

HOME LOAN PROTECTION.

Protect your ability
to pay off your home.

Product Disclosure Statement (PDS)

Preparation date: 1 March 2012



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Contents

Important information

Home Loan Protection is issued by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA), a wholly-owned subsidiary of the Commonwealth Bank of Australia ABN 48 123 123 124. The Commonwealth Bank of Australia and its subsidiaries (other than CMLA) do not guarantee the obligations or performance of CMLA or the products it offers.

CommInsure is a registered business name of CMLA.

CMLA's principal office of administration is:

Level 1
11 Harbour Street
Sydney NSW 2000

CMLA guarantees the benefits payable under Home Loan Protection. All payments to and from CMLA under the Home Loan Protection policies will be made to and from CMLA's Statutory Fund No.5. This policy has no savings element or surrender value and will not participate in the profits or surpluses of CMLA or the Statutory Fund No. 5.

The offer made in this document is currently only available to permanent residents of Australia.

All references to monetary amounts in this document are references to Australian dollars.

The information in this PDS has been prepared without taking into account your objectives, financial situation or needs. Before acting on this information you should consider the appropriateness of the information with regard to your own objectives, financial situation and needs. You should consider the PDS in making any decision about whether to acquire Home Loan Protection. All examples or illustrations in this PDS are only intended to demonstrate how certain benefits are calculated. All benefits will be determined in accordance with the relevant policy conditions.

CommInsure is one of Australia's oldest trading life insurance companies, operating since 1873. It is the life insurance arm of the Commonwealth Bank Group and has over 3 million customers and an in-force premium of over \$1.5 billion.

CommInsure was awarded the Australia and New Zealand Life Insurance Company of the Year for 2010¹.

¹ Awarded by the Australian and New Zealand Institute of Insurance and Finance (ANZIIF).

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What if you lost your home?

Your home is one of the most important things in your life: a place to rest and enjoy the people you love, away from the stresses of the outside world.

For most people, paying off a home costs a lot. And if something unexpected were to happen to you, or if you were diagnosed with a terminal illness, this may become even harder. As a result, would your loved ones be able to afford to stay in your home and continue to have the life you would want for them?

Simple cover

Home Loan Protection offers peace of mind for you and your dependents by paying a lump sum if:

- you die, or
- you are diagnosed with a terminal illness.

You can also choose extra protection that provides:

- an additional payment, if you die as a result of an accidental injury, or
- an advanced payment of all or part of your Death benefit if you suffer a medical crisis.

The amount you receive depends on the level of cover you've chosen (see *Types of benefits* on page 4).

It's easy to apply

To obtain a quote or to apply you can call **1300 131 103** between 8am and 7 pm (Sydney time), Monday to Friday.

When you apply you can:

- select the amount of your Death and Terminal Illness benefit, and
- choose to add the optional benefits and the level of cover of the Medical Crisis Recovery Protection benefit.

You can also apply online at:

www.commbank.com.au/simplelifeinsurance

Summary of Home Loan Protection benefits

Type of cover	Cover amount	Available to	Conditions	See page
Death and Terminal Illness benefit				
Pays a lump sum if you die or are diagnosed with a terminal illness.	\$50,000 to \$800,000.	Permanent Australian residents aged between 18 and 54.	Acceptable answers to our health and personal history questions.	4
Accidental Death benefit (optional*)				
Pays an additional amount equal to the Death and Terminal Illness benefit if you die as a result of an accidental injury, within six months of the injury occurring.	\$50,000 to \$800,000 (the amount is equal to your Death and Terminal Illness benefit).	Permanent Australian residents aged between the ages of 24 and 65.	Acceptance is guaranteed. At application we don't require any medical or personal history details.	5
Medical Crisis Recovery Protection benefit (optional*)				
Pays a lump sum if you experience a defined medical crisis after the qualifying period.	Choose from \$50,000 to \$200,000 in \$50,000 increments up to your Death and Terminal Illness benefit.	Permanent Australian residents aged between 18 and 54.	Acceptable answers to our health and personal history questions.	6

* To be eligible for an optional benefit, we must accept your application for a Death and Terminal Illness benefit. An optional benefit ends if the Death and Terminal Illness benefit ends. Please see *When the policy ends* and *When the optional benefits end* on page 14 for more information.

Types of benefits

Death and Terminal Illness benefit

What cover amount you can choose

The amount of your Death and Terminal Illness benefit usually relates to the amount you owe on your home loan at the time you apply, as shown in the table below:

If you owe*...	We pay...
\$50,000 to \$200,000	The amount you owe rounded up to the next \$10,000.
\$200,001 to \$775,000	The amount you owe rounded up to the next \$25,000.
\$775,001 to \$800,000	\$800,000.

* This policy is not linked to the loan (see page 9 for more information).

For example, if you owed \$210,000 on your home when you apply for Home Loan Protection, you'd be covered for \$225,000.

Alternatively, you can agree a set cover amount with us between \$50,000 and \$800,000.

Your Death and Terminal Illness benefit is for the same amount.

When we pay

We pay a Death benefit if you die or a Terminal Illness benefit if you are diagnosed with a terminal illness.

We won't pay a Death benefit if we've already paid, or agreed to pay, the Terminal Illness benefit.

What we pay

We will pay the Death or Terminal Illness benefit as shown on your most recent Policy Schedule that we issued prior to your death or terminal illness.

If the Death and Terminal Illness benefit is reduced to zero as a result of a Medical Crisis Recovery Protection benefit (see page 6), the policy automatically ends.

When you're not covered

We won't pay a Death or Terminal Illness benefit if your death or terminal illness:

- results directly or indirectly from an intentionally self-inflicted injury or infection you caused, whether you are sane or insane, or

- results directly or indirectly from you committing or attempting to commit an assault, battery or criminal offence or act of terrorism.

Accidental Death benefit (optional)

The Accidental Death benefit is an optional benefit that you can add to your policy.

When we pay

The Accidental Death benefit pays a lump sum amount if you die within six months of an accidental injury, as a result of that accidental injury.

What we pay

You'll receive an additional amount equal to your Death and Terminal Illness benefit.

For example, if your Death and Terminal Illness benefit is \$100,000, and you were killed in an accident, we'd pay your estate your Death benefit of \$100,000, plus an Accidental Death benefit of \$100,000. Therefore, the total amount paid would be \$200,000.

When you're not covered

We won't pay an Accidental Death benefit if your accidental injury:

- is due to war or act of war, whether declared or not (except death while on war service)
- occurs while you are under the influence of alcohol where your blood alcohol level is 80mg of alcohol per 100ml of blood or higher, or any other drug, other than a drug taken or used as prescribed by a doctor approved by us
- occurs while you are acting either as a pilot or crew member, or while a passenger, other than a fare paying passenger, in any aircraft
- is intentionally self-inflicted or directly or indirectly due to attempted suicide
- results directly or indirectly from you committing or attempting to commit an assault, battery or criminal offence or act of terrorism
- occurs while you are participating in any professional sport
- occurs while you are driving or riding in any kind of race or trial

Types of benefits

- is caused by, either wholly or in part, arises out of or is connected with any disease, bodily or mental infirmity, or medical or surgical treatment of these.

We won't make a payment if we have already paid a Terminal Illness benefit.

Medical Crisis Recovery Protection benefit (optional)

Medical Crisis Recovery Protection benefit is an optional benefit you can add to your policy.

What cover amount you can choose

For your Medical Crisis Recovery Protection benefit, you can select from \$50,000 to \$200,000 of cover in \$50,000 increments, to a maximum of your Death and Terminal Illness benefit.

When we pay

Medical Crisis Recovery Protection pays a lump sum amount if you experience a defined medical crisis after the qualifying period (see page 16 for more information on the qualifying period).

We'll pay the Medical Crisis Recovery Protection benefit only once during the life of the policy, and only for the first defined medical crisis that occurs.

Where we use the phrase 'medical crisis', we mean one of the following defined events:

- aortic surgery
- aplastic anaemia
- blindness
- cancer
- chronic kidney failure
- diplegia
- heart attack
- heart valve surgery
- hemiplegia
- major head trauma
- major organ transplant
- multiple coronary artery bypass surgery
- multiple sclerosis
- paraplegia
- parkinson's disease
- quadriplegia
- severe burns
- stroke.

See *Medical definitions* on page 17 for definitions of these events.

What we pay

We will pay the Medical Crisis Recovery Protection benefit as shown on your most recent Policy Schedule that we issued prior to you suffering a defined medical crisis.

When we pay a Medical Crisis Recovery Protection benefit, we reduce the Death and Terminal Illness benefit (and Accidental Death benefit if applicable) you can receive under this policy by that amount.

When the Death and Terminal Illness benefit is reduced to zero, the policy automatically ends.

When you're not covered

We won't pay a Medical Crisis Recovery Protection benefit if the medical crisis:

- occurs or is diagnosed or the procedure or symptoms first become apparent before or within 90 days after
 - the Medical Crisis Recovery Protection benefit commencement date,
 - an increase in the Medical Crisis Recovery Protection benefit (but only in relation to the increased amount), or
 - the re-instatement of the policy.

A Medical Crisis Recovery Protection benefit will also not be paid if the medical crisis:

- results directly or indirectly from an intentionally self-inflicted injury or infection you caused, whether you're sane or insane
- results directly or indirectly from committing or attempting to commit an assault, battery or criminal offence or act of terrorism
- is not a listed medical crisis or you don't meet the definition of a listed medical crisis (see *Medical definitions* on page 17).

We will not make a payment if the payment would cause us to be in breach of the Health Insurance Act 1973 (Cth) of the National Health Act 1953 (Cth).

Case studies

Death and Terminal Illness benefit

Geoff, 48, is married with two children and to ensure his family can continue to meet the mortgage repayments or even pay off the outstanding debt if he was to pass away, he has elected to take out a Home Loan Protection policy. When he applies for Home Loan Protection, he owes \$337,000 on his home loan. His Death and Terminal Illness benefit will be \$350,000 (the amount he owed on the loan, rounded up to the next \$25,000).

Playing squash one morning, Geoff suffers a massive heart attack and dies. We pay his estate the Death benefit of \$350,000.

Accidental Death benefit

Helena, 39, is a single mother with a five-year-old daughter. She has a Home Loan Protection policy that covers her outstanding home loan of \$256,000. Her Death and Terminal Illness benefit is \$275,000 (the amount she owed on the loan, rounded up to the next \$25,000). She's also chosen to take out the optional Accidental Death benefit.

Out cycling one day, Helena is hit by a car and is killed. We pay her estate the Death benefit of \$275,000 plus another \$275,000 for the Accidental Death benefit, a total of \$550,000.

Medical Crisis Recovery Protection benefit

Barry, 52, has a Home Loan Protection policy for his \$143,000 home loan and his Death and Terminal Illness benefit is rounded to the nearest \$10,000, which is \$150,000. He has also opted to take a Medical Crisis Recovery Protection Benefit for \$100,000.

Visiting his doctor for a check-up, Barry discovers that he needs to have coronary artery bypass surgery.

We pay Barry his Medical Crisis Recovery Protection benefit of \$100,000, and reduce his Death and Terminal Illness benefit to \$50,000.

Despite the surgery, Barry's heart doesn't recover and a few months later he dies. We pay his estate the remaining Death benefit of \$50,000.

How to obtain a quote or apply

If you want to obtain a quote or apply now, call **1300 131 103** between 8 am and 7 pm (Sydney time), Monday to Friday or go to **www.commbank.com.au/simplelifeinsurance**. Otherwise we may call you. You're under no obligation to apply for cover.

If you'd rather not receive a call from us, please call us on **1800 003 040** between 8 am and 7 pm (Sydney time), Monday to Friday.

Choosing the level of cover that's right for you

When you buy a Home Loan Protection policy, you can either choose the level of the Death and Terminal Illness benefit or base it on the amount you owe on your home loan (see page 4 for details). You can then decide whether you want protection for other events such as accidental death or a medical crisis.

You can choose to take the optional Accidental Death benefit and/or Medical Crisis Recovery Protection benefit at a later date subject to the terms and conditions of the policy. If you add Medical Crisis Recovery Protection benefit you will be asked to nominate the level of cover.

This policy is not linked to your home loan

Your level of cover for any benefit under Home Loan Protection does not fluctuate with your home loan, or cease when your home loan is closed or reduced to zero.

Health and personal history questions

The Death and Terminal Illness benefit and the optional Medical Crisis Recovery Protection benefit are subject to us accepting your answers to our questions about your health and personal history.

These questions are important, because we won't provide Home Loan Protection (or change these levels of cover) if you have suffered certain medical conditions or undertake certain dangerous pastimes.

The optional Accidental Death benefit is guaranteed acceptance. If you choose to add this benefit to your policy between the ages of 24 and 65, we won't ask you any health or personal history questions.

How to obtain a quote or apply

When your cover starts

If we agree to cover you, we'll send you a Policy Schedule and Policy Document that defines all the terms and conditions of your cover. Your cover starts from the policy commencement date shown on your Policy Schedule.

Duty of Disclosure

Before you enter into or become insured under a contract of life insurance with an insurer, you have a duty of disclosure under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate a contract of insurance.

Your duty does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows or, in the ordinary course of its business, ought to know, or
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer can avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may within three years of entering into it, elect not to avoid it but reduce the sum that you have been insured for in accordance with a formula that takes account the premium that would have been payable if you had disclosed all the relevant matters to the insurer.

Cooling off period

You have a 30-day 'cooling off period' from the date you receive your policy document, to decide whether Home Loan Protection meets your needs. Within this period you can cancel the policy and we'll refund in full any premiums you've paid.

Worldwide cover

Once your policy is issued, subject to the terms and conditions of your policy, it will cover you 24 hours a day wherever you are in the world.

How much does it cost?

The cost of your cover under Home Loan Protection is called your premium.

The premium you pay depends on:

- the level of cover you choose
- your age
- whether or not you are a smoker
- the benefits you are covered for.

Factors that affect your premium

✓ Impacts Premium

✗ Does not impact premium

Premium factors	Death and Terminal Illness benefit	Accidental Death benefit	Medical Crisis Recovery Protection benefit
Effect of cover level The premium increases in proportion with the cover level (i.e. the more cover you take, the higher the premium will be).	✓	✓	✓
Effect of age* When you move into a new five-year age bracket, starting from age 34, your premium will increase.	✓	✗	✓
Effect of smoker status* The premium is higher if you smoke or have smoked in the 12 months prior to your policy commencement date. If you give up smoking, after 12 months you can apply for non-smoker rates.	✓	✗	✓

* Refer to page 12 for more information.

How much does it cost?

Paying your premiums

You pay your premiums monthly in advance, on the day of the month shown on your Policy Schedule, or the next available business day. You can pay by direct debit from a bank account or by credit card.

You can change the way you pay at any time as long as we have a current and acceptable payment authority from you authorising this method.

If you give up smoking

If you were a smoker but haven't smoked for 12 months, you can apply for non-smoker rates for as long as you don't smoke tobacco or any other substance. You are required to provide a declaration on a form approved by us. The change to non-smoker rates will take effect from your next premium due date.

If you start smoking

You must let us know immediately if you start or recommence smoking. Your premium rates will be altered to smoker rates and the change will take effect on the policy anniversary date preceding that date upon which you first smoked or recommenced smoking.

Automatic rate rises with age

Premiums automatically increase on the policy anniversary date after you pass from one five-year age bracket to the next one starting from age 34, except for the cost of Accidental Death benefit which doesn't change with your age.

Changing the premium rates

We can change the premium rate by giving you three months notice. We will only do this if we are changing the premiums for all policies that have the same terms as yours.

Taxation

Generally, your premiums are not tax-deductible and any benefits you receive do not count as income for tax purposes. Individual circumstances differ, so please check with your tax adviser. This tax statement is based on the continuation of laws as at the preparation date of the PDS.

Making a claim

To make a claim, you or your legal representative should call us as soon as possible:

- in Australia, call **1300 131 103**
- from overseas, call **+61 13 10 56**.

We are available between 8am and 7pm (Sydney time), Monday to Friday.

You should give us details of the claim within 30 days of the event that caused the claim.

Evidence supporting your claim

When you or your legal representative make a claim we'll ask you to complete a claim form, and we may ask you for evidence that supports your claim.

Evidence we request will usually include a death certificate or medical certificate from a doctor confirming the details of the medical crisis, accidental injury, terminal illness or death, and evidence from related investigations. When we send you the claim form, we'll tell you the evidence you need to provide.

You must provide all certificates and evidence (including any medical examinations or tests) at your own expense. We may require you to have an examination or other tests by a doctor that we choose. You'll also have to pay for these examinations and tests.

Paying claims

If we approve a claim, we'll pay all benefits to you or your legal representative(s).

We pay all genuine claims as soon as possible after we've received all the necessary documentation and assessed the validity of the claim.

Changing and ending your policy

Changing your policy

Subject to the terms and conditions of your policy, you can request a change to the level of cover or request to add or remove the optional benefits by contacting us. If we agree to your request, we'll send you confirmation of the date your cover will start under the new plan and details of the new premium rate that will apply from that date.

Any change is subject to our acceptance of your answers to our questions about your health and personal history.

If any of the types of cover this policy provides end for any reason, we'll adjust your premiums accordingly.

When the policy ends

This policy (including all benefits under it) ends:

- if we or you cancel this policy
- if you die or you are diagnosed with a terminal illness
- when the payment of a Medical Crisis Recovery Protection Benefit that reduces your Death and Terminal Illness Benefit to zero
- on the day before the policy anniversary date occurring on or after your 70th birthday.

When the optional benefits end

Accidental Death cover

Your Accidental Death benefit ends on the earlier of:

- us or you cancelling this benefit
- this policy ending.

Medical Crisis Recovery Protection

Your Medical Crisis Recovery Protection benefit ends on the earlier of:

- us or you cancelling this benefit
- us paying a Medical Crisis Recovery Protection benefit
- on the day before your policy anniversary on or after your 60th birthday
- this policy ending.

If you don't pay the premiums

If you don't pay the premiums for the policy for more than one month after the due date, we'll give you written notice that we intend to cancel the policy. We'll write to you before cancelling the policy.

Cancelling the policy

If you want to cancel some of the benefits or your policy, either:

- call us on **1300 131 103** between 8 am and 7 pm (Sydney time), Monday to Friday, or
- write to us at:
CommInsure
Reply paid 8446
PARRAMATTA WESTFIELD NSW 2150
and include your Policy Schedule.
- Your cover will end on the day we receive your call or your written notice of cancellation. The policy doesn't have a cash value when you cancel it.

If you or we cancel the policy, all covers and any benefits we are paying at the time end on the cancellation date.

If either the optional Accidental Death benefit or Medical Crisis Recovery Protection benefit is cancelled, only that type of benefit ends. If the Death and Terminal Illness benefit is cancelled then the policy is cancelled.

Re-instating the policy

We'll consider a request from you to restart your policy up to six months after the date of cancellation if you give us:

- evidence of your continued good health
- any premiums you haven't paid.

What the words in this PDS mean

For the purposes of this PDS, these words have the following meanings:

accidental injury means, a physical injury caused solely and directly by violent, external and visible means (independently of sickness, medical or surgical treatment, or any other cause).

doctor means a registered medical practitioner registered in Australia who is not you, or a relative or de facto partner of you.

If practising other than in Australia, your doctor must have qualifications equivalent to a doctor registered in Australia. We must be satisfied of the doctor's qualifications.

policy commencement date means the date stated in your policy schedule as your policy commencement date. It is the date cover under your policy starts.

qualifying period means:

- the period prior to, or within 90 days after your Medical Crisis Recovery Protection benefit commencement date, or
- the period prior to, or within 90 days after the reinstatement date of your policy, including the Medical Crisis Recovery Protection benefit or
- the period prior to, or within 90 days of an increase in the Medical Crisis Recovery Protection benefit (but only in relation to the additional cover).

No benefit will be paid for a medical crisis that occurs or is diagnosed, or procedure or the symptoms became apparent, either before or within the qualifying period.

terminal illness means, in the event that a medical condition, which first manifests itself after the policy commencement date, and is reasonably expected to reduce your life expectancy to less than 12 months, as certified by both:

- the doctor treating the condition; and
- a doctor nominated by us.

we/us/our/CMLA/CommInsure/the insurer means The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809.

you/your means the person named as the policyowner on your policy schedule. The policyowner is also the life insured under this policy.

Medical definitions

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

Traumatic injury of the aorta and surgery performed using catheter techniques are specifically excluded.

aplastic anaemia means 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.

blindness means the permanent loss of sight in both eyes due to sickness or injury to the extent that

- visual acuity is 6/60 or less in both eyes, or
- the visual field is reduced to 20 degrees or less of arc,

whether aided or unaided, and all as certified by an ophthalmologist.

cancer means any malignancy characterised by unlimited growth and which expands locally by invasion, but excluding malignancies which meet the following medical and/or histopathology classifications:

- Pre-malignant conditions
- Carcinoma in situ, including intraepithelial neoplasia, but not if:
 - the cancer is located in the breast and all breast tissue of the affected breast is removed, or
 - the cancer is located in a testis
- Cervical dysplasia, CIN1, CIN2 and CIN3
- Non-melanoma skin cancers, but not if the cancer has spread to another part of the body
- Prostate cancers which remain classified as TNM T1a, T1b or another equivalent or lesser classification, but not if the Gleason Score is 6 or more

Medical definitions

- Melanoma with a depth of invasion classified as Clark Level II or less, or a Breslow thickness of 1.5 mm or less
- Chronic Lymphocytic Leukaemia with a classification equivalent to Rai Stage 1 or less.

For the purpose of this definition, 'carcinoma in situ' means a cancer in the stage of development when the cancer cells are still within their site of origin.

chronic kidney failure means end stage renal failure presenting as chronic irreversible failure of both kidneys to function as a result of which regular renal dialysis is instituted or renal transplantation is performed.

diplegia means the total loss of function of both sides of the body due to sickness or injury where such loss of function is permanent.

heart attack means the death of part of the heart muscle (myocardium) as a result of inadequate blood supply. The diagnosis must be based on either:

- the following medical evidence:
 - i) elevation of cardiac enzyme CK-MB, or
 - ii) elevation in levels of Troponin I greater than 2.0 mcg/L or Troponin T greater than 0.6 mcg/L or their equivalent, and
 - iii) confirmatory new electrocardiogram (ECG) changes, or
 - iv) medical evidence satisfactory to us that the heart attack reduced the Left Ventricular Ejection Fraction to below 50% when measured at least six weeks after the heart attack, or
- any other medical evidence satisfactory to us which demonstrates that myocardial damage has occurred to at least the same degree of severity as would be evidenced by the medical evidence required under the first bullet point.

heart valve surgery means open heart surgery for treatment of cardiac defect/s, cardiac aneurysm or benign cardiac tumour/s.

hemiplegia means the total loss of function of one side of the body due to sickness or injury, where such loss of function is permanent.

major head trauma means injury to the head resulting in neurological deficit causing a permanent loss of at least 25% whole person function (as defined in the edition of the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current as at the date of this PDS).

major organ transplant means the human to human transplant from a donor to you of:

- one or more of the following organs:
 - kidney
 - lung
 - pancreas
 - heart
 - liver, or
- bone marrow.

The transplantation of all other organs or parts of organs or any other tissue transplant is excluded.

multiple coronary artery bypass surgery means open chest surgery for the correction, by coronary artery bypass grafts (CABG), of two (2) or more coronary arteries which are narrowed or blocked but excluding angioplasty and/or any other intra-arterial procedures. The surgery must have been proven necessary by means of coronary angiography.

multiple sclerosis means the unequivocal diagnosis of Multiple Sclerosis as confirmed by a consultant neurologist and characterised by demyelination in the brain and spinal cord evidenced by Magnetic Resonance Imaging or other investigations acceptable to us. There must have been more than one episode of well-defined neurological deficit with persisting neurological abnormalities.

paraplegia means the permanent loss of the use of both legs or both arms, resulting from spinal cord sickness or injury.

Medical definitions

parkinson's disease means the unequivocal diagnosis of parkinson's disease by a consultant neurologist where the consultant neurologist confirms that the condition:

- is the established cause of two or more of the following:
 - muscular rigidity
 - resting tremor
 - bradykinesia
- has caused significant progressive physical impairment, likely to continue progressing but for any treatment benefit.

You must be under the established care and following the advice of a specialist neurologist.

quadriplegia means the permanent loss of use of both arms and both legs resulting from spinal sickness or injury.

severe burns means 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;
- both hands, requiring surgical debridement and/or grafting; or
- the face, requiring surgical debridement and/or grafting.

stroke means a cerebrovascular accident or incident producing permanent neurological sequelae. This includes infarction of brain tissue, intracranial and/or subarachnoid haemorrhage, or embolisation from an extracranial source. The following are excluded:

Cerebral symptoms due to:

- transient ischaemic attacks
- reversible ischaemic neurological deficit
- migraine.

Cerebral injury resulting from:

- trauma
- hypoxia
- vascular disease affecting the eye, optic nerve or vestibular function.

Contacting us

If you have any questions, please call us on **1300 131 103** between 8 am and 7 pm (Sydney time), Monday to Friday.

We will post any correspondence to your last known address. You will be deemed to have received correspondence after allowing for ordinary postal delivery times.

Please send all correspondence to:

CommInsure

Reply paid 8446

PARRAMATTA WESTFIELD NSW 2150

What to do if you have a complaint

We accept that sometimes we can get things wrong, and when this happens we're determined to make them right again. Most problems can be resolved quickly and simply by talking with us.

To get help resolving your problem, call us on **1300 131 103**. If you need further assistance, contact Customer Relations:

- by email to customerrelations@cba.com.au, or
- in writing to:
 - Customer Relations
 - Commonwealth Bank Group
 - GPO Box 41
 - SYDNEY NSW 2001.

You can also contact us through a third party, providing you give us written authority to deal with them about the complaint.

The National Relay Service may assist anyone who is deaf, or who has a hearing or speech impairment.

TTY/Voice: 133 677

SSR: 1300 555 727

www.relayservice.com.au

If you make a complaint to us we will:

- acknowledge your complaint and make sure we understand the issues
- do everything we can to fix the problem
- keep you informed of our progress
- keep a record of your complaint

What to do if you have a complaint

- give you our name, a reference number and contact details so that you can follow up if you want to, and
- provide a final response within 45 days.

If we can't provide a final response to your complaint within 45 days, we will:

- inform you of the reasons for the delay
- advise of your right to complain to the Financial Ombudsman Service (FOS), and
- give you the FOS contact details.

External dispute resolution

If you're not happy with our response, you can refer your complaint to the Financial Ombudsman Service (FOS). FOS offers a free, independent dispute resolution service for the Australian banking, insurance and investment industries.

You can contact FOS:

- by calling 1300 780 808
- online at www.fos.org.au
- by writing to:
Financial Ombudsman Service
GPO Box 3
MELBOURNE VIC 3001.

Privacy of your personal information

Collecting information

'Customer Information' is information about a customer. It includes personal information such as name, age, gender, contact details as well as your health and financial information.

Why we collect customer information

We collect personal information (including full names, addresses and contact details) so that we can administer our customer relationships, and give customers like you the products and services they request as well as information on the Commonwealth Bank Group's products and services. The law may require us to identify our customers. When we do this we do this by collecting and verifying information about you.

We may also collect and verify information about persons who act on your behalf. Collecting and verifying information helps to protect against identity theft, money laundering and other illegal activities.

How we use it

We use your customer information to manage our relationship with you, give you the products and services you request and also tell you about the products and services offered by the Group, affiliated providers and external providers for whom we act as agent. If we have your email or mobile phone details we may contact you electronically. You may also receive information on the Group's products and services electronically.

How we collect it

We can collect and verify customer information in different ways and we will advise you of the most acceptable ways to do this. We may disclose your customer information in carrying out verification – e.g. we may refer to public records to verify information and documentation, or we may verify with an employer that the information you have given us is accurate.

What we collect

Depending on whether you are an individual or an organisation, the information we collect will vary. For instance, if you are an individual, the type of information we may collect and verify includes your full name, date of birth and residential address. If you are commonly known by two or more different names, you must give us full details of your other name or names.

Privacy of your personal information

Accuracy

You must provide us with accurate and complete information. If you do not, you may be in breach of the law and also we may not be able to provide you with products and services that best suit your needs.

Protecting customer information

We comply with the National Privacy Principles as incorporated into the Privacy Act 1988 (Cth). We disclose customer information to other members of the Commonwealth Bank Group (including overseas members), so that the Group may have an integrated view of its customers and to facilitate the integrated treatment of its customers. It also enables other members of the Group to give you information about their products and services.

Viewing your information

You can (subject to permitted exceptions) request access to your personal information by contacting:

Customer Relations
Commonwealth Bank Group
Reply Paid 41
Sydney NSW 2000
Telephone: **1800 805 605**
Facsimile: 1800 028 542

We may charge you for providing access.

For more information about our privacy and information handling practices, please refer to the Commonwealth Bank Group Privacy Policy Statement, which is available through commbank.com.au or on request from any Commonwealth Bank branch.

For more information call

1300 131 103

8 am - 7 pm (Sydney time)

Monday to Friday

or go to

commbank.com.au/simplelifeinsurance