australian university • You get divorced • Death of your spouse • You become a carer for the first time which includes being financially responsible for provision of such care and/or physically providing the care	• 25% of the benefit amount at the cover start date, and • $200,000.
• You take out or increase a mortgage on your principal place of residence with an *accredited mortgage provider*. This excludes re-draw and refinancing	• 50% of the Life Cover benefit amount at the cover start date and if applicable 25% of the TPD Cover or Trauma Cover benefit amount at the start date • the amount of the mortgage, or increase to the mortgage, and • $200,000.

• You receive a promotion or salary package increase of 15% or more The salary package does not include irregular payments such as bonuses or commissions that may not continue in the future.	• 25% of the benefit amount at the cover start date • ten times the amount of the salary package increase, and • $200,000.
Policy event	**The Life/TPD/Trauma benefit amount may be increased by up to the lesser of:**
• Every third policy anniversary (if you have not increased the Life/TPD/Trauma benefit amount under the Future Increase Benefit in the previous three years)	• 25% of the benefit amount at the cover start date, and • $200,000.

To apply for an increase under this benefit, you must complete a 'Future Increase Benefit Application Form' and return it to us with any other information we have requested to demonstrate that the personal event has occurred.

Your application needs to be made:

- within 30 days of the occurrence of the personal or policy event, or
- within 30 days of the policy anniversary following the personal or policy event.

The increase in cover will take effect from the date we notify you in writing, which will be no later than 30 days from the date you satisfied our requirements.

Limitations

You may apply for an increase for only one personal or policy event per cover type in any 12 month period across all policies issued by us covering you.

Any increase in the benefit amount is subject to the following limits:

Increase limits	Life/TPD/Trauma Cover
• Minimum for each increase	$10,000
• For the life of the cover the lesser of the benefit amount at the cover start date and this maximum across all policies you have with us (subject to the maximum benefit amount applicable for each cover)	$2,000,000

The increased benefit amount does not apply until we have confirmed it in writing and your premium will increase to reflect the increase in cover.

The premium for the increased benefit amount will be recalculated based on your age at the time of the increase.

Within the first six months of an increase to a benefit amount, the increased benefit amount is only payable for death, *total and permanent disability* or a trauma condition (as applicable) which results from an *accident*.

This benefit is not available:

- from the policy anniversary immediately after you turn age 60
- if you have made, or are eligible to make a claim under any policy issued by us, or
- if your cover is issued with a medical loading greater than 100%, as stated on your policy certificate.

This benefit does not apply to Accidental Death Cover or Accidental TPD Cover.

Financial Advice Benefit

If we pay the full Life Cover, Accidental Death Cover, TPD Cover, Accidental TPD Cover or Trauma Cover benefit amount, we will reimburse the cost of engaging a financial adviser who is operating under an Australian Financial Services Licence to prepare a financial plan(s) for you and/or any other beneficiaries under the policy.

The total amount payable under this benefit is the lesser of the actual fee charged by the financial adviser and $3,000.

Limitations

You must be able to provide a copy of the invoice or receipt showing the amount paid and the services provided.

The financial plan must be provided within 12 months of receiving the full benefit amount.

This benefit will only be paid once for each person insured, regardless of how many life insurance policies you have with us.

Waiver of Premium While Involuntarily Unemployed Benefit

If you become *involuntarily unemployed* (other than as a direct result of *sickness* or *injury*) we will waive the premium for up to three months while you are *involuntarily unemployed*.

To exercise this benefit you must notify us in writing within 30 days of the relevant premium due date for which you are applying to have premiums waived.

If your policy includes Child Cover we will also waive any premiums that become payable for the Child Cover while we are waiving premiums under this benefit.

At the end of your waiver period, your premium payments will resume unless you let us know otherwise.

Limitations

Your policy must have been in place for at least 12 consecutive months before you can exercise the Waiver of Premium While Involuntarily Unemployed Benefit.

You must be registered with an Australian government approved employment agency as at the date you notify us that you want to exercise this benefit.

This benefit is not available for the self employed.

This benefit is only available if you are paying your premiums monthly and is only available in respect of future premiums (i.e. those that are due to become payable).

We will waive premiums under this benefit for separate periods of time you are *involuntarily unemployed* subject to a maximum of three months in total over the life of the policy.

Child Cover

Child Cover will provide a lump sum payment in the event of the death or *terminal illness* of the child insured or where they are diagnosed with a specified trauma condition. You can insure more than one child on your policy but each child insured must have the same benefit amount.

Feature	Description
Insured events	• Diagnosis of a specified trauma condition • *Terminal illness* • Death
Minimum entry age	• 2
Maximum entry age	• 18
Expiry age	• 21
Minimum benefit amount	• $10,000
Maximum benefit amount	• $200,000
Premium type	• Stepped premium (but currently the same premium rate across all ages)
Product structure combinations	• Child Cover can only be applied for in conjunction with Life or Accidental Death Cover for an adult. If the adult lump sum cover is declined, cancelled (for reasons other than a claim) or lapses, we will also decline, cancel or lapse the Child Cover.
Built in benefits at no extra cost	• Funeral Advancement Benefit • Grief Support Benefit • Continuation of Cover Benefit • Conversion of Child Cover Benefit • Indexation Benefit • Suspending Cover Benefit

When the Child Cover benefit amount is payable

The Child Cover benefit amount stated on your policy certificate (including any increases or decreases that have been made under the terms of the policy) will be paid if the child insured:

- is diagnosed with or suffers one of the trauma conditions listed in the following table, and survives 14 days from
  - for an *injury*, the date the *injury* occurs
  - for a *sickness*, the date a *medical practitioner* diagnoses the *sickness*, and
  - for a treatment, the date the child insured undergoes the treatment
- is *terminally ill*, or
- dies.

Trauma conditions covered

Each of these trauma conditions has a specific meaning. Please refer to the 'Trauma definitions' section starting on page 53. Those conditions marked with:

- ^ are subject to a 90 qualifying period as explained on the following page.
- * will only pay a partial benefit amount as explained on page 26.

Heart condition
*Heart Attack^*
*Out of Hospital Cardiac Arrest^*
*Coronary Artery Bypass Surgery^*
Coronary Artery Angioplasty^*
*Coronary Artery Angioplasty – Triple Vessel^*
Repair or Replacement of a Heart Valve
Surgery of the Aorta
Cardiomyopathy
Open Heart Surgery
Primary Pulmonary Hypertension
Nervous system condition
*Stroke^*
Major Head Trauma
Multiple Sclerosis
Muscular Dystrophy
Paralysis
Coma
Encephalitis
Bacterial Meningitis and/or Meningococcal Septicaemia

Body organ condition
*Cancer^*
Severe Benign Brain Tumour or Spinal Cord Tumour
Blindness
End Stage Kidney Failure
Major Organ or Bone Marrow Transplant
Pneumonectomy
Severe Burns
Loss of Speech
Loss of Hearing
End Stage Liver Disease
End Stage Lung Disease
Severe Rheumatoid Arthritis
Blood condition
Medically Acquired HIV
Aplastic Anaemia
Advanced Diabetes
Other condition
Intensive Care
Loss of Limbs or Sight
*Loss of One Limb**
Loss of Independent Existence
Cognitive Loss

90 day qualifying period

Unless we have agreed to waive the 90 day qualifying period, in respect of replacement cover, no benefit will be paid under this cover for any of the trauma conditions marked with a ^ if the condition first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within the first 90 days immediately following:

- the date we received your fully completed application for Child Cover
- an increase in the Child Cover benefit amount (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), and
- the date this cover is last reinstated.

If you are replacing an existing child cover policy

Where we have agreed to replace an existing child cover policy on the life of the child insured which is issued by us or another insurer, the 90 day qualifying period will not apply if:

- the insurance under the policy to be replaced has been in place for at least 90 consecutive days immediately prior to the commencement of this cover
- the policy to be replaced provided similar cover for the same trauma conditions or events that are subject to a 90 day qualifying period under this cover
- the benefit amount under this cover being issued by us is the same or less than that under the policy that is being replaced*
- the policy to be replaced is cancelled immediately after the issue of this cover
- all similar exclusions have expired under the policy to be replaced (including exclusions which were applied to the policy after its commencement due to, for example, reinstatements or increases), and
- no claim is payable or pending under the policy to be replaced.

*Where the benefit amount under this cover exceeds that of the policy that is being replaced, the 90 day qualifying period will apply to the excess benefit amount.

Partial trauma benefit payment

The benefit amount payable for:

- *Coronary Artery Angioplasty*, and
- *Loss of One Limb*

is 25% of the Child Cover benefit amount subject to a maximum of $50,000 and a minimum of $10,000.

Any partial benefit paid will reduce the Child Cover benefit amount. Where a partial benefit payment would reduce the remaining cover to below $10,000, we will pay the entire benefit amount and your Child Cover will cease.

You can only claim for each type of trauma condition once, except for *Coronary Artery Angioplasty*. You may make multiple claims for this trauma condition.

Funeral Advancement Benefit

Upon the production of the child insured's death certificate, or any other satisfactory evidence to us of the child insured's death, we will advance the lesser of $25,000 and the Child Cover benefit amount.

The Child Cover benefit amount will be reduced by the amount paid under this benefit.

Payment of this benefit is not an admission of our liability to pay the Child Cover claim.

We reserve the right to recover the amount of the Funeral Advancement Benefit paid if the Child Cover claim is subsequently declined.

Grief Support Benefit

This benefit is available to help you start to come to terms with a reaction to grief which arises from the death or serious illness of a child.

If we pay the full Child Cover benefit amount, we will reimburse the cost of up to four hours of grief counselling sessions for you or an *immediate family member*, with a counsellor acceptable to us.

The maximum total amount we will reimburse under this benefit for each child insured is $1,000.

Limitations

The Grief Support Benefit must be exercised within 12 months of payment of the full Child Cover benefit amount.

Continuation of Cover Benefit

If you die or your policy ends because you have made a claim under your policy, the child's parent or guardian may continue the Child Cover on the child insured under a new policy without the need to provide further medical evidence in relation to the child insured.

Conversion of Child Cover Benefit

On the policy anniversary immediately after the child insured is age 21, we will give the child insured the option of converting the existing Child Cover to Life Cover, with the option to link TPD and/or Trauma Cover, without having to reapply or supply further medical evidence.

The benefit amount may be up to the same amount of benefit that applied under Child Cover at the time it expired.

Any premium loadings, exclusions or varied terms that applied to the Child Cover will apply to the new Life Cover, Trauma Cover and/or TPD Cover.

The premium will be calculated based on the age of the child insured and the current premium rates at the time the new cover is issued.

If the child insured wishes to exercise this benefit, they must notify us in writing within 30 days before the expiry of the Child Cover.

Additional benefits

The following benefits are also provided under Child Cover. For more information on these benefits please refer to the reference in the table below. Please substitute references to 'you' and 'your' in the relevant section for 'child insured'.

Additional benefit	Reference
Indexation Benefit	22
Suspending Cover Benefit	22

When the Child Cover benefit amount will be reduced

Your Child Cover benefit amount will be reduced by an amount paid in respect of the child insured for a:

- partial trauma benefit
- *terminal illness* benefit, or
- Funeral Advancement Benefit.

When a Child Cover benefit amount will not be paid

We will not pay any benefit under Child Cover if the child insured's trauma condition, *sickness, injury, terminal illness* (or death):

- is caused directly or indirectly by any intentional self-inflicted act or any attempt at suicide within the first 13 months of:
  - the cover start date
  - an increase in the benefit amount (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), or
  - the date on which cover was last reinstated
- is the result of a malicious act of you, or the child insured's parent or guardian, or
- occurs within the 90 day qualifying period in respect of certain conditions as explained on page 26.

We will not pay any benefit under Child Cover for anything we have specifically excluded, as stated on your policy certificate.

When Child Cover ends

Child Cover for the child insured will end on the earlier of the:

- death of the child insured
- date on which all entitlements under the cover are paid
- policy anniversary immediately after the child insured is age 21, or
- date on which the policy ends (subject to the Continuation of Cover Benefit being exercised).

Income Protection Cover

Income protection provides an ongoing *monthly benefit amount* if you are *disabled* as a result of *sickness* or *injury*.

Feature	Description
Insured events	• *Total disability* • *Partial disability*
Eligibility requirements	• *Gainfully employed* for at least 20 hours per week
Minimum entry age	• 18
Maximum entry age	• 60
Expiry age	• 65
Minimum *monthly benefit amount*	• $1,500
Maximum *monthly benefit amount*	• $10,000 up to age 45 • $7,500 between ages 46 and 60
Premium type	• Stepped premium • Level premium
Waiting period	• 30, 60 or 90 days
Benefit period	• 2 or 5 years • Age 65
Benefit type	• Indemnity
Built in benefits at no extra cost	• Rehabilitation Benefit • Waiver of Premium While on Claim Benefit • Waiver of Waiting Period for Specific Medical Conditions Benefit • Waiver of Premium While Involuntarily Unemployed Benefit • Future Increase Benefit • Suspending Cover Benefit • Indexation Benefit • Relapse Benefit
Option available at an extra cost	• Increasing Claim Option

Income Protection Cover

When the income protection monthly benefit amount is payable

In broad terms, if you are *disabled* for longer than the waiting period, we will pay you an ongoing *monthly benefit amount* for as long as you are *disabled* or until the expiry of your benefit period, whichever comes first.

Monthly benefit amount

The *monthly benefit amount* that will be payable to you if you become *disabled* is the lesser of:

- 75% of your *pre-disability earnings* less *offsets*, and
- the *monthly benefit amount* insured for, as stated on your policy certificate (including any increases or decreases that have been made under the terms of the policy).

Waiting period

Most benefits under income protection are subject to a waiting period. This is the minimum period of time you must be *totally disabled* or *partially disabled* as a result of the same *sickness* or *injury* before you are eligible to claim a *disability* benefit.

The longer the waiting period the lower the premium.

We offer 30, 60 or 90 day waiting periods.

When does the waiting period start?

The waiting period starts on the earlier of the following:

- when you first consult a *medical practitioner* about the *sickness* or *injury* that is causing your *disability* and you are certified as *totally disabled* or *partially disabled*, or
- when you first stop working due to that *sickness* or *injury* (as long as you consult a *medical practitioner* within seven days and provide reasonable medical evidence about when the condition began).

Do I need to be totally disabled during the waiting period?

To be eligible for a Total Disability Benefit or Partial Disability Benefit at the end of the waiting period, you must have been *totally disabled* for 14 days out of the first 19 consecutive days of the waiting period and *disabled* for the remainder of the waiting period, subject to the return to work rules outlined below.

Can I return to work during the waiting period? (return to work rules)

If you have a 30 day waiting period, you may return to work at full capacity for up to five consecutive days during the waiting period without having to start the waiting period again.

If your waiting period is more than 30 days, you may return to work at full capacity for up to ten consecutive days.

The days you work will be added to the end of your waiting period.

Waiver of Waiting Period for Specific Medical Conditions Benefit

If you are *totally disabled* as a result of suffering:

- *Cardiomyopathy*
- *Primary Pulmonary Hypertension*
- *Motor Neurone Disease*
- *Multiple Sclerosis*
- *Muscular Dystrophy*
- *Parkinson's Disease*
- *Dementia including Alzheimer's Disease*
- *Paralysis*
- *Loss of Independent Existence*
- *Loss of Speech*
- *Loss of Hearing*
- *End Stage Lung Disease*
- *Severe Rheumatoid Arthritis*

and are unlikely to ever engage in your full time occupation you were engaged in prior to *disability*, we will waive the waiting period.

Benefit period

This is the maximum amount of time we will pay you the *monthly benefit amount* for in respect of any one continuous period of *disability*. If your benefit period is 5 years or less, you can only claim one full benefit period for any one condition.

Subject to the rules on relapse of *sickness* or *injury* (set out under Relapse Benefit on page 30), a new benefit period will start at the end of each waiting period.

The shorter the benefit period the lower the premium.

We offer the following benefit periods:

- 2 or 5 years
- to age 65.

Note: Not all benefit periods are available for all occupational categories. Please call us on **132 979** for more information on occupational categories.

Total Disability Benefit

If you are *totally disabled*, we will pay the *monthly benefit amount*.

Payment will begin to accrue from the first day after the end of the waiting period and will continue for as long as you are *totally disabled*, to the end of the benefit period or the expiry of the policy, whichever occurs first.

We pay the Total Disability Benefit monthly in arrears.

If you are *totally disabled* for part of the month, we will pay 1/30th of the *monthly benefit amount* for each day you are *totally disabled*.

What does it mean to be totally disabled?

You will be considered to be *totally disabled*, if in our opinion, you are, solely because of *sickness* or *injury*:

- unable to perform one or more *important income producing duties* of your *regular occupation*
- under the regular care and following the advice of a *medical practitioner* in relation to that *sickness* or *injury*, and
- not working.

Partial Disability Benefit

If you are *partially disabled*, we will pay you a proportion of the *monthly benefit amount*.

Payment will begin to accrue from the first day after the end of the waiting period and will continue for as long as you are *partially disabled*, to the end of the benefit period or the expiry of the policy, whichever occurs first.

The Partial Disability Benefit amount we will pay is calculated as follows:

$$\textit{monthly benefit amount} \times \frac{(A - B)}{A}$$

Where:

- A = your *pre-disability earnings*, and
- B = your *monthly earnings* for the month in which you are *partially disabled* and a Partial Disability Benefit is claimed.

We pay the Partial Disability Benefit monthly in arrears. If you are *partially disabled* for part of the month, we will pay 1/30th of the Partial Disability Benefit amount for each day you are *partially disabled*.

What does it mean to be partially disabled?

You will be considered *partially disabled*, if in our opinion, you are unable to work in your *regular occupation* at full capacity solely because of *sickness* or *injury* and:

- you are working in your *regular occupation* or any other *gainful employment* in a reduced capacity
- you are not *totally disabled*
- your *monthly earnings* are less than your *pre-disability earnings*, and
- you are under the care and following the advice of a *medical practitioner* in relation to that *sickness* or *injury*.

What happens if I am unemployed, or on parental leave or sabbatical leave?

Your Income Protection Cover will continue if you are unemployed or on *parental leave* or sabbatical leave. If you have been on leave for more than 12 months immediately prior to a *disability*, we will consider your *regular occupation* (for the purpose of the definition of *total disability* or *partial disability*) to be any occupation for which you are reasonably suited by way of education training or experience.

Built in benefits at no extra cost

Income Protection Cover provides a number of built in benefits. Some of these benefits allow you to tailor your level of cover in line with your changing needs.

Waiver of Premium While on Claim Benefit

You don't have to pay premiums for your income protection cover while we are paying you a *disability* benefit.

This includes the situation where you have a benefit entitlement under this cover but it is reduced to nil due to benefit *offsets*.

We will refund any premiums in respect of the waiting period that you have already paid. For example, if you have paid an annual premium, we will refund a portion of the annual premium that relates to the waiting period and any subsequent period of *disability*.

Rehabilitation Benefit

If we are paying a Total Disability Benefit or Partial Disability Benefit and you participate in a rehabilitation program approved by us and/or incur costs for equipment that we agree are needed for your rehabilitation, we will reimburse the costs associated with your rehabilitation.

The maximum amount payable under this benefit over the life of the policy is 12 times the *monthly benefit amount*.

This benefit is payable in addition to any other benefit payable under this policy and is payable monthly in arrears.

Limitations

We must agree in writing before you commence the rehabilitation program or purchase any equipment and we will not approve any expense that you are entitled to have reimbursed by another source.

This benefit is not payable during the waiting period.

Relapse Benefit

Benefit period to age 65

If you return to work on a full time basis after receiving a Total Disability Benefit or Partial Disability Benefit and you

suffer a relapse of the same or a related *sickness* or *injury* within 12 months of the previous claim ending, we will waive the waiting period and treat the relapse as a continuation of the original claim.

If the relapse occurs more than 12 months after the date we last paid a Total Disability Benefit or Partial Disability Benefit, we will treat this as a new claim which means the waiting period will start again.

Benefit period of 5 years or less

If you return to work on a full time basis after receiving a Total Disability Benefit or Partial Disability Benefit and you suffer a relapse of the same or a related *sickness* or *injury* within six months of the previous claim ending, we will waive the waiting period and treat the relapse as a continuation of the original claim.

If the relapse occurs more than six months after the date we last paid a Total Disability Benefit or Partial Disability Benefit, we will treat this as a new claim which means the waiting period will start again.

Future Increase Benefit

If your income increases, this benefit allows you to increase the insured *monthly benefit amount* by up to 15%, without having to provide further medical evidence.

You may increase the insured *monthly benefit amount* on each policy anniversary, up until the policy anniversary immediately after you turn age 55.

The increase allowed is the lesser of:

- 15% of the insured *monthly benefit amount*, and
- the actual increase in your *monthly earnings*.

This increase is in addition to any increase in cover under the Indexation Benefit.

Limitations

Any increase is subject to you providing financial evidence to support the increase and confirmation that you are actively at work at the time of the increase.

The total of all increases in the insured *monthly benefit amount* cannot exceed the original insured *monthly benefit amount* at the cover start date.

This benefit cannot be exercised if:

- a claim is being paid under this cover, a claim is being assessed or you are eligible to make a claim under this policy or another policy on your life, or
- your cover is issued with a medical loading greater than 100%, as stated on your policy certificate.

Additional benefits

The following benefits are also provided under Income Protection Cover. For more information on these benefits please refer to the reference in the table below.

Additional benefit	Reference
Indexation Benefit	37
Suspending Cover Benefit	37
Waiver of Premium While Involuntarily Unemployed Benefit	37

Optional extra which allows you to tailor your income protection cover

When you apply for Income Protection Cover, there is an option available which allows you to tailor your cover to best suit your needs. The following option is available for an extra premium and if selected will be included on your policy certificate.

Increasing Claim Option

If we have paid a Total Disability Benefit or a Partial Disability Benefit for 12 months or more, we will increase the *monthly benefit amount* by the rate of the *Consumer Price Index (CPI)* on each yearly anniversary from when benefits first become payable for as long as we continue to pay a benefit.

When we stop paying the Total Disability Benefit or Partial Disability Benefit, we will increase your insured *monthly benefit amount* to be equal to the indexed *monthly benefit amount* applying immediately prior to the end of the *total disability* or *partial disability* claim.

When the income protection monthly benefit amount may be reduced

The *monthly benefit amount* may be reduced if you receive 'other payments' for *disability* which exceed 10% of your *pre-disability earnings*. These 'other payments' will determine the amount of the *offset*.

'Other payments' mean:

- any payment received as a result of a worker's compensation or motor accident claim, or any claim under similar state or federal legislation
- payments received from any other disability insurance that provides income payments due to *sickness* or *injury*, unless we have expressly agreed not to apply a reduction, and
- payments received from any social security benefits.

If an *offset* applies and the 'other payment' is a lump sum payment, then for the purpose of the reduction, this will be treated as a series of 60 monthly payments with each monthly payment equal to 1/60th of the lump sum payment. We will only reduce the *monthly benefit amount* to ensure that, when combined with 'other payments' (and *monthly earnings* if you are *partially disabled*) you do not receive more than:

- 75% of your *pre-disability earnings* or *monthly benefit amount* when you are *totally disabled*, or

- 100% of your *pre-disability earnings* when you are *partially disabled*.

We will not reduce the *monthly benefit amount* if you receive a payment for:

- a lump sum compensation payment for pain or suffering or loss of use of part of the body
- a lump sum trauma benefit or total and permanent disablement benefit paid under an insurance policy, or
- sick, long service or annual leave payments.

More than one benefit payable

Other than as specifically stated in this policy, if you are concurrently eligible for more than one benefit under this cover, we will only pay one benefit and this will be the one which provides the highest payment.

When the income protection monthly benefit amount will not be paid

We will not pay a benefit under income protection if your *disability*, *sickness, injury* (or death) is caused directly or indirectly by:

- an intentional self-inflicted act, suicide or any attempted suicide
- war or act of war (whether declared or not)
- normal or uncomplicated pregnancy or childbirth, or
- elective surgery or treatment which you voluntarily undergo within the first six months of:
    - the commencement of cover
    - an increase in the insured *monthly benefit amount* (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), or
    - the date the cover is last reinstated.

If your condition is directly or indirectly related to pregnancy, childbirth or miscarriage complications (including postnatal depression) a three month qualifying period applies. This means that if you have been *totally disabled* for three months as a result of pregnancy, benefits will begin to accrue at the end of this three month period.

We will not pay any benefit if your *disability* or death is caused directly or indirectly by anything we have specifically excluded, as stated on your policy certificate.

We cannot pay a benefit which we are not permitted by law to pay or reimburse any expenses which are regulated by the *National Health Act 1953* (Cth) or the *Private Health Insurance Act 2007* (Cth).

When income protection ends

Income protection will end on the earlier of the:

- date of your death
- date on which all entitlements under the cover are paid
- policy anniversary immediately after you turn age 65, for an age based benefit period (as applicable) depending on what is the stated expiry date as set out in your policy certificate, or
- date on which the policy ends.

Accidental Income Protection Cover

Accidental Income Protection Cover provides an ongoing *monthly benefit amount* if you are *disabled* as a result of an *accident*.

Accidental Income Protection Cover is not subject to medical assessment and may be a valuable alternative if you have health conditions that make Income Protection Cover expensive or unavailable. Accidental Income Protection Cover is a lower cost alternative to Income Protection Cover and could be used to complement your existing Income Protection Cover.

Feature	Description
Insured events	• *Total disability* • *Partial disability*
Eligibility requirements	• *Gainfully employed* for at least 20 hours per week
Minimum entry age	• 18
Maximum entry age	• 60
Expiry ages	• 65
Minimum *monthly benefit amount*	• $1,500
Maximum *monthly benefit amount*	• $10,000 up to age 45 • $7,500 between ages 46 and 60
Premium type	• Stepped premium
Waiting period	• 30, 60 or 90 days
Benefit period	• 2 or 5 years • Age 65
Benefit payment type	• Indemnity
Built in benefits at no extra cost	• Indexation Benefit • Relapse Benefit • Rehabilitation Benefit • Waiver of Premium While on Claim Benefit • Suspending Cover Benefit
Option available at an extra cost	• Increasing Claim Option

Accidental Income Protection Cover

When the Accidental Income Protection benefit amount is payable

In broad terms, if you are *disabled* as a result of an *accident* for longer than the waiting period, we will pay you an ongoing *monthly benefit amount* for as long as you are disabled or until the expiry of the benefit period, whichever comes first.

Your *disability* must occur within 90 days of the *accident*.

The information in the sections referred to in the table below apply to Accidental Income Protection Cover, noting that a modified definition of *total disability* and *partial disability* applies. Please substitute references to income protection or Income Protection Cover for references to Accidental Income Protection Cover.

Features under Income Protection Cover that apply to Accidental Income Protection Cover	Reference	Limitations to information described in the Income Protection Cover section
When the income protection monthly benefit amount is payable	29	Only applies where your *disability* is the result of an *accident* and your *disability* occurs within 90 days of the *accident*
Monthly benefit amount	29	No extra limitations apply
Benefit period	29	No extra limitations apply
Total Disability Benefit	29	Only applies where your *disability* is the result of an *accident* and your *disability* occurs within 90 days of the *accident*
Partial Disability Benefit	30	Only applies where your *disability* is the result of an *accident* and your *disability* occurs within 90 days of the *accident*

Waiting period

Most benefits under Accidental Income Protection Cover are subject to a waiting period. This is the minimum period of time you must be *totally disabled* or *partially disabled* as a result of the same *injury* before you are eligible to claim a *disability* benefit.

The longer the waiting period the lower the premium.

We offer 30, 60 and 90 day waiting periods.

Note: Not all waiting periods are available for all occupational categories. Please call us on **132 979** for more information on occupational categories.

When does the waiting period start?

The waiting period starts on the earlier of the following:

- when you first consult a *medical practitioner* about the *injury* that is causing your *disability* and you are certified as *totally disabled* or *partially disabled*, or
- when you first stop working due to that *injury* (as long as you consult a *medical practitioner* within seven days and provide reasonable medical evidence about when the condition began).

Do I need to be totally disabled during the waiting period?

To be eligible for a Total Disability Benefit or Partial Disability Benefit at the end of the waiting period, you must have been *totally disabled* for 14 days out of the first 19 consecutive days of the waiting period and *disabled* for the remainder of the waiting period, subject to the return to work rules outlined below.

Can I return to work during the waiting period? (return to work rules)

If you have a 30 day waiting period, you may return to work at full capacity for up to five consecutive days during the waiting period without having to start the waiting period again.

If your waiting period is more than 30 days, you may return to work at full capacity for up to ten consecutive days.

The days you work will be added to the end of the waiting period.

Relapse Benefit

Benefit period to age 65

If you return to work on a full time basis after receiving a Total Disability Benefit or Partial Disability Benefit and you suffer a relapse of the same or a related *injury* within 12 months of the previous claim ending, we will waive the waiting period and treat the relapse as a continuation of the original claim.

If the relapse occurs more than 12 months after the date we last paid a Total Disability Benefit or Partial Disability Benefit, we will treat this as a new claim which means the waiting period will start again.

Benefit period of 5 years or less

If you return to work on a full time basis after receiving a Total Disability Benefit or Partial Disability Benefit and you suffer a relapse of the same or a related *injury* within six months of the previous claim ending, we will waive the waiting period and treat the relapse as a continuation of the original claim.

If the relapse occurs more than six months after the date we last paid a Total Disability Benefit or Partial Disability Benefit, we will treat this as a new claim which means the waiting period will start again.

Additional built in benefits at no extra cost

The following benefits are also provided under Accidental Income Protection Cover, except that benefits payable under Accidental Income Protection Cover only relate to *disability* as a result of an *accident* (i.e you can only satisfy the relevant definition if your *disability* is caused by *injury*). The *sickness* element of the relevant definition is not applicable for Accidental Income Protection Cover. For more information on these benefits please refer to the reference in the table below. Please substitute references to income protection or Income Protection Cover for references to Accidental Income Protection Cover.

Built in benefit	Reference	Limitations to information described in the Income Protection Cover section
Indexation Benefit	37	No extra limitations apply
Rehabilitation Benefit	30	No extra limitations apply
Waiver of Premium While on Claim Benefit	30	No extra limitations apply
Waiver of Premium While Involuntarily Unemployed Benefit	37	No extra limitations apply

Optional extra which allows you to tailor your Accidental Income Protection Cover

When you apply for Accidental Income Protection Cover, there is an optional extra available which allows you to tailor your cover to best suit your needs. The following option is available for an extra premium and if selected will be included on your policy certificate.

Please substitute references to income protection or Income Protection Cover for references to Accidental Income Protection Cover.

Optional extra	Reference	Limitations to information described in the Income Protection Cover section
Increasing Claim Option	31	No extra limitations apply

When the Accidental Income Protection Cover monthly benefit amount may be reduced

The *monthly benefit amount* may be reduced if you receive 'other payments' for *disability* which exceed 10% of your *pre-disability earnings*. These 'other payments' will determine the amount of the *offset*.

'Other payments' mean:

- any payment received as a result of a worker's compensation or motor accident claim, or any claim under similar state or federal legislation
- payments received from any other disability insurance that provides income payments due to *sickness* or *injury*, unless we have expressly agreed not to apply a reduction, and
- payments received from any social security benefits.

If an *offset* applies and the 'other payment' is a lump sum payment, then for the purpose of the reduction, this will be treated as a series of 60 monthly payments with each monthly payment equal to 1/60th of the lump sum payment. We will only reduce the *monthly benefit amount* to ensure that, when combined with 'other payments' (and *monthly earnings* if you are *partially disabled*) you do not receive more than:

- 75% of your *pre-disability earnings* or *monthly benefit amount* when you are *totally disabled*, or
- 100% of your *pre-disability earnings* when you are *partially disabled*.

We will not reduce the *monthly benefit amount* if you receive a payment for:

- a lump sum compensation payment for pain or suffering or loss of use of part of the body
- a lump sum trauma benefit or total and permanent disablement benefit paid under an insurance policy, or
- sick, long service or annual leave payments.

When the Accidental Income Protection Cover benefit amount will not be paid

We will not pay any benefit under Accidental Income Protection Cover if your *disability*, *injury* (or death) is caused directly or indirectly by:

- attempted suicide or any intentional self-inflicted act
- war or act of war (whether declared or not)
- your participation in criminal activity, or
- you taking alcohol or drugs, other than a drug prescribed by a *medical practitioner* and taken as directed.

We will not pay any benefit under Accidental Income Protection Cover for anything we have specifically excluded, as stated on your policy certificate.

We cannot pay a benefit which we are not permitted by law to pay or reimburse any expenses which are regulated by the *National Health Act 1953* (Cth) or the *Private Health Insurance Act 2007* (Cth).

When Accidental Income Protection Cover ends

Accidental Income Protection Cover will end on the earlier of the:

- date of your death
- date on which all entitlements under the cover are paid
- policy anniversary immediately after you turn age 65, for an age based benefit period (as applicable) depending on what is the stated expiry date as set out in your policy certificate, or
- date on which the policy ends.

Additional benefits applicable to Income Protection Cover and Accidental Income Protection Cover

The following additional benefits apply to Income Protection Cover and Accidental Income Protection Cover.

Indexation Benefit

We will automatically increase the insured *monthly benefit amount* at each policy anniversary. The rate of increase will be the greater of:

- 5%, and
- the percentage increase in the *Consumer Price Index (CPI)*.

You may choose not to accept this increase by notifying us 30 days prior to the relevant policy anniversary. If you decline an increase, you will not be excluded from being offered increases in future years.

The premium will be increased at the same time to reflect the increased insured *monthly benefit amount*.

Limitations

The Indexation Benefit will not apply while we are paying a *disability* benefit under Income Protection Cover or Accidental Income Protection Cover unless the Increasing Claim Option applies, as explained on page 31.

The Indexation Benefit will not apply if the Suspending Cover Benefit is being exercised.

Suspending Cover Benefit

You may suspend all cover under your policy and premiums associated with your policy for up to 12 months. During this period, you will be unable to claim in respect of any *sickness* or *injury* that occurs during the suspension period.

You may exercise the Suspending Cover Benefit by notifying us in writing within 30 days of the relevant premium due date (monthly or annually) from which you wish to suspend your cover.

To cancel the suspension of your policy, you must notify us in writing. All cover under the policy and premiums will resume as of the next premium due date after we received your notice. At the end of your suspension period, we will continue your cover and your premium payments will resume, unless you let us know otherwise.

Limitations

Your policy must have been in place for at least 12 consecutive months before you can exercise the Suspending Cover Benefit.

You may only exercise this benefit once in any 12 month period.

Your policy may be suspended under this benefit for a maximum of 12 months in total over the life of the policy.

Waiver of Premium While Involuntarily Unemployed Benefit

If you become *involuntarily unemployed* (other than as a direct result of *sickness* or *injury*) we will waive the premium for up to three months while you are *involuntarily unemployed*.

To exercise this benefit you must notify us in writing within 30 days of the relevant premium due date from which you are applying to have premiums waived.

If your policy includes Child Cover, we will also waive any premiums that become payable for the Child Cover while we are waiving premiums under this benefit.

At the end of your waiver period, your premium payments will resume unless you let us know otherwise.

Limitations

Your policy must have been in place for at least 12 consecutive months before you can exercise the Waiver of Premium While Involuntarily Unemployed Benefit.

You must be registered with an Australian government approved employment agency as at the date you notify us that you want to exercise this benefit.

This benefit is not available for the self employed.

This benefit is only available if you are paying your premiums monthly and is only available in respect of future premiums (i.e. those that are due to become payable).

We will waive premiums under this benefit for separate periods of time you are *involuntarily unemployed* subject to a maximum of three months in total over the life of the policy.

Premiums and other costs

How much will it cost?

The amount you pay for a ClearView LifeSolutions Essentials policy is called the premium.

As part of the application process, an indicative premium (quote) will be provided to you. The actual premium you pay may be different if:

- you have a birthday during the period between when the quote was provided and when the cover starts
- after assessing your application we are only able to offer cover on varied terms which may involve you paying a higher premium (which you agree to)
- government taxes or charges such as stamp duty are introduced or existing rates amended, and/or
- premium rates have changed.

What factors affect my premium?

A number of factors will determine the premium you pay including the level of cover and any optional extra you have selected, as well as a range of personal factors such as your age, gender, smoking status, state of health, occupation and pastimes.

For Income Protection Cover and Accidental Income Protection Cover, the waiting period and benefit period will also affect the premium you pay.

Premium type

You can choose the premium type that best suits your needs.

Stepped premium

Where your premium type is specified as 'Stepped premium', your policy premiums are recalculated each year based on your changing benefit amounts and your increase in age.

Any taxes or monthly payment loading applicable, and any policy discounts you are eligible for, are then applied.

Level premium

Where your premium type is specified as 'Level premium', your policy premiums are recalculated each year for changes in your benefit amount, but not for a change in your age. The premium is calculated based on your age at the date of the commencement of the relevant cover (including indexation of that cover amount). The premium for other increases in cover will be based on your age at the time of commencement of the increased cover.

If you have a level premium and exercise the Trauma Cover Reinstatement Benefit or Life Cover Buy Back Benefit, the cost of the reinstated cover is calculated based on your age at the date of the commencement of the relevant cover, rather than your age at the time the relevant cover is reinstated.

Any taxes or monthly payment loading applicable, and any policy discounts you are eligible for, are then applied.

A level premium is only available up to a maximum entry age of 60 and will expire on the policy anniversary immediately after you turn age 65. If you continue your policy past this age, your premium will convert to a stepped premium basis.

Paying your premium

You may pay your premiums monthly or annually, via the following payment methods.

	Method of payment		
Premium frequency	**Credit Card MasterCard Visa**	**Direct Debit**	**BPAY**
Annually	Yes	Yes	Yes
Monthly	Yes	Yes	No

If paying via BPAY, you will need to quote the following:

Biller Code: 196568

Reference Number: Policy number.

If you pay your premium monthly, we will apply a premium frequency loading to your premium. This loading is a percentage of the annual premium and helps cover the costs of collecting your premium on a deferred and more frequent basis.

The frequency loading for paying monthly is 8% at the time this PDS and Policy Document was prepared.

If you stop paying your premiums

To ensure your cover continues you must pay your premium, as and when due. If you don't pay your premium within 30 days of the due date, we will write to you explaining that we will cancel your policy. If we cancel your policy all cover will cease and you will be unable to make a claim for an event which occurs after the date cover ceases.

Policy reinstatement

You may apply to us to reinstate your policy after it is cancelled for non-payment of premium subject to our approval and payment of outstanding premiums. Please note that a declaration of good health may be required in order for us to consider reinstatement of your policy and we are under no obligation to reinstate your policy.

Cover recommences for *sicknesses, injuries* and events arising or occurring from the date of reinstatement.

Government taxes and charges

The premium may include allowances for current government charges and taxes including stamp duty. Stamp duty is either incorporated into the base premium rate or is an additional charge. If it is an additional charge it will be shown on your annual statement.

We may pass on to you any applicable new or increased government taxes or charges.

Can premium rates change?

Premium rates are not guaranteed and we may review the premium rates both up or down in the future, regardless of which premium type you select. Any change to the premium rates will apply to all policies in a defined group. We will not single out an individual policy.

If we change the premium rates, we will give you at least 30 days notice in writing and the change will take effect from the next policy anniversary after the change is introduced.

Premium discounts

You may be eligible for a premium discount if you are:

- applying for a large benefit amount
- part of an allowable group (refer to Group discount below)
- a new customer enjoying the benefit of our New Cover Reward, and/or
- participating in our Health Maintenance Reward Program.

The discounts available and the discount scales adopted are not guaranteed and may be varied from time to time in our absolute discretion. A change in the premium discount we apply does not constitute a change in premium rate under this policy.

Large benefit amount discount

Large benefit amount discounts are built into our standard premium rates and are summarised (current as at the date of the PDS and Policy Document) in the tables below.

	Premium discount		
Benefit amount	**Life Cover Accidental Death Cover**	**TPD Cover Accidental TPD Cover**	**Trauma Cover**
$0 – $249,999	Nil	Nil	Nil
$250,000 – $499,999	5%	5%	1%
$500,000 – $749,999	15.5%	15.5%	3.5%
$750,000 – $999,999	20.5%	20.5%	5.5%
$1,000,000 – $1,999,999	23%	23%	9%
$2,000,000+	25.5%	25.5%	9%

	Premium discount
Monthly benefit amount	**Income Protection Cover Accidental Income Protection Cover**
$0 – $2,499	Nil
$2,500 – $4,999	10%
$5,000 – $9,999	17%
$10,000 +	20%

If you have Life Cover and Accidental Death Cover, the benefit amounts will not be added together for the purposes of applying the relevant Large benefit amount discount. Similarly, if you have Income Protection Cover and Accidental Income Protection Cover, the monthly benefit amounts are not added together for the purposes of applying the relevant Large benefit amount discount.

Group discount

We will apply a group discount at the time of application where there is a family group relationship between the persons insured (excluding lives covered under Child Cover). There is no need for the persons insured to be on the same policy, so long as their applications for a policy are submitted together and the relationship is significant and explained at the time of application. The following scale of discounts apply (current as at the date of the PDS and Policy Document):

Number of persons insured	Premium discount
2	2.5%
3+	5%

New Cover Reward

We offer a reward for customers who have completed the application process and have obtained cover under ClearView LifeSolutions Essentials. The premium discount provided is based on the length of time your cover has been in place or since the last reset (see Health Maintenance Reward over the page) as per the table below, (current as at the date of the PDS and Policy Document):

Years in place or since last reset	Premium discount
1	10%
2	9%
3	8%
4	7%
5	6%
6	5%
7	4%
8	3%
9	2%
10	1%

Health Maintenance Reward

Our health maintenance reward program is a voluntary program that encourages you to actively manage your health and wellbeing. Your reward is the reset of your New Cover Reward discount back to year 1, as described below.

Every two years from the cover start date, we will give you the opportunity to complete an online questionnaire on your health. This questionnaire, as at the date of the PDS and Policy Document, contains three questions (but the number of questions may be revised from time to time). The types of questions that will be asked include your height and current weight, if you have seen a doctor in the last three years and if you have taken up smoking.

If your answers reflect that you are proactively managing your health, your New Cover Reward premium discount will reset back to the year 1 discount of 10%. The discount will apply from the policy anniversary immediately after you have completed the questionnaire.

If you choose not to complete the questionnaire or you are unable to give a positive answer, then your premium rate will simply continue to be determined without a reset discount. If, for example, you did not complete the questionnaire in year 2 or 4 but decide to participate in year 6 and provide a positive answer, your premium discount will be reset back to the year 1 New Cover Reward discount of 10%. If you choose not to participate in the program again, the 10% discount will simply reduce each year thereafter.

We will notify you two months prior to the relevant policy anniversary (every two years) and provide you with details of how to complete the questionnaire. You will have 14 days to complete this and the questionnaire can only be completed during this period. We will issue your renewal notice approximately 45 days prior to each policy anniversary and will confirm if your New Cover Reward discount scale has been reset to year 1.

This program is offered on a 'no regrets' basis, which means that you can be no worse off in terms of the premium you pay as a result of participating in this program. We will not apply a medical premium loading as a result of any change in your health.

This program is not available if your cover has been issued with a medical premium loading or is accidental cover, as stated on your policy certificate. This program is not available for Child Cover.

All discounts are current as at the time of the PDS and Policy Document but are subject to change. Please refer to page 39 for more information.

Taxation information

The information provided in this section is general in nature and based on our interpretation of the tax laws and rulings current at the date the PDS and Policy Document was prepared. Individual circumstances can be quite different and the law may change so we recommend that you speak with a taxation professional in regards to your own situation.

Type of Cover	Tax treatment of premium	Tax treatment of benefit
Life Cover, including Accidental Death Cover	Generally not deductible	Generally not assessable income*
Total and Permanent Disability Cover (TPD), including Accidental TPD Cover	Generally not deductible	Generally not assessable income*
Trauma Cover	Generally not deductible	Generally not assessable income*
Child Cover	Generally not deductible	Generally not assessable income*
Income Protection Cover, including Accidental Income Protection Cover	Generally deductible	Generally treated as assessable income

*Capital gains tax may apply if the benefit is paid to someone who is not the original owner of the policy or paid to someone who is not a relative of the person insured (as defined for tax purposes).

Accidental Income Protection Cover and Income Protection Cover

The premium for your cover will generally be deductible from your assessable income under Section 8-1 of the *Income Tax Assessment Act 1997* (Cth) and any benefit will be treated as income and taxed accordingly.

Claims

Guarantee of Claims Accountability

When you make a claim under your policy, ClearView undertakes to guarantee to you:

- to take the time to understand your position and your claim as well as facilitate easy and open communication throughout the claims process
- to advise you of what to expect in relation to the assessment of your claim from the beginning
- to keep you advised of developments occurring in relation to your claim at all times. It is important to us that you are aware of and understand what is occurring in relation to your claim and the progress of our assessment
- to explain to you the impact of any information we obtain in relation to your claim
- to advise you as soon as reasonably practicable in circumstances where we require additional information or need to undertake certain investigations in order to carry out a complete assessment of your claim
- if we require you to be independently examined, we will work with you in reaching a mutually agreeable time and location
- if we do not accept your claim or make an adverse decision in relation to your claim, we will give you our reasons in writing
- if you do not agree with any decision we make you will have the right to request a review and discuss your position with us. In the first instance, we will endeavour to reach a fair resolution with you, and
- if we are not able to reach a fair resolution we will assist you to identify other options available to you.

The only time the Guarantee of Claims Accountability will not apply is when we have reasonable grounds to believe that you have not met your Duty of Disclosure in accordance with the *Insurance Contracts Act 1984* (Cth) or are involved in an illegal activity, including fraudulent activity.

Making a claim

Claims should be made within 90 days after the insured event, or as soon as reasonably practical thereafter.

A potential claim relating to *Occupationally Acquired HIV* or *Occupationally Acquired Hepatitis B or C* must be reported to us within 30 days of the relevant *accident* and supported by a negative HIV, Hepatitis B or Hepatitis C test (as applicable) taken within seven days after the *accident*.

We will need all the evidence we reasonably regard as necessary to establish entitlement to a benefit.

To make a claim under the policy we must receive:

- our claim form which has been fully completed
- the policy certificate
- proof of your age, if not already provided, and
- any other evidence we require to establish the circumstances of the claim.

The cost of medical and other information, which we may reasonably require to establish the validity of a claim, is your responsibility.

Who receives the benefit?

Generally, the policy owner will receive any benefits that become payable on a policy. For Life Cover and Accidental Death Cover, where a beneficiary has been nominated on a policy, they will receive the death benefit.

Nominating a beneficiary

A nominated beneficiary is a person(s) who has been nominated by you, as the policy owner to receive part or all of the benefits payable in the event of the death of the person insured. The policy does not confer any other rights on a beneficiary.

For Life Cover or Accidental Death Cover, you are able to nominate up to five beneficiaries to receive the death benefit amount, subject to the following rules:

- a nominated beneficiary must be a natural person, corporation or trustee
- a nominated beneficiary will receive the designated portion of any money payable under the relevant cover
- if a nominated beneficiary dies or the corporation or trustee ceases to exist before a claim is made, then any benefit that would have been payable to the beneficiary will be paid to the policy owner or the policy owner's estate
- if ownership of the policy is assigned or transferred to another person or entity, then any previous nomination of beneficiary becomes invalid, and
- the policy owner can change the nomination at any time prior to the death of the person insured by notifying us in writing.

You are the beneficiary in respect of a child insured. You may not nominate any other beneficiary to receive a Child Cover benefit.

Applying for cover

Your duty of disclosure

In this section, 'you/your' refers to the policy owner and if applicable the person insured if the cover is for the life of another person. Before we agree to issue an insurance policy, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms.

You do not need to tell us anything that:

- reduces the risk to be undertaken by us
- is common knowledge
- we know or should know as an insurer, or
- we waive the duty to tell us about.

Please note, the above duty to disclose relevant matters continues until we have agreed to issue the insurance cover. This same duty applies before an insurance contract is extended, varied or reinstated.

Non-disclosure

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything where required, and we would not have issued the insurance cover if you had told us, we may avoid the contract of insurance within three years of entering into it.

If we choose not to avoid the contract of insurance, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything as required. However, if the contract provides cover on death, we may only exercise this right within three years of entering into the contract in respect of that death cover.

If we choose not to avoid the contract of insurance or not reduce the amount you have been insured for, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything as required. However, this right does not apply in respect of any death cover.

If the failure to tell us everything as required by the duty of disclosure is fraudulent, we may refuse to pay a claim and treat the contract of insurance or any part of it as if it never existed, irrespective of the type of cover.

The policy owner and person insured should be aware that a failure by the person insured to tell us a matter of the kind referred to above may be treated as a failure by the policy owner to comply with his/her duty of disclosure.

When cover starts

Cover starts once your application has been approved and we have received the first premium.

We will issue you with a policy certificate for each policy you applied for. The policy certificate sets out the details of your cover including: person insured; benefit amount or monthly benefit amount; cover start date; premium type; any additional option that has been selected; and any special conditions or varied terms that may apply to your cover.

Your policy is a contract

Your policy is a contract that consists of:

- the PDS and Policy Document
- any other documents we issue which vary your policy, and
- the latest policy certificate we have issued in relation to your policy.

These documents are important and you should read them carefully and keep them in a safe place.

Cooling off period

If for any reason you feel that your policy does not meet your needs, you can cancel it by notifying us in writing. You have 30 days, starting on the earlier of:

- the date you receive your policy, or
- five business days after your cover start date.

This is known as the cooling off period. If you cancel the policy during this period, we will cancel from the cover start date and refund any premiums you have paid.

You will not be able to cancel your policy under the cooling off period if you have already made a claim under the policy.

When cover ends

As long as you continue to pay your premiums, we guarantee to continue to provide cover until the first of the following occurs:

- the date on which all entitlements under the cover are paid
- you die
- the policy anniversary immediately after the expiry age (the expiry age for each type of cover and premium is explained in the PDS and Policy Document and is also stated on your policy certificate)
- we cancel your cover following your written request
- we cancel your cover because premiums are unpaid, as and when due, or
- we cancel your cover in accordance with our rights in relation to your duty of disclosure.

If there are two people insured under the cover and one dies, cover for the remaining person continues, but we may issue a new policy. Premiums will be reduced to reflect cover for one person and one benefit amount. If both people insured die as a result of the same event, we will pay the benefit amount for each person under the policy.

When all cover ceases, the policy ceases.

General policy conditions

Changing the policy owner

You may transfer the ownership of your policy to another person, subject to relevant law by completing a Memorandum of Transfer (which must be signed by you and the transferee) and sending it to us with your original policy to be registered.

Statutory fund

All premiums received are paid into our No. 1 Statutory Fund, and all benefits are paid out of this fund.

Non-participating policy

This policy does not participate in distributions of profits or surplus of ClearView.

Waiver

No party to this policy may rely on the words or conduct of any other party as a waiver of any right unless the waiver is in writing and signed by the party granting the waiver. Unless expressly stated in the written waiver, the waiver by a party of a right will not operate as a waiver of any other right. The meanings of the terms used in this paragraph are set out in the table below.

Term	Meaning
Conduct	includes delay in the exercise of a right.
Right	any right arising under or in connection with this agreement and includes the right to rely on this clause.
Waiver	includes an election between rights and remedies, and conduct which might otherwise give rise to an estoppel.

Notices

Any notice you give us under this policy must be given to us in writing, however in some circumstances, notices given to us by contacting us on **132 979** may be acceptable and will be effective from the date on which we receive them.

Any notice which we give you must also be in writing, and will be effective when delivered, emailed or faxed to, or five days after it is posted to, the address last known to us.

Variations to the policy

Subject to the following and the section 'Guaranteed upgrade of benefits to your cover' on page 5, any variation of this policy which affects your benefits must be agreed to between the parties and any agreement by us must be in writing.

We may otherwise unilaterally vary this policy:

- as a result of any changes in the law, or
- if the variation is not prejudicial to you.

Any unilateral variation of this policy will apply to all ClearView LifeSolutions Essentials policies in a defined group and you will be given 30 days notice in writing of any new conditions.

Replacement cover

Where we determine that this policy or the cover issued under this policy replaces existing cover with us or another insurer the cover issued under this policy is conditional upon the existing cover being cancelled. If the cover under the existing policy is not cancelled prior to a claim arising under this policy, we will reduce any amount payable under this policy by the amount received under the policy that was to be replaced.

Direct Debit Service Agreement

By agreeing to pay by direct debit and acknowledging your acceptance of the terms of this Direct Debit Service Agreement, you have authorised us to arrange for funds to be debited from your account.

Our commitment to you

We will:

- only arrange for funds to be debited from your nominated account for payment of the applicable premium as authorised in the direct debit request or if we have sent to the address nominated by you in the direct debit request, a billing advice which specifies the amount payable by you to us and when it is due
- deduct premiums from your nominated account on or around the premium due dates unless these dates are on a weekend or a public holiday. In these cases, we will normally make the deductions on the previous or the next business day. If you are uncertain about when the deduction will be made from your account, you should contact your financial institution directly
- give you at least 14 days notice in writing before changing the terms of this agreement or the amount of the deduction, and
- promptly respond to any concerns you may have about amounts deducted from your nominated account.

Your commitment to us

It is your responsibility to:

- ensure your nominated account can accept direct debits (direct debiting may not be available on all accounts). If you are uncertain, please check with your financial institution before you complete the direct debit request
- ensure that all account holders on the nominated account agree to the debiting arrangements
- ensure the account details you have provided to us are correct by checking them against a recent statement. If you are uncertain, please check with your financial institution before completing the direct debit request
- ensure there are sufficient cleared funds available in the nominated account so that premium deductions can be made when due
- advise us if the nominated account is transferred, closed or if the details change in any way, and
- check your statement to verify that the amounts debited from your nominated account are correct.

Your financial institution and we may charge you a fee if the nominated account details are incorrect or there are insufficient cleared funds available in the nominated account when we attempt to deduct your premiums. If direct debiting fails, you must arrange for the premium to be paid by another method to ensure your policy continues.

If ClearView Life Assurance Limited is liable to pay goods and services tax ('GST') on a supply made in connection with this agreement, then you agree to pay ClearView Life Assurance Limited on demand an amount equal to the consideration payable for the supply, multiplied by the prevailing GST rate.

Your rights

You may ask us to alter or defer our authority to make deductions from your account, stop a single deduction or cancel this agreement by writing to us at least 14 business days before the next deduction is due to be made.

You can also ask your financial institution to stop an individual drawing or cancel this agreement.

Dispute

If you believe that there has been an error in debiting your nominated account, please call us immediately on **132 979**. We may ask you to confirm details of the deduction in writing.

If we conclude as a result of our investigation that your nominated account has been incorrectly debited, we will respond to your query by arranging for your financial institution to adjust your nominated account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your nominated account has been adjusted.

If we conclude as a result of our investigations that your nominated account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding. Any queries you may have about an error made in debiting your nominated account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still contact your financial institution, which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

Privacy

We will not disclose any details of your direct debit request unless:

- the disclosure to a financial institution is necessary to enable us to act in accordance with your debit arrangements or to investigate a disputed transaction
- we are required or permitted to make the disclosure by law or you consent to the disclosure, or
- our financial institution requires the disclosure in connection with a claim on it relating to a claimed incorrect or wrongful debit.

Customer satisfaction and things you need to know

No cash value

The types of cover described in the PDS and Policy Document do not have a surrender value or a cash-in value at any point.

Risks

Before you consider acquiring a ClearView LifeSolutions Essentials policy, it is important you understand the risks that can impact you.

What is risk?

Risk is defined as uncertainty and unpredictability. Listed below is a summary of the general risks, but these are not exhaustive and there could be other risks which could adversely impact you. You should seek your own professional advice on the appropriateness of this product for your particular circumstances before making a decision about your insurance arrangements. In addition, if you are replacing another insurance contract, you should consider the terms and conditions of each insurance contract before deciding to make the change.

General risks

There is a risk that:

- the cover type or amount of cover may not be appropriate for your needs (you should consider the options you select carefully)
- if you become unable to pay your premium in the future we may cancel your cover
- if you do not disclose to us every matter that you know or could reasonably be expected to know, that would be relevant to our decision about whether or not to accept your application and on what terms, we may avoid the cover or reduce the benefit amount payable
- should an exclusion apply to your policy, a benefit may not be paid to you, and
- premium rates are not guaranteed and we may review the premium rates both up or down in the future, regardless of which premium type you select.

If you have a complaint

At ClearView, we're never satisfied when it comes to doing better and our customers are very important to us. If something goes wrong, we're determined to make it right again. If you've had an experience with ClearView that you are not satisfied with, we're here to resolve the issue.

If you have a complaint, please call us on **132 979** or write to the following address:

Complaints Manager
ClearView
Reply Paid 4232
Sydney NSW 2001

Email: complaints@clearview.com.au
Fax: 02 9233 1960

We will address your complaint within 45 days (or within any extended period you approve).

If you are not satisfied with how we respond to your enquiry or complaint or we have not dealt with your complaint within 45 days (or within any extended period you approve), you may contact the Financial Ombudsman Service (FOS) on **1300 780 808** between 9am and 5pm (Melbourne time) Monday to Friday. Alternatively, you may visit their website at www.fos.org.au or write to them at the address below. FOS is an external dispute resolution scheme that handles complaints relating to members of the financial services industry, including life insurance companies and financial advisers.

The Manager
Financial Ombudsman Service
GPO Box 3
Melbourne VIC 3001

This service is provided to you free of charge.

Privacy and your personal information

In this section 'we', 'us' and 'our' refers to ClearView and 'you' refers to the policy owner and the person insured, if applicable. We are committed to ensuring the confidentiality and security of your personal information. All personal information will be handled in accordance with the *Privacy Act 1988* (Cth).

We collect, use and disclose your personal information including sensitive information in order to consider your application, administer the policy and assess any claim. You can choose not to provide us with some or all of your personal information including sensitive information, but this may affect our ability to provide you with and manage the financial product or service you request. You may generally access personal information we hold about you.

Sensitive information is personal information which includes information or opinions about your health, genetic information, sexual preferences or practices, and criminal history. By completing the application form, you agree to the following:

- we can collect and use your personal information for the following purposes: to assess any application; underwrite; price and issue any policy; calculate or offer benefits and discounts; administer the policy; to investigate, assess, manage and pay any claim under the policy
- for these purposes we can collect the personal information of you, and disclose it on a confidential basis to: our related entities; the policy owner(s) (where you are a person insured who is not a policy owner); the person insured (where you are a policy

owner who is not the person insured); outsource providers; government departments and agencies; investigators; lawyers; advisers; medical and health service providers; reinsurers; other insurers; anyone acting on our behalf; and an agent of any of these. We may also disclose the personal information of you if:

  - acting in good faith, we believe the law requires or permits us to do so, or
  - if you consent, and

- where you provide personal information to us about another person, you are authorised to provide their information to us, and that you will inform that person who we are, how we use and disclose their information, and that they can gain access to that information (unless doing so would pose a serious threat to the life or health of any individual).

Further information on how we handle your personal information is explained in our Information Handling Policy, including how you can access your personal information. If you would like a copy of our Information Handling Policy or have any questions regarding privacy, please call us on **1800 357 727** or refer to our website at **www.clearview.com.au**.

Marketing

We are committed to providing you with access to a range of leading financial products and services offered by us, affiliated providers and external providers for whom we act as agent. In order to do this we may disclose your personal information on a confidential basis to our related entities within ClearView and these providers. If you do not want your personal information to be used or disclosed for these marketing purposes, please contact us on **1800 357 727**.

Complimentary Interim Accident Cover

We will provide you with Interim Accident Cover, at no extra cost, while we assess your application for cover. This interim cover will not apply where the insurance applied for is replacing existing insurance with us or another insurer.

When cover starts

This cover starts on the day we receive your fully completed application form along with your completed and valid credit card or direct debit authority. Cover is subject to your premium payment not being dishonoured.

When cover ends

Interim Accident Cover will end on the earliest of the following dates:

- 30 days from the date this Interim Accident Cover started
- the cover start date of your ClearView LifeSolutions Essentials policy, as indicated on your policy certificate
- the date your application is withdrawn, or
- the date your Interim Accident Cover is cancelled.

When a benefit will not be paid

No benefit will be paid where the condition or event giving rise to the claim under Interim Accident Cover was caused directly or indirectly by:

- an *accident* that first occurred before the Interim Accident Cover started
- suicide or any intentional self-inflicted act
- an act of war (whether declared or not), or
- your participation in any occupation, sport or pastime that we would not normally cover on standard terms.

When a benefit will be payable

If you have applied for Life Cover or Accidental Death Cover

We will pay the benefit amount under this cover if you die as the result of an *accident* and death occurs within 90 days of the *accident*.

If you have applied for TPD Cover or Accidental TPD Cover

We will pay the benefit amount under this cover if you are *totally and permanently disabled (TPD)* as a result of an *accident* and TPD occurs within 90 days of the *accident*.

The TPD definition that applies will be the one applied for in the application, provided that we would normally offer you that definition based on your circumstances at the time of application.

If you have applied for Trauma Cover

We will pay the benefit amount under this cover if you survive 14 days after suffering one of the following trauma conditions as a result of an *accident* and the condition occurs within 90 days of the *accident*:

- *Major Head Trauma*
- *Paralysis*
- *Blindness*
- *Loss of Hearing*
- *Severe Burns*
- *Loss of Limbs or Sight.*

These trauma conditions have a specific meaning and you should refer to the 'Trauma definitions' section starting on page 53.

If you have applied for Child Cover

We will pay the benefit amount under this cover if the child insured suffers one of the following trauma conditions as a result of an *accident* and survives 14 days, or dies as a result of an *accident* and this occurs within 90 days of the *accident*:

- *Major Head Trauma*
- *Paralysis*
- *Blindness*
- *Loss of Hearing*
- *Severe Burns*
- *Loss of Limbs or Sight.*

These trauma conditions have a specific meaning and you should refer to the 'Trauma definitions' section starting on page 53.

If you have applied for Income Protection Cover or Accidental Income Protection Cover

We will pay the *monthly benefit amount* under this cover if you are *totally disabled* as a result of an *accident*, and *total disability* occurs within 90 days of the *accident*.

We will pay the *monthly benefit amount* from the end of the waiting period, while you remain *totally disabled*, subject to a maximum of six months.

How much we will pay

We will only pay once for Interim Accident Cover, for any ClearView LifeSolutions Essentials cover.

In the case of Life, Accidental Death, TPD, Accidental TPD, Trauma Cover or Child Cover we will pay the lesser of:

- the benefit amount applied for, and
- $1,000,000.

In the case of Income Protection Cover and Accidental Income Protection Cover, we will pay a *monthly benefit amount* of the lesser of:

- the total of the *monthly benefit amount* applied for
- the total of the *monthly benefit amount* which would normally be offered by us based on our underwriting rules at the time of application, and
- $5,000.

Dictionary

accident

Means an unintended or unexpected event which occurs while this policy is inforce and results in an *injury* which is independent of any other cause. For the avoidance of doubt, *accident* excludes:

- suicide and/or events where the *injury* and/or death was unintended and unexpected but was the result of an intentional act by the person insured
- death or *injury* due to natural causes
- vascular accidents
- allergic reactions, or
- any event relating directly or indirectly to any surgical procedure.

accredited mortgage provider

An authorised deposit-taking institution (ADI) or any other mortgage provider that we agree to.

Consumer Price Index (CPI)

The weighted average annual Consumer Price Index increase of the 8 Australian capital cities combined, as published by the Australian Bureau of Statistics (or any body which succeeds it) for the 12 month period ending on the most relevant 31 December, as is available at the time of indexation or application under each policy.

disability

Refers to *total disability* or *partial disability*.

eligible business expenses

Your share of the normal day to day fixed expenses of your business actually incurred by you for the purposes of the actual running of your business and include, but are not limited to:

- salaries or remuneration of employees who are not directly involved in generating sales, income or billings (including related costs such as superannuation contributions and payroll tax)
- net cost of a locum (a person sourced external to the business and who is a direct replacement for you and whose gross sales, income or billings are less than the fees incurred for that locum)
- rent and regular principal and interest instalment repayments on business loans or mortgages (unless the business premises is also your principal residence)
- business property rates and taxes
- leasing costs for equipment and motor vehicles
- electricity, gas, water, telephone, laundry and cleaning
- business related insurance premiums
- contracted advertising costs
- subscriptions to professional associations
- accounting and audit fees
- bank fees and charges, and
- any other business expenses we may agree to cover.

The following business expenses are specifically excluded:

- your personal salary, fees, drawings or any other remuneration
- salaries or remuneration for members of your family or other related parties (unless they were employed at least 90 days before the date you became *disabled*) or any person who is not an employee
- salaries or remuneration of employees who generate sales, income or billings (including related costs such as superannuation contributions and payroll tax)
- cost of goods, fittings, equipment, implements or products used in the business
- depreciation.

gainful employment

To be employed or self employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

home duties

This refers to the tasks performed by you if your sole occupation is to maintain the family's usual place of residence (home) being:

- cleaning the family home
- shopping for food and groceries for the household
- preparing meals for the household
- performing laundry services for the household including washing and ironing, and
- caring for dependent children (where applicable).

For the avoidance of doubt, you will not be considered unable to perform *home duties*, if you can perform at least one of these duties.

Home duties do not include duties performed outside of your home for salary, reward or profit.

important income producing duty

This is a duty of your occupation that we could consider primarily essential to producing your income.

injury

An *accidental* bodily *injury*, which occurs while this policy is inforce.

involuntarily unemployed

Means that you become unemployed due to retrenchment, redundancy or if your employer is in administration or liquidation.

For the avoidance of doubt, *involuntarily unemployed* excludes retirement, resignation, unsuccessful probation period, unpaid leave, voluntary redundancy, the end of a fixed term contract or dismissal from employment, or early completion of a project.

medical practitioner

A *medical practitioner* who is legally qualified and registered to practise in Australia (or if outside Australia has the equivalent qualifications and is approved by us) that is not you, the policy owner or an *immediate family member* or business partner of you or the policy owner.

monthly benefit amount

For Income Protection Cover and Accidental Income Protection Cover under this policy, has the meaning set out on page 29.

monthly earnings

If you are self employed or a working director, *monthly earnings* is the gross monthly income generated by the business or professional practice as a result of your personal exertion less your share of the *eligible business expenses* necessarily incurred in generating that income.

If you are not self employed, *monthly earnings* is the gross monthly income earned from personal exertion by way of total remuneration package and includes salary, regular overtime, superannuation contributions, commissions, bonus payments and other fringe benefits.

In each case, *monthly earnings* do not include income which is not derived from your personal exertion or activities, such as interest or dividend payments.

For the purpose of this definition *monthly earnings* will always have a minimum value of zero.

offsets

For Income Protection Cover and Accidental Income Protection Cover has the meaning as described on page 31 under 'When the income protection monthly benefit amount may be reduced'.

parental leave

Has the meaning as contemplated in the *Fair Work Act 2009* (Cth).

partial disability/partially disabled

For:

- Income Protection Cover, has the meaning as described on page 30.
- Accidental Income Protection Cover, the definition is varied as described on page 34.

pre-disability earnings

For indemnity benefit payments, *pre-disability earnings* are your highest average *monthly earnings* for any consecutive 12 month period in the three years immediately preceding the date of your *disability*.

If you become *disabled* while on *parental leave*, sabbatical or long service leave, then *pre-disability earnings* will be based on your average *monthly earnings* during the 12 months before the period of leave commenced.

In each case, *pre-disability earnings* will be indexed while on a *total disability* or *partial disability* claim.

regular occupation

(for Income Protection Cover and Accidental Income Protection Cover)

Means the occupation you are regularly engaged in at the time immediately before becoming *totally disabled* or *partially disabled*, except that if you are unemployed or on *parental leave* or sabbatical leave for greater than 12 months at the time of *disability*, then regular occupation will mean any occupation for which you are reasonably suited having regard to your education, training and experience.

sickness

A sickness, disorder or disease.

terminal illness/terminally ill

You are diagnosed with a sickness which reduces your life expectancy to less than 12 months as confirmed in writing by a medical specialist approved by us at the time of claim.

total and permanent disability

Has the meaning as described on page 14. However, for Accidental TPD Cover, the definition is varied as described on page 17.

total disability/totally disabled

For:

- Income Protection Cover, has the meaning as described on page 29.
- Accidental Income Protection Cover, the definition is varied as set out on page 34.

Trauma definitions

The following wording applies to all the trauma definitions in this section.

In relation to the specified medical measurement/test (method) for diagnosis and treatment of any of the specified trauma conditions, the following apply:

- **we require certification by an appropriate medical specialist, approved by us**
- **methods must be the appropriate and relevant medical standard used in Australia, and**
- **any treatment must be considered medically necessary and deemed most appropriate.**

If the method for diagnosing the relevant trauma condition, detailed below, is inconclusive, impractical to apply or has been superseded, we will consider other appropriate and medically recognised methods that conclusively diagnose the specified trauma condition with at least the same severity.

The condition must be as a result of a *sickness* or *injury* unless otherwise specified.

Advanced Diabetes

Means that at least two of the following complications have occurred as a direct result of diabetes:

- retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes
- peripheral vascular disease leading to chronic infection or gangrene, requiring surgical intervention
- nephropathy causing chronic irreversible renal impairment as measured by a corrected creatinine clearance less than 28mL/min (CKD stage 4, International Chronic Kidney Disease classification), or
- neuropathy causing:
  - irreversible autonomic neuropathy resulting in severe postural hypotension, and/or motility problems in the gut with intractable diarrhoea, or
  - polyneuropathy leading to significant mobility problems due to sensory and/or motor deficits.

Aplastic Anaemia

This means permanent and irreversible bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment, with at least one of the following:

- blood product transfusions
- marrow stimulating agents
- immunosuppressive agents, or
- bone marrow transplantation.

Bacterial Meningitis

The unequivocal diagnosis of Bacterial Meningitis which is characterised by:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition, or an equivalent guide to impairment approved by us, or
- total and irreversible inability to perform without the assistance of another person, at least one of the 'Activities of Daily Living' (as defined under *Loss of Independent Existence*).

Blindness

The permanent loss of sight in both eyes, whether aided or unaided, to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 20 degrees or less of arc.

Cancer

The presence of one or more malignant tumours (including leukaemia, lymphoma, Hodgkin's disease and colorectal cancer from Dukes Stage A) characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

The following cancers are excluded:

- Conditions classified by their clinical features, cytopathology and/or histopathology as tumours showing the malignant changes of 'carcinoma in situ' or which are histopathologically described as premalignant (Carcinoma in situ of the breast is covered if it results directly in the removal of the entire breast. This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment). Uterine cervical intraepithelial lesions, cervical dysplasias and cervical intraepithelial neoplasias, including those classified as CIN 1, CIN 2 and CIN 3 are examples of tumours categorised as either being carcinoma in situ and/or premalignant and are excluded.
- All hyperkeratosis and basal cell carcinomas, and squamous cell carcinomas of skin unless there has been evidence of metastatic spread.
- Prostatic cancers which remain histopathologically classified as TNM stage T1a or T1b or are of another equivalent or lower classification and have a Gleason score of six or less, unless major interventionist treatment is required to arrest the spread of malignancy.
- Melanomas which are less than stage T1bN0M0.
- Chronic Lymphocytic Leukaemia diagnosed as less than RAI Stage 1.

Cancer of the Vulva or Perineum

Any lesion described by a histopathologist as carcinoma of the vulva or perineum that meets the criteria of either FIGO Stage 3 or 4 (tumour of any size with contiguous invasion of local organs).

FIGO refers to the staging method of the Federation Internationale de Gynecologie et d'Obstetrique.

Cardiomyopathy

Condition of impaired ventricular function of variable aetiology resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Cognitive Loss

A total and permanent deterioration or loss of intellectual capacity (supported by a score of 15 or less out of 30 in a Mini Mental State Examination or evidence from another neuropsychometric test that is acceptable to us) that has required you to be under continuous care and supervision by another person for at least three consecutive months and at the end of that three month period you are likely to require ongoing continuous care and supervision by another person.

Coma

A state of total unconsciousness and unresponsiveness to all external stimuli, resulting in a Glasgow Coma Scale score of six or less and requiring continuous assisted ventilation to maintain life for at least 72 consecutive hours.

Coronary Artery Angioplasty

Treatment of the narrowing or blockage of one or more coronary arteries by balloon angioplasty (or similar intra arterial catheter procedure) with or without the use of a stent. There must be angiographic evidence of coronary artery disease.

Coronary Artery Angioplasty – Triple Vessel

Undergoing in the same procedure or via two procedures no more than two months apart, Coronary Artery Angioplasty to three or more coronary arteries. Triple Vessel Coronary Artery disease must be diagnosed prior to the first angioplasty procedure.

Coronary Artery Bypass Surgery

The undergoing of coronary artery bypass surgery with the use of bypass graft to one or more coronary arteries for treatment of coronary artery disease. All non-surgical procedures such as laser, angioplasty or other intra-arterial techniques are excluded.

Dementia including Alzheimer's Disease

Clinical diagnosis of Dementia (including Alzheimer's Disease).

The diagnosis must confirm permanent, irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified.

Significant cognitive impairment in this definition means a deterioration in your Mini-Mental State Examination scores to 24 or less.

Encephalitis

The severe inflammation of brain substance caused by viral infection resulting in neurological deficit, causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition, or an equivalent guide to impairment approved by us, or
- total and irreversible inability to perform without the assistance of another person at least one of the 'Activities of Daily Living' (as defined under *Loss of Independent Existence*).

End Stage Kidney Failure

End stage renal failure presenting as chronic irreversible failure of both kidneys to function which requires permanent renal dialysis or renal transplantation.

End Stage Liver Disease

End stage liver failure resulting in permanent jaundice, ascites or encephalopathy.

End Stage Lung Disease

End stage lung disease requiring continuous permanent oxygen therapy and FEV1 test results of consistently less than one litre.

Heart Attack

The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis must be supported by diagnostic rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit and at least one of the following:

- signs and symptoms of ischaemia consistent with myocardial infarction or
- ECG changes indicative of new ischaemia (new ST-T changes or new left bundle branch block [LBBB]) or
- development of pathological Q waves in the ECG or
- imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

A rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease is excluded. Also excluded are other acute coronary syndromes including but not limited to angina pectoris.

Intensive Care

A *sickness* or *injury* that has, for the first time, resulted in you requiring continuous mechanical ventilation by means of tracheal intubation for ten consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital. *Sickness* or *injury* as a result of alcohol or non-prescribed drug intake, or other self-inflicted means is excluded.

Loss of Hearing

Complete and irrecoverable loss of hearing, both natural and assisted, from both ears.

Loss of Independent Existence

There is permanent and irreversible inability to perform without the assistance of another person any two of the 'Activities of Daily Living' or all of the 'Home Duties'.

Activities of Daily Living

- Dressing – putting on and taking off clothing.
- Toileting – using the toilet, this includes getting on and off.
- Mobilising – getting in and out of bed and a chair.
- Maintaining continence – having good control of bowel and bladder function.
- Feeding – getting food from a plate into the mouth.

Home Duties

This refers to the tasks performed by you if your sole occupation is to maintain your family's usual place of residence (home) being:

- Cleaning the family home
- Shopping for food and groceries for the household
- Preparing meals for the household
- Performing laundry services for the household including washing and ironing, and
- Caring for dependent children (where applicable).

For the avoidance of doubt, you will not be considered unable to perform home duties, if you can perform at least one of these duties.

Home duties do not include duties performed outside of your home for salary, reward or profit.

Loss of Limbs or Sight

You have sustained the complete and irreversible loss of use of:

- two limbs
- sight in both eyes (*Blindness*), or
- sight in one eye (*Partial Blindness*) and one limb, where limb means the whole hand, whole foot, whole arm or whole leg.

Loss of One Limb

You have sustained the complete and irrecoverable loss of use of a whole hand, whole foot, whole arm or whole leg.

Loss of Speech

The total and irrecoverable loss of the ability to produce intelligible speech. Loss of Speech due to psychological reasons is excluded.

Major Head Trauma

Injury to the head resulting in neurological deficit causing:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition, or an equivalent guide to impairment approved by us, or
- total and irreversible inability to perform without the assistance of another person at least one of the 'Activities of Daily Living' (as defined under *Loss of Independent Existence*).

Major Organ or Bone Marrow Transplant

Undergoing, or being placed on an official Australian waiting list approved by us for, a transplant from a human donor for bone marrow or one or more of the following organs:

- heart
- kidney
- liver
- lung
- pancreas, or
- small bowel.

Medically Acquired HIV

Accidental infection with Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medical procedures performed in Australia by a registered health professional:

- a transfusion of blood or blood products
- an organ transplant where you were the recipient
- assisted reproductive techniques, or
- other medical procedure or operation performed by a *medical practitioner*/paramedical practitioner or dentist at a registered medical facility.

We require a statement from the appropriate Statutory Health Authority that provides documented proof of the incident and confirms that the infection is medically acquired.

We require access to all blood samples taken in order to facilitate independent testing, with the right to take additional samples as necessary.

The benefit will not be paid if:

- HIV Infection is caused by any other means, including sexual activity or recreational intravenous drug use, or
- a medical cure is found for AIDS or the effects of the HIV virus, or a medical treatment is developed that results in the prevention of the occurrence of AIDS.

'Cure' means any Australian Government approved treatment, which renders HIV in-active and non-infectious.

Meningococcal Septicaemia

The unequivocal diagnosis of Meningococcal Septicaemia which is characterised by:

- at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 6th edition, or an equivalent guide to impairment approved by us, or
- total and irreversible inability to perform without the assistance of another person, at least one of the 'Activities of Daily Living' (as defined under *Loss of Independent Existence*).

Motor Neurone Disease

The unequivocal diagnosis of Motor Neurone Disease.

Multiple Sclerosis

The unequivocal diagnosis of Multiple Sclerosis which is characterised by demyelination in the brain and spinal cord. There must have been more than one episode of well-defined neurological deficit with persisting clinical neurological abnormalities. Neurological investigations subject to our discretion such as, but not limited to, lumbar puncture, Magnetic Resonance Imaging (MRI), evidence of lesions in the central nervous system, evoked visual responses or evoked auditory responses are required to confirm diagnosis.

Muscular Dystrophy

The unequivocal diagnosis of Muscular Dystrophy.

Occupationally Acquired Hepatitis B or C

The contracting of Hepatitis B or Hepatitis C as the result of an *accident*, during the course of your *regular occupation*, resulting in the production of:

- Hepatitis B surface antigen or HBV DNA, demonstrated by way of a positive Hepatitis B surface antigen or HBV DNA test, or
- Hepatitis C antibodies, demonstrated by way of a positive Hepatitis C antibody test.

The production of antigens or antibodies must be confirmed within six months of the *accident*.

Any *accident* giving rise to a potential claim must be reported to us within 30 days of the *accident* and supported by a negative Hepatitis B or Hepatitis C test (as applicable) taken within seven days after the *accident*.

We require access to all blood samples taken in order to facilitate independent testing, with the right to take additional samples as necessary. The benefit will not be paid if:

- the Hepatitis B or Hepatitis C virus is caused by any other means, including sexual activity or recreational intravenous drug use
- in practising your profession, you have not made reasonable efforts to comply with relevant State and Commonwealth guidelines in relation to dealing with infection of health care workers
- the Australian Government or relevant government body has approved a medical treatment which renders the Hepatitis B or Hepatitis C virus (as applicable) inactive and non-infectious to others, or
- you have not taken an approved vaccine that is recommended by the relevant government body for use in your occupation and is available prior to the event which causes infection.

Occupationally Acquired HIV

Infection with Human Immunodeficiency Virus (HIV) as the result of an *accident* occurring during the course of your *regular occupation*.

The production and detection of HIV antibodies (seroconversion) must be confirmed by way of a positive HIV antibody test within six months of the *accident*.

Any *accident* giving rise to a potential claim must be reported to us within 30 days of the incident and supported by a negative HIV antibody test taken within seven days after the *accident*.

We require access to all blood samples taken in order to facilitate independent testing, with the right to take additional samples as necessary.

The benefit will not be paid if:

- HIV Infection is caused by any other means, including sexual activity or recreational intravenous drug use
- in practising your *medical profession*, you have not made reasonable efforts to comply with relevant State and Commonwealth guidelines in relation to dealing with infection of health care workers
- a medical cure is found for AIDS or the effects of the HIV virus, or a medical treatment is developed that results in the prevention of the occurrence of AIDS.

  'Cure' means any Australian Government approved treatment, which renders HIV in-active and non-infectious, or
- you have not taken an approved vaccine that is recommended by the relevant government body for use in your occupation and is available prior to the event which causes the infection.

Open Heart Surgery

The undergoing of open heart surgery to correct a cardiac defect, cardiac aneurysm or cardiac tumour.

Out of Hospital Cardiac Arrest

Cardiac arrest that occurs out of hospital and is due to:

- cardiac asystole, or
- ventricular fibrillation with or without ventricular tachycardia.

The cardiac arrest must not be related to any medical procedure and must be documented by an electrocardiogram.

Paralysis

The total and permanent loss of the use of two limbs, where limb is defined as the shoulder down to the hand or the hip down to the foot.

Paraplegia, Quadriplegia, Tetraplegia, Diplegia and Hemiplegia are included in this definition.

Parkinson's Disease

The unequivocal diagnosis of Parkinson's Disease which is characterised by irreversible neurological deficit.

Pneumonectomy

The undergoing of surgery to remove an entire lung.

Primary Pulmonary Hypertension

Primary Pulmonary Hypertension associated with right ventricular enlargement, established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Repair or Replacement of a Heart Valve

Surgery to replace or repair heart valves as a consequence of heart valve defects or abnormalities that cannot be corrected by non-surgical techniques.

Severe Benign Brain Tumour or Spinal Cord Tumour

A non-cancerous tumour in the brain, cranial nerve, meninges or spinal cord which produces neurological damage and functional impairment which a consultant neurologist considers to be permanent:

- causing at least 25% permanent whole person impairment, as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 6th edition, or an equivalent guide to impairment approved by us, or
- requires cranial surgery for its removal.

The presence of the underlying tumour must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland are excluded.

Severe Burns

Tissue injury caused by thermal, electrical or chemical agents causing deep (third degree) burns to:

- 20% or more of the body surface area as measured by the age-appropriate use of 'The Rule of Nines' or the 'Lund & Browder Body Surface Chart', or
- both hands, requiring surgical debridement and/or grafting, or
- the face, requiring surgical debridement and/or grafting.

Severe Cancer

The presence of one or more of the following malignant tumours, characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

The following cancers are included:

- Colorectal cancer diagnosed as Stage IV on the American Joint Committee on Cancer (AJCC) TNM staging system,
- Lung cancer diagnosed as Stage IV on the American Joint Committee on Cancer (AJCC) TNM staging system,
- Malignant Brain tumour diagnosed as Grade 4, or
- Pancreatic cancer diagnosed as Stage IV on the American Joint Committee on Cancer (AJCC) TNM staging system.

All other cancers are excluded.

Severe Heart Attack

Death of heart muscle caused by obstruction of blood supply evidenced by typical rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit, and at least one of the following:

1. Acute cardiac symptoms and signs consistent with heart attack
2. New, serial ECG changes with the development of any of the following:
    - Acute injury type ST elevation or ST depression
    - Coronary pattern T wave inversions
    - Pathological Q waves
    - Left bundle branch block
3. Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

In addition to the above being met, the left ventricular ejection fraction (taken six weeks or more after the event) must be 25% or less, with irreversible impairment categorised as Functional Capacity Class IV, Objective Assessment D of the New York Heart Association Functional Classification System of cardiac impairment.

The diagnosis must not be as a result of a medical intervention or procedure.

Severe Multiple Sclerosis

The unequivocal diagnosis of Multiple Sclerosis which is characterised by demyelination in the brain and spinal cord. There must be well-defined neurological deficits with persisting clinical neurological abnormalities, resulting in the total and irreversible inability to perform without the physical assistance of another person any three of the 'Activities of Daily Living' (as defined under *Loss of Independent Existence*).

Neurological investigations such as lumbar puncture, Magnetic Resonance Imaging (MRI), evidence of lesions in the central nervous system, evoked visual responses and evoked auditory responses are required to confirm diagnosis.

Severe Parkinson's Disease

The unequivocal diagnosis of Parkinson's Disease which is characterised by irreversible neurological deficit resulting in the total and irreversible inability to perform without the physical assistance of another person any three of the 'Activities of Daily Living' (as defined under *Loss of Independent Existence*).

Severe Rheumatoid Arthritis

Means the unequivocal diagnosis of severe rheumatoid arthritis which has not responded to at least 6 months' intensive treatment with all conventional therapy (including non-biologic DMARDs).

This must be supported by evidence of all of the following:

- symptoms and signs of persistent inflammation (arthralgia, swelling, tenderness) in at least 20 joints or four of the following large joints (ankles, knees, hips, elbows, shoulders), and
- evidence of joint deformity/destruction and limitation of joint movement.

Degenerative osteoarthritis and all other arthritides are excluded.

Severe Stroke

A neurological event caused by a cerebrovascular accident or incident. The stroke must:

- be evidenced by neuro-imaging, and
- cause severe permanent neurological impairment resulting in the total and irreversible inability to perform without the physical assistance of another person any three of the 'Activities of Daily Living' (as defined under *Loss of Independent Existence*).

Transient ischaemic attacks, cerebral events due to reversible neurological deficits, migraine, hypoxaemia or trauma and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

Stroke

A neurological event caused by a cerebrovascular accident or incident. The stroke must be evidenced by neuro-imaging.

Transient ischaemic attacks, cerebral events due to reversible neurological deficits, migraine, hypoxaemia or trauma and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

Surgery of the Aorta

Surgery to correct a narrowing, dissection or aneurysm of the thoracic or abdominal aorta but not its branches.

Percutaneous intravascular procedures, or other nonsurgical procedures are excluded.

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