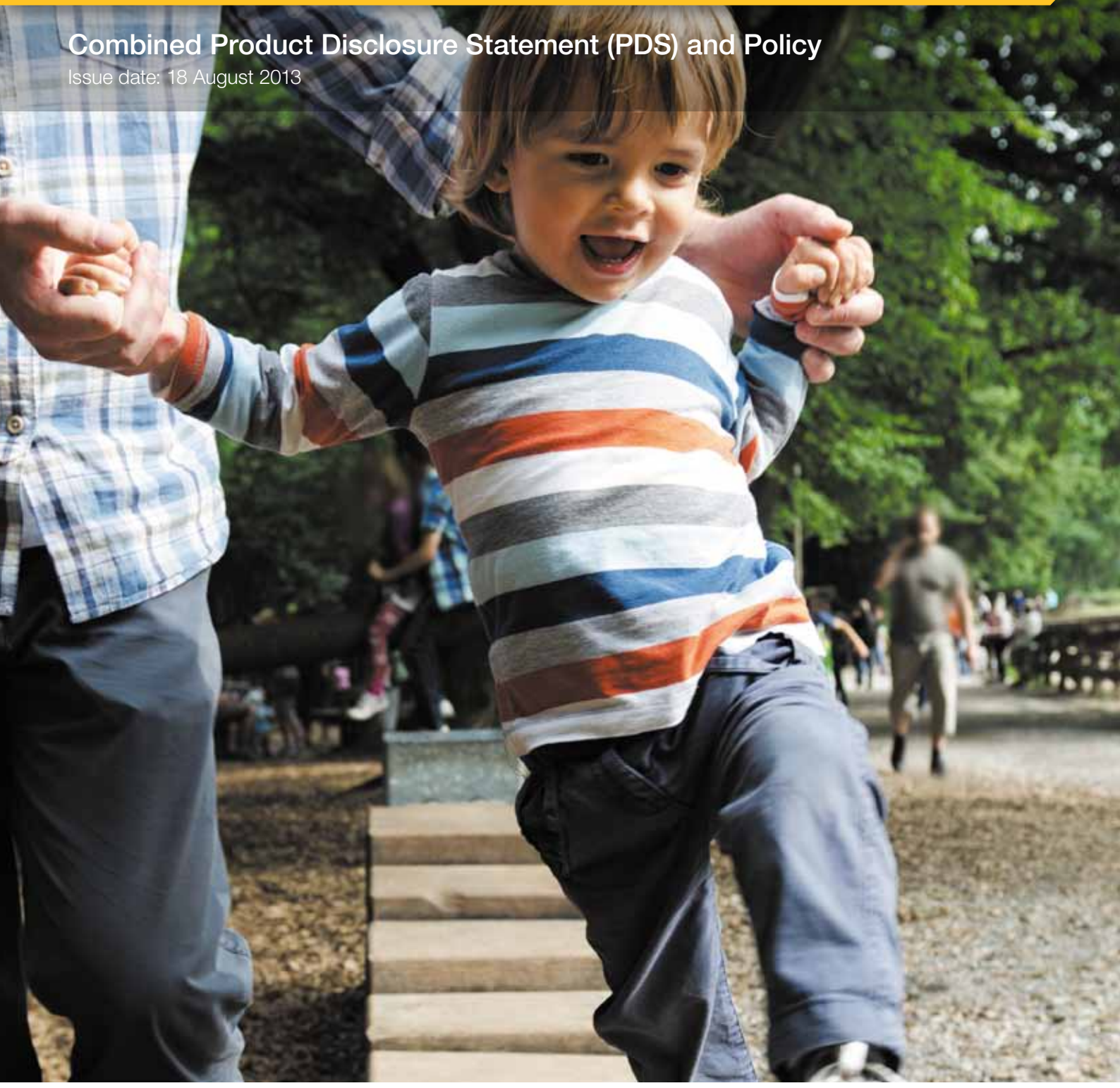
CommInsure Protection

Combined Product Disclosure Statement (PDS) and Policy

Issue date: 18 August 2013



CommInsure

Product Disclosure Statement

This Product Disclosure Statement (PDS) is issued by the insurer, The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (referred to as 'CMLA', 'we', 'us' and 'our') and Colonial Mutual Superannuation Pty Ltd ABN 56 006 831 983 AFSL 235025 (referred to as 'the trustee'), the trustee of the Colonial Super Retirement Fund ABN 40 328 908 469 (the Fund).

This PDS describes two separate financial products:

- a superannuation product (issued by the trustee, Colonial Mutual Superannuation Pty Ltd)
- life insurance products (issued by the insurer, CMLA).

CMLA and the trustee take full responsibility for the whole of the PDS. A description of the cover available under each of these products is contained in this PDS.

This PDS helps you understand the various products which make up CommInsure Protection. It provides important information about:

- the purpose of the CommInsure Protection products
- the key features and benefits available and
- the costs, risks and other important aspects of CommInsure Protection.

CMLA and the trustee are wholly owned but non-guaranteed subsidiaries of Commonwealth Bank of Australia ABN 48 123 123 124 (CBA). Apart from CMLA and the trustee, neither CBA nor its subsidiaries are responsible for any of the statements in this PDS. CBA and its subsidiaries (Commonwealth Bank Group) don't guarantee CommInsure Protection products. Contributions to the Fund aren't deposits or other liabilities of CBA and its subsidiaries.

If you need to visit CMLA or the trustee, their principal office of administration is:

Level 1, 11 Harbour Street
Sydney NSW 2000
Phone: 13 1056 between 8 am and 8 pm (Sydney time), Monday to Friday

CMLA is responsible for the administration of the Fund and provides insurance benefits to the Fund. CommInsure is a registered business name of CMLA.

The information in this PDS is general information only and doesn't take into account your individual objectives, financial situation or needs. You should assess whether the product is appropriate for you and consider talking to a financial adviser before making a decision. The products described in this PDS are available only to persons in Australia.

Applications from outside Australia won't be accepted. All references to monetary amounts in this document are references to Australian dollars.

Changes in the law may result in changes to the information in this PDS. The examples and illustrations provided in this PDS are only intended to demonstrate how certain benefits are calculated. All benefits are determined in accordance with the relevant policy conditions and, for Total Care Plan Super, the Fund's trust deed.

After reading this PDS, you can apply for the products described in the PDS by following the steps outlined in 'How to apply' on page 15. Please note that before each applicant enters into or becomes insured under a contract of life insurance with CommInsure, they have a 'Duty of Disclosure' as described on page 82.

Table of contents

Overview

This part contains...

Getting started

How to use this document

This is a combined PDS and Policy. The entire document is a PDS but only certain parts of it contain the policy terms. The policy terms, which are our contract with you once we have agreed to issue you with a policy, are in parts A, B, C and the Definitions section of this document.

This document has seven parts:

- **Overview** gives an overview of the types of insurance we offer and also explains how to choose cover combinations.
- **Part A** explains how our life, TPD and trauma cover works. It also sets out the policy terms for these types of cover. Refer page 17.
- **Part B** explains how our income protection works, including our business overheads cover. It also sets out the policy terms for this cover. Refer page 42.
- **Part C** tells you about the policy terms common to all our insurance products. Refer page 68.
- **Part D** tells you about other things you need to know, such as taxation, your duty of disclosure and so on. Refer page 78.
- **Part E** explains some important considerations in taking your insurance inside super. Refer page 87.
- **Definitions** sets out our meanings of certain words and expressions used in the policy terms. Refer page 98.

Follow the colours

We've colour coded the different types of insurance described in this document to help you find your way around.

For this type of insurance...	see page...
Life	18
TPD	28
Trauma	33
Income protection	42
Business overheads	65

If you already know what type of insurance you need, and you want to get straight into the details, just follow the colours.

Need some help?

Your financial adviser may be able to help you choose the most appropriate insurance for you. If you don't have a financial adviser, simply call **1800 241 996** between 8.30 am and 6 pm (Sydney time), Monday to Friday or visit **comminsure.com.au** to arrange for a financial adviser to contact you.

Why CommInsure

CommInsure is a leader in the Australian insurance industry with over three million customers. With roots dating back 138 years, we have a history of financial strength, security and reliability. We provide quality insurance products and pay all legitimate claims.

Claims

In 2012, we paid a total of $702.8 million in retail and wholesale insurance claims:

- Life and terminal illness $302 million
- TPD and trauma $256.07 million
- Income protection $144.1 million.

That equates to more than $13 million every week.

Awards

In recent years we've received a number of awards recognising our excellent products and services, including:

Life Insurance Company of the Year
Australia and New Zealand Institute of Insurance and Finance 2011, 2010 and 2007

Service Quality Award, Winner
Plan for Life & Association of Financial Advisers 2010 and 2009

Life Company of the Year
Plan for Life & Association of Financial Advisers 2010, 2009 and 2007

National Contact Centre of the Year
Australian Teleservices Association (ATA) Awards 2012

Income Protection Insurance Award, Winner
Plan for Life 2012 and 2011

Trauma Insurance Award Winner
Plan for Life & Association of Financial Advisers 2009, 2008 and 2007

Trauma Insurance Award, Winner
Financial Review Smart Investor Blue Ribbon Awards 2011

Our insurance at a glance

Put simply, we offer two main types of insurance:

- **Life insurance** which can cover you for death, terminal illness, total and permanent disability (TPD) and trauma (critical illness)
- **Income protection** which can cover you for loss of income or your business's fixed operating expenses in the event of disability.

Protecting your life

Life Care – leave something behind

Life Care pays a lump sum on death or terminal illness and provides a cash advance to help cover funeral expenses.

You can also take out Accidental Death Cover, which pays a lump sum on death but only if by accident.

If you have children you can insure them with child cover for death and trauma.

If you're involved in a business, you can use Life Care to insure the key people and your investment in the business. You can also protect your business loan.

TPD Cover – because sickness and accidents happen

TPD Cover pays a lump sum if you're totally and permanently disabled. For example, if you're unable to engage in either your own or any occupation or you suffer loss of limbs or sight or loss of independent existence.

For the full definition of TPD please refer to the definition on page 102.

Trauma Cover – health is everything

Trauma Cover pays a lump sum if you suffer any one of our specified trauma conditions such as cancer, heart attack, stroke and so on.

For the full range of trauma conditions covered and their precise meaning please refer to page 112.

Protecting your income

Income protection – works when you can't

At its most basic, income protection pays up to 75% of your income when you're unable to perform all or part of your occupation due to injury or illness.

It also offers a host of features to help cover other costs that might come up in this situation.

If you don't qualify for full income protection because of your health, you may instead be eligible for our essential cover which is income protection for accidents only (not illness). It's also generally a cheaper income protection option. Refer to page 51.

Business Overheads Cover – keeps your business up when you're down

If you run your own business, having to take time off because you're sick or injured can be disastrous. Business Overheads Cover keeps things ticking over by helping to pay your business's regular fixed operating expenses while you're unable to work.

Business Overheads Cover can pay up to 100% of your fixed operating expenses.

Choosing the insurance you need

When deciding which insurance is right for you, you need to ask yourself four questions:

1. What type(s) of insurance do I need right now?
2. Should I take insurance inside or outside of super?
3. What type of premium rate can I pay?
4. Would I like optional extras?

1. What types of insurance?

Your financial adviser can help you decide which types of insurance you need, taking into account your individual objectives and financial situation.

If you're…	then…
Single	safeguard your ability to earn an income if you're injured or sick
Double income, no kids	don't risk becoming a financial burden to your partner if injury or sickness strikes
Family	with children depending on you for everything, you need to cover every possibility
Retired	protect your nest egg, take care of yourself financially and leave something behind if you die
Running your own business	help make sure you can meet every day operating expenses as well as insuring your key staff

2. Insurance inside super

We give you the option to buy insurance inside super. You have two options. You can choose insurance through our super fund and you become a Total Care Plan Super member of the Colonial Super Retirement Fund and the trustee of the fund holds the insurance policy on your behalf. Or have your Self-Managed Super Fund (SMSF) purchase one of our insurance products (but not Total Care Plan Super or Income Care Plus).

Differences in the cover available inside super
We can't offer Trauma, Child or Business Overheads Cover inside super and some of the features of our other cover types aren't available. We explain the differences in more detail in Part E starting on page 87.

Also, if we pay a benefit, the money stays preserved inside the super fund until you can satisfy the trustee you're entitled to access it under superannuation law.

Why go inside super?
The main benefit is that you can pay your premiums using pre-tax income paid as a contribution to the super fund or with rollover money from another super fund. This can help improve cash flow.

Our renewal reward
If you pay your annual Total Care Plan Super premium with money rolled over from a complying super fund, you may qualify for a 15% renewal reward (see page 90).

Your financial adviser can help you decide whether to take your cover inside super. In the meantime, we've put all the information about this in the one place, so please read Part E starting on page 87 before making a decision.

3. What type of premium rate can I pay?

One other thing to consider when choosing insurance is whether you want your premium rates to be stepped or level.

Stepped premium
A stepped premium rate costs less at the beginning but generally increases as you get older. This is because we usually set a higher premium age rate for each year you get older, as your risk increases.

Level premium
A level premium rate generally costs more than a stepped premium rate at the beginning but it doesn't increase as you get older and generally only changes if you alter your cover or if we adjust our premium rates for all of our customers.

Making a choice
Whether you choose a stepped or level premium rate is a matter of personal preference based on your budget and other financial commitments.

While a level premium rate may cost more initially than a stepped premium rate, it offers more certainty than a stepped premium rate over the life of the policy, making it easier for you to plan your budget.

Depending on the duration of the policy, it's possible the comparative cost of a stepped premium rate will overtake the cost of a level premium rate.

Your financial adviser can show you how the premium rate type you choose affects the premiums you pay.

Your choice also affects the age at which you're eligible for entry to the different types of insurance protection (see 'Our summary' on page 14).

For more information on our stepped and level premium rate options, please refer to page 69.

4. Would I like optional extras?

Our products offer a wide range of optional benefits you can add to your insurance. These usually cost more but some don't. Other options reduce your premiums. You can find the optional benefits listed in the cover summary tables in Part A and B. For example, Plan Protection option is listed on page 22. Your financial adviser can help you understand which options suit your needs.

How our insurance works

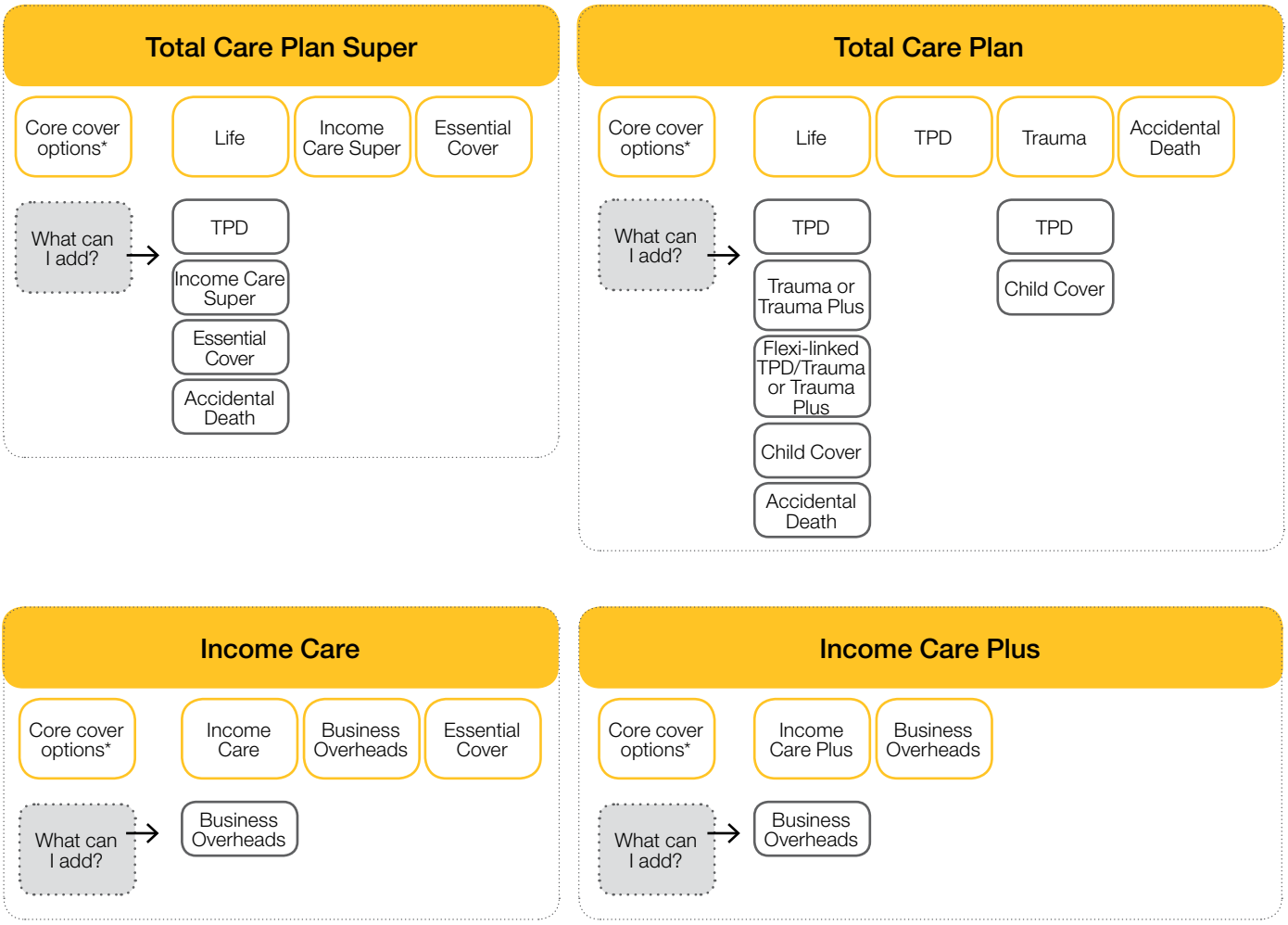
Before choosing your insurance it's important to understand the cover combinations available to you.

To help you get the right combination of benefits, options and features, we've grouped our various types of insurance into four separate and distinct policies which each have their own policy terms. If you take out two or more policies we'll provide you with a policy schedule for each.

The diagram below explains how our policies can give you the combination of insurance protection you need.

Your financial adviser can help

Choosing the right combination of cover and policies can be quite complex. Your adviser can help you work out how best to structure your cover and the number of policies you need.



* These can be taken as stand-alone cover or as the combination/s shown.

Total Care Plan and Total Care Plan Super

Total Care Plan
Total Care Plan is our policy that provides Life Care, TPD and Trauma Cover, as well as optional Child Cover and Accidental Death Cover.

You can take one or more of Life Care, TPD and Trauma Cover all under the umbrella of one Total Care Plan policy or you can take two or more of them on a stand-alone basis under separate Total Care Plan policies.

If you take out two or more policies we'll provide you with a policy schedule for each. Each of these policies have their own separate policy terms.

Example
If you want both Life Care and TPD Cover each on a stand-alone basis, we'll issue you with two Total Care Plan policies – one for the Life Care and the other for the TPD Cover.

Note: we charge separate premiums, policy fees and frequency charges for each policy.

If, on the other hand, you want Life Care and TPD Cover together we'll issue you with one Total Care Plan policy.

Note: if you add TPD or Trauma cover to Life Care under the one Total Care Plan policy, that cover can't be greater than your Life Care amount.

Total Care Plan Super
Total Care Plan Super is our policy that provides Life Care, TPD Cover, Accidental Death Cover and income protection cover inside super.

Total Care Plan Super doesn't include Trauma or Child Cover.

You can either add income protection to Life Care or choose your income protection by itself.

Income Care and Income Care Plus

Income Care is our basic income protection policy. It offers a range of income protection benefits including Business Overheads Cover and Essential Cover.

Our Income Care Plus policy provides all the features of Income Care (except for Essential Cover), plus a wide range of extra benefits.

You can take Business Overheads Cover either alone or with Income Care or Income Care Plus. If you choose it with Income Care/Plus, you receive a 10% discount on the Business Overheads Cover premiums.

You can only take Essential Cover under an Income Care policy, unless you want it inside super – in which case you can take it under Total Care Plan Super.

Essential Cover is useful if you're on a tight budget or your health prevents you from qualifying for our full income protection cover.

If you would like income protection inside super, Total Care Plan Super is for you.

Business Overheads Cover isn't available within Total Care Plan Super but Essential Cover is.

Setting up your policy

Setting up your life insurance policy: Three ways to structure your cover

We offer three different ways to structure your life insurance cover:

This structure…	does this…
Stand-alone	Lets you choose a policy with just one type of cover, for example, TPD Cover. The cover isn't connected to another cover and the policy isn't connected to any other policy. When a benefit is paid it doesn't affect or reduce any other cover you hold with us under a separate policy.
Rider cover	Lets you connect one type of life insurance cover to another type of cover under the one policy and on the same life. For example, you can connect TPD Cover to your Life Care. In this case the TPD Cover is the rider cover and when a benefit is paid under it the Life Care is reduced by the amount paid.
Flexi-linking	Lets you link cover inside and outside of super across two separate policies. When a benefit is paid under the cover outside super, the cover under the policy inside super reduces by the amount paid. For more information about flexi-linking please read 'Understanding flexi-linking' and page 75.

If you choose a life insurance policy, you need to set up a few things at the start that determines how your policy works:

- the people you want the policy to cover
- who will own the policy
- the amount of each type of cover (life, TPD and/or trauma) that you want for each person
- for TPD, whether you want the 'any occupation' or 'own occupation' TPD definition
- any options you want (e.g. Child Cover) and the cover amounts
- the type of premium (stepped or level) you want to pay
- whether you want flexi-linking.

When we issue the policy we print all of these details on your policy schedule.

Policy ownership
Generally, the only person who can effect changes, or be paid a benefit, under the policy is the policy owner.

The policy owner is the only person we will deal with in relation to the policy. If you're a member of Total Care Plan Super, you should advise the trustee of any changes required.

The policy owner can be the person who is covered under the policy, another person, a company or a trust.

There can be more than one policy owner. If there is more than one policy owner, the policy is held jointly. This means that, on a policy owner's death, their interest in the policy passes automatically to the surviving policy owner/s and not to the deceased's estate.

Choice of TPD definition
Depending on your eligibility, we offer you the choice of an 'any occupation' or 'own occupation' TPD definition. Of the two TPD definitions, the 'own occupation' definition is generally easier to satisfy but the 'any occupation' definition costs less. For more information, please refer to the definition of Total and Permanent Disablement on page 102.

Your financial adviser can help you work out which TPD definition you're eligible for and which is right for you.

Understanding flexi-linking
Flexi-linking lets you link Life Care under:

- a Total Care Plan Super policy or
- a Total Care Plan policy owned by a SMSF

to TPD and/or Trauma cover under a Total Care Plan policy held by you outside of super. We call the TPD and/or Trauma cover the 'flexi-linked rider cover'.

Policy inside super	Policy outside super
Life Care	TPD Cover Trauma Cover TPD Cover and Trauma Cover
Life Care and TPD Cover	Trauma Cover

Example
You may want to have your Life Care inside super and your TPD Cover outside super. Although in this case there'll be two policies (one in the super fund's name for the Life Care and one in your name or another person's for the TPD Cover), flexi-linking lets you link the TPD Cover to the Life Care, allowing you to take advantage of some of the benefits you can normally only enjoy if you have all your cover housed under the one single policy.

How can flexi-linking help me?

Flexi-linking can save you money because:

- you'll only pay one policy fee (i.e. on the policy held inside super), rather than two separate policy fees

- flexi-linked rider cover premium rates apply under flexi-linking which means your premium will generally be cheaper than holding the same cover across two policies which aren't flexi-linked and, therefore, priced at the more expensive stand-alone premium rates.

How does flexi-linking affect my policies?

By flexi-linking your cover, all of the cover is generally treated as if it's housed under one policy even though we issue two separate policies i.e. one in the super fund's name for the Life Care (we call this the 'primary policy') and one in your or another person's name for the flexi-linked rider cover (the 'flexi-linked policy').

This linking or connection of cover affects how the cover works. Some of the important impacts include:

- payment of a benefit under the flexi-linked rider cover reduces the amount of Life Care inside super by the amount paid
- if the Life Care inside super ends for any reason (e.g. payment of a Terminal illness benefit, cancellation due to non-payment of premiums) so does the flexi-linked rider cover
- the amount of the flexi-linked rider cover automatically reduces so it's never greater than the Life Care inside super
- if you decide you don't want indexation for Life Care inside super then indexation won't apply to the flexi-linked rider cover.

There are other important impacts on how the cover works across the two policies where flexi-linking applies. It's important you fully understand all of the impacts of flexi-linking and you can read more about them in the section below 'Some important things to consider' and in the policy terms throughout Parts A and C and the Definitions.

Your financial adviser can help you work out whether flexi-linking will suit your needs.

Some important things to consider

Cover under a policy can only be flexi-linked once
The cover applying to a life insured under a policy can only be subject to one flexi-linking arrangement. In other words, the cover applying to a life insured under one policy can't be flexi-linked to cover under more than one other policy. If, however, there is more than one life insured under a policy, flexi-linking can separately apply to each life insured. In this case, it is possible that the flexi-linking arrangement for each life insured can apply to different policies.

Same life insured but not the same cover
The life insured under the policy providing Life Care inside super must be the life insured under the policy providing flexi-linked rider cover outside super.

The same type of cover can't apply for the life insured under both policies (e.g. if TPD Cover applies for the life insured under the policy inside super it can't apply to the life insured under the policy outside super). This also means you can't take out Life Care for the life insured under the policy providing the flexi-linked rider cover outside super.

Premium rate type
The premium rate type, whether stepped or level, must be the same for both policies.

Amount of cover
The amount of flexi-linked rider for a life insured cover can never be higher than the amount of Life Care which applies to them inside super. This cap may prevent your flexi-linked rider cover from increasing to the full extent it would have had flexi-linking not applied. For example, increases to flexi-linked rider cover under indexation or the Guaranteed Insurability option (personal events) are restricted to make sure the cover doesn't exceed the Life Care inside super.

Minimum premium rule
Both policies must separately meet the minimum premium rules explained on page 70.

Plan Protection option and Guaranteed Insurability option (personal events)
If you select one of these options for Life Care under the policy inside super, you must select the option for the flexi-linked rider cover under the policy outside super.

Guaranteed Insurability option (business events) and Business Safe Cover option
Neither of these options can apply for that life insured if you select flexi-linking for that life insured.

Setting up your income protection policy

If you choose any of our income protection products or Business Overheads Cover, you need to set up a few things at the start that determines how your policy works. These are:

- the person you want the policy to cover
- who will own the policy
- monthly benefit
- waiting period
- cover expiry date
- benefit period
- any options you want
- the type of premium (stepped or level) you want to pay
- policy type
- occupation group.

We print all of these details on your policy schedule we send you.

Monthly benefit
This is the amount that you want to be covered for. This can be up to 75% of your insurable income.

For Business Overheads Cover this can be up to 100% of your business's regular fixed operating expenses.

Setting up your policy

Waiting period
This is the length of time you have to wait before we start paying a benefit. The shorter the waiting period, the more your cover costs.

Waiting period	Income Care Income Care Plus Income Care Super Essential Cover	Business Overheads Cover
14 days	✓*	✓
one month	✓	✓
two months	✓	✓
three months	✓	✓
six months	✓	✓
one year	✓	
two years	✓	

* The 14 day waiting period isn't available if you work in a heavy risk or specialist risk occupation.

Cover expiry date
This is how long your cover will last. You can choose either the policy anniversary before your:

- 60th birthday or
- 65th birthday.

Benefit period
This is the longest period over which we keep paying benefits. You can choose:

- two years
- five years or
- to the cover expiry date.

However, if you work in an aviation, heavy risk or specialist risk occupation, you can only choose certain benefit periods. These are:

- aviation – two years, five years or to the policy anniversary before you turn 60
- heavy risk or specialist risk – two or five years.

For Business Overheads Cover you don't need to choose a benefit period – we'll pay up to twelve times the monthly benefit.

Policy type
The policy type determines how we work out the monthly benefit. You can choose:

- indemnity
- agreed value or
- guaranteed agreed value.

You don't need to choose a policy type for Business Overheads Cover. Refer to page 66 for how we work out the Business Overheads Cover benefit.

Indemnity policy
If you choose an indemnity policy, we base your Total or Partial Disability benefit on the monthly benefit which is the lesser of:

- 75% of your average monthly income in the 12 months before the claim, and
- the amount of your cover (including any indexation increases).

Agreed value policy
If you choose an agreed value policy, we base your Total or Partial Disability benefit on the monthly benefit you have been insured for (including any indexation increases). This is regardless of any reduction in your income since you took out the policy.

However, at claim time we will require you to satisfy us that your income in the 12 month period before you applied for cover justified the amount of cover that we provided you. If you can't do this the monthly benefit (on which we base your Total or Partial Disability Benefit) will be the lesser of the amount of your cover (including any indexation increases) or 75% of your pre-disability income in the 12 months before the claim.

Guaranteed agreed value policy
If you provide us with the required evidence of your income or you're an eligible medical graduate* you can apply for a guaranteed agreed value policy. With this type of policy we pay the monthly benefit you've selected and don't ask you to justify that amount when you claim.

Note: if you're an eligible medical graduate* you don't need to provide us with evidence of your income when you apply for a monthly benefit of no more than $6,250. To check if you're eligible for this type of cover please ask your adviser.

* Eligible medical graduates are registered, full time degree qualified medical practioners (with unrestricted registration), dentists and dental surgeons.

Occupation group
The type of work you do affects how much premium you pay for your income protection. It also affects which types of cover and options are available to you, as well as the monthly benefit, benefit period, waiting period, maximum age and other factors.

Your financial adviser can help you work out how your occupation affects your eligibility for cover.

When we receive your application we work out which occupation group best describes what you do, and print this on your policy schedule. The groups are:

S	super professional
K	medical
J	legal
P	professional
G	managerial
C	clerical
L	light manual
M	manual
H	heavy risk
A	aviation
X	specialist risk – medium
Y	specialist risk – high

Policy ownership
Generally, the only person who can effect changes, or be paid a benefit, under the policy is the policy owner. The policy owner is the only person we'll deal with in relation to the policy.

The person who is covered under an income protection policy is usually also the owner of the policy. We do allow the policy owner to be a company, trust or SMSF if the person who is to be covered under the policy has a controlling interest in the company, trust or SMSF that is satisfactory to us.

Our summary

Work eligibility requirements

For this cover…	You must …
TPD	be working full time or part time outside the home for at least 20 hours per week, although we'll consider full time home carers.
Income protection	be working full time or part time for at least 20 hours per week. Income Care Plus isn't available for occupations we classify as heavy risk or specialist risk – high.
Business Overheads	be either: • self-employed with special skills or expertise and not working at home or • an income generating member of a small business. Business Overheads Cover isn't available for occupations we classify as heavy risk or specialist risk.

Maximum cover

Life insurance

Note: indexation may cause cover to exceed these maximums.

For this cover…	Maximum cover
Life Care	Unlimited
TPD	$5 million*
Trauma	$2 million*^
Accidental Death Cover#	$1 million*
Child Cover	$250,000

In Total Care Plan Super you must have at least $10,000 Life Care with Accidental Death Cover.
* Can't be greater than your Life Care amount.
^ $10,000 minimum.

Income protection

Note: indexation may cause cover to exceed these maximums.

Cover or occupation group	Maximum monthly cover
Business Overheads	$40,000
Most occupations	$30,000
Specialist risk – medium	$10,000
Specialist risk – high	$7,000
Heavy risk	$7,000

Note: Maximum cover includes any cover for super contributions and the minimum monthly cover you can apply for is $1,500.

See page 13 for a list of occupation groups. Your financial adviser can help you work out which group your occupation falls into.

Eligibility ages

Life insurance

Premium or cover type		Eligible entry age range
Level	All cover*	17 to 54
Stepped	Life Care	17 to 69
	TPD	17 to 59
	Trauma	17 to 62
Child Cover		2 to 16

* Except Child Cover.

Income protection

Premium type or occupation group	Eligible entry age range
Level	17 to 54
Stepped	17 to 59
Aviation	19 to 54
Specialist risk	17 to 49

Cover expiry ages

Life insurance

	Expires on the policy anniversary before you turn…	
For this cover…	Total Care Plan	Total Care Plan Super
Life Care	99	80
TPD	80*	65
Trauma	80**	not available
Accidental Death Cover	99	80
Child Cover	18***	not available

* From the policy anniversary immediately before age 65 TPD only covers loss of independent existence.
** Trauma only covers loss of independent existence from the policy anniversary prior to age 70. Refer to page 115 for the meaning of loss of independent existence.
*** Refers to the age of the child.

Income protection

For this cover…	Expires on the policy anniversary before you turn…
All income protection	60 or 65

How to apply

To apply for insurance, please make an appointment with your financial adviser. They can help you by working out things like:

- whether you can apply for insurance (which depends on a few things including your age, work status, pastimes, health and financial circumstances)
- the type of insurance and the amount of cover that suit your needs
- an upfront estimate of the premium you're likely to pay
- any additional requirements we might have (e.g. requests for medical information).

Your duty of disclosure

Before you enter into (i.e. policy owner), or become insured (i.e. life insured) under, a contract of life insurance with an insurer you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, 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 your insurance.

Your duty, however, doesn't 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 wouldn't have covered you on any terms if the failure had not occurred, the insurer may avoid the cover within three years of issuing it. If your non-disclosure is fraudulent, the insurer may avoid the cover at any time.

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

Step 1 – Complete the application form

Your financial adviser will help you to complete the application form, which they may send to us electronically.

As you complete the form it's important you tell us everything that's relevant to your application. For more information about your 'Your duty of disclosure' please refer above and the application form.

This gives us a better overall picture of your situation and means that we can assess your application faster and provide cover at the best price. If you only give brief answers it will take us longer to process the application.

Please note we may exclude, or charge extra (i.e. apply a loading) for, health problems or dangerous pastimes, so we can provide insurance for all other situations.

Step 2 – We assess your application

When we receive your application, we go through a process called underwriting. Our underwriters consider all relevant factors before we decide whether to accept your application, including the type of cover you want, your income, health, occupation, pastimes, etc.

Sometimes, we may offer different cover or terms than what you applied for (i.e. special provisions). If we do, we'll send a provisional offer for you to consider.

Step 3 – We send you a policy schedule

If we accept your application we'll send you a policy schedule for each policy you applied for (noting that you may have applied for more than one policy).

The policy schedule lists all the details of your policy, including things like:

- the name of the policy you have (e.g. Total Care Plan)
- name of the policy owner
- the people insured under the policy
- the types of cover we've agreed to and the amount of each type of cover
- when the cover starts
- the premium amount, type and the date the first payment is due
- for income protection, the waiting period and benefit period that applies
- any options you've selected
- whether special conditions apply (please also refer to the Provisional Offer, if applicable).

Once you receive your policy schedule, it's important to go to the relevant 'Benefits' summary shown at the beginning of Part A or B (i.e. on pages 18 and 43) as this will show which features apply to your policy, based on what's listed in your policy schedule.

All the features in the 'Benefits' summary apply if your policy schedule shows you have the relevant type of cover. For example, if your policy schedule shows you have Trauma Cover, the following features and policy terms listed on page 33 apply:

- Trauma Cover benefit
- Severe Hardship Booster benefit
- Buy Back benefit
- Financial Planning benefit
- Accommodation benefit
- Loyalty Bonus benefit.

If an option isn't listed on your policy schedule it doesn't apply to your policy.

Once you've worked out which features and options apply, you should read the detailed terms and conditions in Part A or B, as applicable. Part A or B together with Part C and the relevant definitions is your policy document and must be read together with your policy schedule.

You should keep your policy schedule(s), this document and any Provisional Offer together in a safe place. If you need to make a claim you'll need to refer to these documents.

Important: confirming electronic applications
If you applied for your policy electronically through your financial adviser, we'll give you a Confirmation of Electronic Application and Personal Statement.

Please make sure you complete the Confirmation correctly and return it to us within 30 days of your policy commencing. If you don't, your policy will end.

Interim Accident Cover while you wait

While we're considering your application we'll insure you against accidents, free of charge, for up to 90 days. This cover begins when we receive your fully completed application and first premium (or valid payment details).

Please see the relevant Interim Accident Cover Certificate at the back of this document for details.

When your insurance starts

Your insurance starts from the date we've accepted your application. This date appears on the policy schedule we send you.

Cooling-off period
When you receive your policy schedule, you have a 28 day cooling-off period during which you can cancel your policy. If you do cancel, we'll refund any premiums you've paid (less any taxes or government charges and subject to superannuation laws in the case of Total Care Plan Super).

Cancelling an existing policy
There are important considerations you need to be aware of when you cancel an existing policy. Please ensure you read and fully understand 'Cancellation of an existing policy' on page 77.

Guaranteed renewable
Once issued, your policy is guaranteed renewable, which means we won't cancel your policy, increase your premium rates or place any further restrictions on your cover because of:

- the number of claims you make under the policy or
- any change in your state of health, occupation or pastimes.

Part A. Protecting your life

This part contains...

What the words mean

Some of the words we use are defined terms that have a particular meaning. These words are italicised and are explained in the definitions section that starts on page 98. We strongly recommend that you refer to the definitions as you read the policy terms, so you understand what we mean by terms such as *total and permanent disablement, terminally ill* and so on.

What we mean by 'you'

One word that gets used a lot in the policy terms is 'you'. 'You' means the person or persons who apply for the policy and become the policy owner/s when we issue the policy. The policy owner may also be the person whose life is insured under the policy, i.e. the *life insured*, but this won't always be the case.

If the policy is a Total Care Plan Super policy, the trustee is always the policy owner and the fund member is always the *life insured*. So, for Total Care Plan Super, 'you' means the trustee.

The person who is the policy owner is shown in the policy schedule.

Flexi-linking

If this policy is a *primary policy* under *flexi-linking* and it refers to a term, expression or feature under the *flexi-linked policy*, then that term, expression or feature has the meaning it has under the *flexi-linked policy*.

If, on the other hand, this policy is a *flexi-linked policy* under *flexi-linking* and it refers to a term, expression or feature under the *primary policy*, then that term, expression or feature has the meaning it has under the *primary policy*.

Life Care

In summary

In this section we summarise the built in benefits, features and optional extras which apply if you have *Life Care.*

Included benefits

This benefit…	does this…	Total Care Plan	Total Care Plan Super	For full details see page…
Life Care benefit	Pays a lump sum if the *life insured* dies.	✓	✓	19
Terminal Illness benefit	Pays a lump sum if the *life insured* becomes *terminally ill*.	✓	✓	19
Advance Payment benefit	Provides a cash advance of the *Life Care benefit* of up to $30,000 to help with the cost of a funeral or similar expenses.	✓		20
Severe Hardship Booster benefit	Doubles the lump sum we pay (up to $250,000) if the *life insured* dies or becomes *terminally ill* from Meningococcal Disease, Legionnaires' Disease or Motor Neurone Disease.	✓	✓	20
Buy Back benefit	Automatically reinstates *Life Care* 12 months after we pay a TPD or Trauma claim.	✓	✓	20
Financial Planning benefit	Pays up to $5,000 to help cover the costs of seeking financial advice if we pay a *Life Care benefit.*	✓		20
Accommodation benefit	If the *life insured* is confined to bed due to a *terminal illness* a long way from home, this helps cover accommodation costs for an *immediate family member* who needs to be nearby.	✓		20
Loyalty Bonus benefit	Once you've held the cover for five years, we automatically increase a payment of the *Life Care* or Terminal Illness benefit by 5%, at no extra cost.	✓	✓	21

Included features

This feature…	does this…	Total Care Plan	Total Care Plan Super	For full details see page…
Indexation	Each year we automatically increase *Life Care* to help ensure the insurance keeps pace with inflation.	✓	✓	21
Continuation option	Lets you convert any *Life Care* under a Total Care Plan Super policy into a new Total Care Plan policy without having to provide further health evidence.		✓	27
Nominating beneficiaries	Allows you to nominate beneficiaries.	✓	✓*	27

* Refer to page 92 for information about nominating beneficiaries in Total Care Plan Super.

Optional extras (at an additional cost)

The optional extras only apply to your policy if they appear in your policy schedule.

This option…	does this…	Total Care Plan	Total Care Plan Super	For full details see page…
Child Cover	Pays a lump sum of up to $250,000 if the *insured child* suffers a specified trauma or dies.	✓		39
Accidental Death Cover	Pays a lump sum if the *life insured* dies due to an *accident*.	✓	✓	21
Plan Protection	You don't have to pay *Life Care* premiums while the *life insured* is *totally and temporarily disabled*.	✓	✓	22
Guaranteed Insurability (personal events)	Lets you increase *Life Care* without having to provide more health information, after certain personal events such as the *life insured* getting married or divorced, having a child or their *spouse* dying.	✓		22
Guaranteed Insurability (business events)	Lets you increase *Life Care* without having to provide more health information, if certain business events occur such as the value of the business growing or a partner increasing their investment.	✓		24
Business Safe Cover	When we assess your application we'll forward underwrite *Life Care* for three times the chosen amount so that later you can increase *Life Care* after specific business events, without having to provide more health information.	✓		24

Life Care benefit

When we pay it

We pay the *Life Care benefit* if the *life insured* dies while *Life Care* applies to them.

What exclusions apply

We won't pay this benefit if the *life insured* commits suicide (whether they're sane or insane) within one year from:

- the *date insured from*
- the date *Life Care* came into force
- the date on which the policy was last reinstated, or
- the date of an increase to your cover (the exclusion will then apply only to the amount of the increase).

If replacing other death cover

If, with our agreement, *Life Care* has replaced other death cover that had a suicide exclusion, and you haven't increased your level of death cover, the *Life Care* suicide exclusion period of one year will reduce or not apply at all.

In this situation, the period within which suicide must occur for the *Life Care* exclusion to apply is one year minus the expired period of the suicide exclusion which applied to the death cover replaced.

If the suicide exclusion period which applied to the death cover replaced is at least one year and has expired, then the *Life Care* suicide exclusion doesn't apply except to the extent it applies to a reinstatement of, or increase in, cover.

If the *Life Care* is higher than the death cover it replaced, the *Life Care* suicide exclusion applies in its entirety to the amount of the excess.

If the death cover replaced didn't have a suicide exclusion, the *Life Care* suicide exclusion applies in its entirety.

What we pay

We pay the *Life Care benefit*.

When it ends

Life Care ends on the earliest of the following:

- when the *life insured* dies
- the *policy anniversary date* before the *life insured's* 99th birthday (80th, if a Total Care Plan Super policy)
- the *cover expiry date*, if any
- we pay the Terminal Illness benefit
- when this policy ends.

Terminal Illness benefit

What we pay

If the *life insured* becomes *terminally ill* we pay the *Life Care benefit* in advance of the *life insured's* death.

This benefit isn't available once *Life Care* ends.

Effect of the payment

If we pay a Terminal Illness benefit all cover for the *life insured* under the policy ends.

Life Care

Advance Payment benefit

When we pay it

We pay this benefit when we receive the *life insured's* full death certificate.

What exclusions apply

We won't pay this benefit if the *life insured* commits suicide (whether they're sane or insane) within one year from:

- the *date insured from*
- the date *Life Care* came into force
- the date on which the policy was last reinstated, or
- the date of an increase to your cover (the exclusion will then apply only to the amount of the increase).

What we pay

We pay an advance of the *Life Care benefit* of up to $30,000 for each *life insured* (excluding the Life Care Loyalty Bonus benefit and the Life Care Severe Hardship Booster benefit).

Who we pay

This benefit is only available to a policy owner or *nominated beneficiary* who survives at the time of the claim and who would be entitled to all or part of any *Life Care benefit* that may become payable under this policy.

We pay this benefit to claimants in the proportion to which they would be entitled to any *Life Care benefit*.

Effect of the payment

If we pay this benefit, we reduce the *Life Care benefit* by the amount paid. Paying this benefit isn't an admission of our liability to pay the *Life Care benefit* and is made without prejudice to our right to deny liability for that benefit.

Severe Hardship Booster benefit

What we pay

This benefit increases the *Life Care* or Terminal Illness benefit we pay by the lesser of 100% of that benefit and $250,000. However, this doesn't include any increase under the Life Care Loyalty Bonus benefit.

When we pay it

We pay this benefit if the *life insured* dies or becomes *terminally ill* due to Meningococcal Disease, Legionnaires' Disease or Motor Neurone Disease and, as a result, we pay a *Life Care* or Terminal Illness benefit.

We only ever pay this benefit for either death or *terminal illness*, but not both.

Buy Back benefit

Note: This benefit doesn't apply where the *Life Care benefit* is reduced because a *TPD Cover benefit* has been paid for *Partial and Permanent Disability*.

Effect of the benefit

If we pay a *Trauma Cover* or *TPD Cover benefit*, your *Life Care* is reduced by the amount we paid. If this policy is a *primary policy* and a claim is paid under *flexi-linked rider cover*, your *primary Life Care* is reduced by the amount we paid under the *flexi-linked rider cover*. One year after the date we make that payment, your *Life Care* including, if applicable, *primary Life Care* reverts to the amount it was before it was reduced.

If *primary Life Care* is reinstated it remains *primary Life Care* on reinstatement.

This one year buy back period begins on the date we paid the *Trauma Cover* or *TPD Cover benefit* and ends on the first anniversary of that date.

Indexation during the buy back period

Automatic indexation applies during the buy back period based on the amount of *Life Care* in force on any *policy anniversary date* which falls during the buy back period. No other increases to *Life Care* can be made during the buy back period.

Claims during the buy back period

If we accept another claim during the buy back period, the original buy back period no longer applies and a new buy back period starts from the date of the payment of the later claim. The amount remaining to be reinstated increases by the amount of the later claim.

Financial Planning benefit

When we pay it

We pay this benefit if we pay a *Life Care benefit*.

The benefit can only be claimed once for each *life insured*. If we pay a claim, the benefit ends for the person making the claim and all other potential claimants.

To receive this benefit you must provide proof of the cost of the financial planning advice for which you're claiming reimbursement.

What we pay

We reimburse the recipient or recipients of the *Life Care benefit* for the cost of approved financial planning advice, obtained from an accredited financial adviser within 12 months after we paid the benefit.

Who we pay

We pay this benefit to claimants in the proportion they are entitled to the *Life Care benefit*. We pay up to $5,000 for each *life insured*.

Accommodation benefit

When we pay it

We pay this benefit if:

- a Terminal Illness benefit has been paid or is payable, and
- on medical advice from a *medical practitioner* the *life insured* must stay more than 100 kilometres from their home or travel to a place more than 100 kilometres from their home, and
- the *life insured* is confined to bed due to the condition for which the Terminal Illness benefit has been paid or is payable, and
- an *immediate family member* is accommodated near the *life insured* (other than in their home) or has to stay away from their home.

What we pay
We pay up to $350 a day to help cover the costs of accommodating the *immediate family member*. We pay this benefit for up to 30 days in any 12 month period.

The benefit ends on the earliest of:

- the *life insured's* death
- the *cover expiry date*, if any
- when the policy terminates.

Automatic indexation

On each *policy anniversary date* we'll increase any *Life Care*, *Child Cover* and *Accidental Death Cover*.

The rate of increase is the greater of:

- 3%
- any percentage increase in the Australian Consumer Price Index (CPI) (all groups – eight capital cities combined).

To work out the change in the CPI we'll compare the index figure published three months before your *policy anniversary date* with the index figure published in the corresponding period one year earlier. If the CPI isn't published, then we'll use another appropriate index.

Effect on your premium
When we increase the cover through indexation, we'll also increase the premium. The premium increase is based on:

- the increased cover
- the *life insured's* age next birthday (unless the Level premium rate option applies and the *policy anniversary date* before the *life insured's* 65th birthday has not occurred)
- our then current premium rates for this class of policy and
- any special additional premium we've previously told you applies.

Any exclusion, additional premium or other special condition we've previously told you about will also apply to the increased cover.

When indexation doesn't apply
Automatic indexation won't apply while we're waiving premiums under the Plan Protection option.

If you don't want indexation
You can choose not to accept this increase by telling us within one month of the *policy anniversary date*. You can phone or write to us.

Loyalty Bonus benefit

When we pay it
If the *life insured* dies or becomes *terminally ill* after the fifth anniversary of the *date insured from* and we pay a *Life Care* or Terminal Illness benefit, we increase the benefit by 5%.

This increase doesn't apply to any Life Care Severe Hardship Booster benefit.

If the policy is reinstated or replaced
If this policy is reinstated or replaced by another policy (and we agree it's a replacement policy), we treat the reinstated or replacement policy (or this policy, if it's the replacement policy) as a continuation of the original policy to work out whether the fifth anniversary has occurred. We do this on the basis that the *Life Care* and Life Care Loyalty Bonus benefit only restart from the date of reinstatement or replacement.

When working out if and when the fifth anniversary has occurred, we include the period the policy wasn't in force and also the period that the previous policy was in force.

We won't pay a benefit for any condition that first occurred, or the circumstances leading to which first became apparent, while the policy was not in force.

Accidental Death Cover option

Note: For Total Care Plan Super, this cover must be taken with *Life Care*.

When we pay it
We pay an *Accidental Death Cover benefit* if the *life insured* dies:

- as a result of an *accident*, and
- within 90 days of the *accident*, and
- before the end of this cover.

We pay this benefit in addition to any *Life Care benefit*.

What we pay
We pay the *Accidental Death Cover benefit*. *Automatic indexation* applies to this cover. Please refer to page 21.

What exclusions apply
We won't pay this benefit if death is caused directly or indirectly by:

- suicide or any attempt at suicide
- self-inflicted injury or infection
- the taking of drugs other than prescribed by a *medical practitioner*
- the taking of alcohol
- participation in criminal activity or
- an act of war (whether declared or not).

When this cover ends
Accidental Death Cover ends on the earliest of:

- when the *life insured* dies
- the *policy anniversary date* before the *life insured's* 99th birthday (or 80th birthday, if Total Care Plan Super)
- the *cover expiry date*, if any
- when this policy ends
- if *Life Care* applies under this policy, when that cover ends.

Life Care

Plan Protection option

Notes:

- This option is only available if *Life Care* applies to the *life insured*.
- This option isn't available to occupations we classify as heavy risk, manual or aviation.

When we waive premiums

Under this option, if the *life insured* is *totally and temporarily disabled* for more than three months we'll waive the Life Care premiums for the policy that fall due after the first three months of *total and temporary disability*.

If you have income protection under Total Care Plan Super we continue to charge premiums for that cover.

This waiver only applies while the *life insured* is *totally and temporarily disabled* after the three month qualifying period and up to the earlier of:

- the *cover expiry date*, if any
- the *policy anniversary date* before the *life insured* turns 65.

While we're waiving premiums:

- the *automatic indexation* described on page 21 doesn't apply and begins again on the *policy anniversary date* immediately after the waiver of premiums ends
- you can't increase your cover under the Guaranteed Insurability option (personal events), Guaranteed Insurability option (business events) or the Business Safe Cover option.

When we won't waive premiums

We won't waive premiums if the *life insured* is *totally and temporarily disabled*, directly or indirectly, by:

- any intentional self-inflicted injury or any attempt at suicide or
- an act of war (whether declared or not).

Guaranteed Insurability option (personal events)

Notes:

- This option isn't available for a policy with Guaranteed Insurability option (business events) or Business Safe Cover option.
- If this policy is a *flexi-linked policy* under which *flexi-linked Trauma Cover* applies, this option can't apply to the *flexi-linked life insured* under this policy unless it applies to the *life insured* under the *primary policy*.
- If this policy is a *primary policy* or *flexi-linked policy* under which this option applies to the *flexi-linked life insured*, the option ceases to apply under this policy if, under the other policy, the option ceases to apply to the *flexi-linked life insured*.

Effect of the option

You can increase any *Life Care* and any *Trauma Cover* without further evidence of health after certain personal events occur to the *life insured*.

When you can increase your cover using this option

You can increase your cover once every 12 months before the earlier of:

- the *cover expiry date*, if any,
- the *policy anniversary date* after the *life insured's* 45th birthday.

Personal events

The personal events occurring to the *life insured* that allow this option to be used are:

- getting married or the second anniversary of a *de facto relationship*
- the birth or adoption of a child
- a child starting secondary school
- mortgaging a home or increasing a home mortgage
- getting divorced
- the death of a *spouse*
- a *change in employment* which, within 30 days of the change, results in an increase in annual income of more than $10,000.

How much can I increase using this option?

The amount you can increase cover varies depending on the personal event:

If this event happens…	Any *Life Care* and any *Trauma Cover* can be increased by up to the lesser of…
The *life insured*: • marries or reaches the second anniversary of a *de facto relationship* • adopts or becomes a natural parent of a child • has a *spouse* die • has a child start secondary school or • gets divorced.	• 25% of the existing cover • $200,000 per event.
The *life insured* mortgages a home or increases a home mortgage.	• 50% of the existing *Life Care* • 25% of the existing *Trauma Cover* • the amount of the new mortgage • in the case of an increase to an existing mortgage, the amount of the increase • $200,000.
The *life insured's change in employment* which, within 30 days of the change, results in an increase in annual income of more than $10,000.	• 25% of the existing cover • ten times the amount by which annual income has increased as a result of the *change in employment* • $200,000.

Note: If you have both *Life Care* and *Trauma Cover*:

- you must increase your *Life Care* in the same proportion as you increase your *Trauma Cover*, and
- the *Trauma Cover* can never end up being more than the *Life Care*
- If this policy is a *flexi-linked policy* and this option applies to the *flexi-linked life insured, flexi-linked Trauma Cover* can't be increased for the *flexi-linked life insured* unless the *primary Life Care* is increased in the same proportion. The *flexi-linked Trauma Cover* can never end up being more than the *primary Life Care*.

Requirements

To use this option you must give us written notice within 30 days before or after the personal event or *policy anniversary*. If we ask for it, you must give us proof, satisfactory to us, that the personal event has occurred and the date it occurred.

The increase in cover takes effect from the date we notify you in writing, which will be within 30 days of the date our requirements are met.

Premiums

If you use this option we recalculate the *annual premium* to take into account the increase in cover, using the current premium rates and considering the *life insured's* age when the increase occurs. We do this recalculation whether or not the Level premium rate option has been chosen. For more information about how we calculate premiums if you have the Level premium rate option please refer to 'Level premium rate option' on page 69.

We stop charging a premium for this option on the earlier of:

- the *cover expiry date*, if any
- the *policy anniversary date* after the *life insured's* 45th birthday.

Restrictions

Marrying a de facto partner

If you use this option for the *life insured's* second anniversary of a *de facto relationship*, you can't use it again if the *life insured* marries the person with whom they had the *de facto relationship*.

Life Care

Life Care can't be increased under this option if a medical loading of more than 50% applies.

Trauma Cover

Trauma Cover can't be increased under this option if:

- the cover exceeds $2 million or the increase would cause the cover to exceed $2 million
- the cover was issued with special conditions or exclusions or the premium payable for the cover has a premium loading
- *Life Care* doesn't apply to the *life insured*, unless this policy is a *flexi-linked policy* and the *Trauma Cover* is *flexi-linked Trauma Cover*
- a death, trauma or disablement benefit has been paid, or is payable, by us for the *life insured* under this or any other policy

Life Care

- circumstances exist which, if the subject of a claim under this or any other policy, would result in us paying a death, trauma or disablement benefit for the *life insured*.

The sum of all increases to the *Trauma Cover* under this option must not exceed the amount of the *Trauma Cover* in place when it first started.

Same terms will apply

All existing exclusions and special conditions apply to cover increased under this option.

Previous increases or reinstatements

This option isn't available if an increase or reinstatement of cover has been declined.

Plan Protection option

You can't use this option if we're waiving premiums under the Plan Protection option. If this policy is a *primary policy* or a *flexi-linked policy* under which *flexi-linked Trauma Cover* applies, you can't exercise this option for the *flexi-linked life insured* while we're waiving premiums for the *life insured* under the Plan Protection option under either this or the other policy.

Change of policy owner

If the original policy owner is no longer the beneficial owner of this policy, this option can only be used if we agree or if the policy owner or beneficial owner is:

- the *life insured*
- the *spouse* of the *life insured*, or
- a trustee who either agrees to the *life insured* using the option or holds the policy for the benefit of, or to be held in trust for, the *life insured* and/or the *life insured's spouse*, children and/or dependants.

Note: Nominating a beneficiary isn't a change in beneficial ownership.

Guaranteed Insurability option (business events) and Business Safe Cover option

Note: If *flexi-linking* applies to this policy, neither of these options can apply to the *flexi-linked life insured*.

The business events to which these options can apply are as follows:

- business growth
- key person
- financial interest
- business loan.

The business event indicated on the application for the policy is the only business event for which the relevant option can be used.

Eligibility

The options can be taken for a *life insured* up to age 59 if the Stepped premium rate option is chosen or 54 if the Level premium rate option is chosen.

The options can't be taken together. Neither of them can be taken if the Guaranteed Insurability option (personal events) is chosen.

Effect of these options

These options allow the level of any *Life Care*, *TPD Cover* and/or *Trauma Cover* to be increased without having to supply further medical evidence if the business event applied for increases in value or, in the case of the business loan event, in amount.

The business events are explained below:

What is the name of the business event?	What does the business event involve?	When can cover be increased for the business event?
Business growth	A business exists in which the policy owner and the *life insured* are involved.	The value of the business grows.
Key person	In our opinion, the *life insured* is crucial to the operation of the business in which the policy owner is involved.	The value of the *life insured* to the business grows.
Financial interest	The *life insured* has a financial interest in a business in which the policy owner also has a financial interest. The *life insured* must hold their financial interest in the business as a partner, shareholder or unit-holder and the interest must be the subject of a buy/sell share purchase or business succession agreement.	The value of the *life insured's* financial interest in the business grows.
Business loan	There is a business loan under which both the policy owner and the *life insured* are borrowers.	The amount of the business loan increases.

When you can increase your cover using this option

You can increase your cover once every 12 months before the earlier of:

- the *cover expiry date*, if any,
- the *policy anniversary date* after the *life insured's* 49th birthday (Trauma Cover) or 65th birthday (Life Care and TPD Cover).

Valuing the increase

If an increase in cover is applied for business growth, key person or financial interest, a qualified accountant or valuer we have approved must calculate the revised valuation of the business, the value of the *life insured* to the business or the *life insured's* financial interest in the business, as applicable.

For business loan, you must provide us with loan documentation, acceptable to us, evidencing the increase in the business loan.

In all cases, we must agree to the financial basis for the revised cover, but we won't withhold our agreement unreasonably.

Premiums

If one of these options is used, we recalculate the *annual premium* to take into account the increase in cover. We do this whether or not the Level premium rate option applies and according to the current premium rates based on the *life insured's* age when the cover increases.

We stop charging premium for an option when it can no longer be used.

Restrictions to both

The following restrictions and requirements apply to both the Guaranteed Insurability option (business events) and the Business Safe Cover option.

Exclusions and special conditions

All existing exclusions and special conditions apply to cover increased under one of these options.

Previous increases or reinstatements

An option isn't available if an increase or reinstatement of cover has been declined.

Life Care

Life Care can't be increased if a medical loading of more than 50% applies.

Maintaining proportion

If more than one of *Life Care*, *Trauma Cover* and *TPD Cover* apply, all the cover must be increased in the same proportion.

Life Care is the maximum

TPD Cover and *Trauma Cover* can never exceed *Life Care* as a result of an increase in cover under one of these options.

TPD and Trauma Cover

Neither *TPD* nor *Trauma cover* can be increased if the cover was issued with special conditions or exclusions or the premium payable for the cover has a premium loading.

Plan Protection option

Neither of the options can be used while we're waiving premiums under the Plan Protection option.

Change of policy owner

If the original policy owner is no longer the beneficial owner of this policy, the option can only be used if we agree or if the policy owner or beneficial owner is:

- the *life insured*
- the *spouse* of the *life insured*, or
- a trustee who either agrees to the *life insured* using the option or holds the policy for the benefit of, or to be held in trust for, the *life insured* and/or the *life insured's spouse*, children and/or dependants.

Note: Nominating a beneficiary isn't a change in beneficial ownership.

Three year limit

The business event that triggers the increase in cover must have occurred no more than three years before the date the increase is applied for.

Within 30 days of valuation

The increase in cover must be applied for within 30 days of the date the qualified accountant or valuer issues a written revaluation of:

- for business growth, the value of the business
- for key person, the value to the business of the *life insured*
- for financial interest, the value of the *life insured's* financial interest in the business.

Or, for business loan, the application must be made within 30 days of the increase in the business loan.

Information to be provided

We must be given all the financial information we request about:

- for business growth, the valuation of the business
- for key person, the value of the *life insured* to the business
- for financial interest, the value of the *life insured's* financial interest in the business
- for business loan, the increase in the business loan.

The increase in cover takes effect from the date we notify in writing, which will be no later than 30 days from the date we agree to the financial basis for the revised cover.

Life Care

Restrictions on the Guaranteed Insurability option (business events)

The following restrictions and requirements apply to the Guaranteed Insurability option (business events).

Life Care

This option can only be used to increase *TPD Cover* or *Trauma Cover* if *Life Care* also applies to the *life insured*.

Maximum cover

The maximum cover which can apply for a *life insured* before we require medical evidence for an increase under this option is:

Insurance type	Maximum cover
Life Care	$10 million
TPD	$5 million
Trauma	$2 million

The sum of all increases to the *Trauma Cover* under this option must not exceed the amount of the *Trauma Cover* when it first started.

Timing

This option can't be used on or after the earlier of the *cover expiry date*, if any and the *policy anniversary date* after the *life insured's* 65th birthday.

Trauma Cover can't be increased under this option on or after the *policy anniversary date* before the *life insured's* 50th birthday.

Conditions and loadings

This option can't be used to increase *TPD Cover* or *Trauma Cover* issued with special conditions, premium loadings or exclusions.

Maximum increases

For each of the three types of cover, the maximum increase in cover is the lesser of 25% of the existing cover and the amount set out in the following table:

Business event	Maximum increase
Business growth	the actual increase in the value of the business
Key person	the actual increase in the value of the *life insured* to the business
Financial interest	the actual increase in the value of the *life insured's* financial interest in the business
Business loan	the actual increase in the amount of the business loan

Note: There is a $2 million per annum limit on increases under *Life Care*.

Restrictions on the Business Safe Cover option

The following restrictions and requirements apply to the Business Safe Cover option.

Maximum increases

For each of the three types of cover, the maximum increase in cover is:

Business event	Maximum increase
Business growth	the actual increase in the value of the business
Key person	the actual increase in the value of the *life insured* to the business
Financial interest	the actual increase in the value of the *life insured's* financial interest in the business
Business loan	the actual increase in the amount of the business loan

Percentage cap

A percentage cap on an increase in cover applies if, when the existing cover first started, the amount of the cover was less than:

- for business growth, the total value of the business ('total value')
- for key person, the total value of the *life insured* to the business ('total value')
- for financial interest, the total value of the *life insured's* financial interest in the business ('total value')
- for business loan, the amount of the loan.

If the cap applies, any increase in cover under this option is capped so that, when it takes effect, the increased cover doesn't form a percentage of the then total value or amount of the business loan, as applicable, that is greater than the percentage that cover formed of the total value or amount of the business loan, as applicable, when the cover first started.

TPD and Trauma Cover

If only *Trauma Cover* and *TPD Cover* apply, the *TPD Cover* can never exceed the *Trauma Cover*.

When the Business Safe Cover option ends

The Business Safe Cover option ends for a *life insured* on the earliest of the following:

- when the *Life Care*, *Trauma Cover* or the *TPD Cover* for the *life insured* can no longer be increased under this option
- when we've paid a benefit, or a benefit is payable, for the *life insured* under this policy
- when circumstances exist which, if the subject of a claim, would result in us paying a benefit for the *life insured* under this policy
- on the date the option is cancelled
- on the *policy anniversary date* before the *life insured's* 60th birthday, but only for increases in any *Trauma Cover* or *TPD Cover*
- on the *policy anniversary date* before the *life insured's* 70th birthday.

Maximum insurance cover

The maximum cover which can apply for a *life insured* before we require medical evidence for an increase under this option is the lesser of:

For Life Care…	For Trauma Cover…	For TPD Cover…
• $10 million • three times the *Life Care* that applied when the cover first started (plus any indexation increases applied)	• $2 million • three times the *Trauma Cover* that applied when the cover first started (plus any indexation increases applied) • the amount of any *Life Care*	• $5 million • three times the *TPD Cover* that applied when the cover first started (plus any indexation increases applied) • the amount of any *Life Care* • if *Life Care* doesn't apply, the amount of any *Trauma Cover*

For each of the three types of insurance:

- for business growth, the value of the business
- for key person, the value of the *life insured* to the business
- for financial interest, the value of the *life insured's* financial interest in the business
- for business loan, the amount of the business loan.

Continuation option – converting a Total Care Plan Super policy

You can, without providing evidence of the *life insured's* health, convert *Life Care* under this policy to death cover we have available under another policy at the date of conversion, as long as:

- the *life insured* is 74 years old or less
- the death cover under the new policy doesn't exceed the *Life Care benefit* which we would have paid under this policy if the *life insured* had died on the date the right is exercised.

After converting the *Life Care*, this policy will cease.

For other conditions that apply please refer to 'General conditions for Continuation options' on page 76.

Nominating beneficiaries under Total Care Plan

Note: For information about nominating beneficiaries under Total Care Plan Super, please refer to page 92.

You can nominate up to five beneficiaries under section 48A of the Insurance Contracts Act 1984.

If you make a nomination and the *life insured* dies your *nominated beneficiaries* will receive all or part of the:

- *Life Care benefit*
- Life Care Advance Payment benefit
- Financial Planning benefit (but only on payment of the *Life Care benefit*)
- Life Care Loyalty Bonus benefit
- Life Care Severe Hardship Booster benefit
- *Accidental Death Cover* (if any).

The following rules apply to a nomination:

- a *nominated beneficiary* can be a natural person, corporation or trust
- a *nominated beneficiary* will receive the designated portion of any money payable under the relevant benefit
- if a *nominated beneficiary* dies before a claim is made under this policy and no change in nomination has been made, then any money payable will be paid to their legal personal representative
- conditional nominations can't be made
- if policy ownership is assigned to another person or entity, then any previous nomination is automatically revoked
- a *nominated beneficiary* has no rights under the policy, other than to receive the relevant benefit proceeds after we have admitted a claim
- you can change a *nominated beneficiary* or revoke a previous nomination at any time before a claim event.

TPD Cover

In summary

In this section we summarise the built in benefits, features and optional extras which apply if you have *TPD Cover.*

Included benefits

This benefit…	does this…	Total Care Plan	Total Care Plan Super	For full details see page…
TPD Cover benefit	Pays a lump sum if the *life insured* is *totally and permanently disabled*.	✓	✓	29
Death benefit	Pays a $10,000 lump sum if a stand-alone TPD policy is taken and the *life insured* dies.	✓		29
Severe Hardship Booster benefit	Doubles the TPD lump sum we pay (up to $250,000) if the *life insured* suffers a specified disability caused by injury.	✓	✓	29
Financial Planning benefit	Pays up to $5,000 to help cover the costs of seeking financial advice if we pay a *TPD Cover benefit*.	✓		30
Loyalty Bonus benefit	Once you've held the cover for five years, we automatically increase a payment of the *TPD Cover benefit* by 5%, at no extra cost.	✓	✓	30
Accommodation benefit	If the *life insured* is confined to bed due to *total and permanent disablement* a long way from home, this helps cover accommodation costs for an *immediate family member* who needs to be nearby.	✓		30

Included features

This feature…	does this…	Total Care Plan	Total Care Plan Super	For full details see page…
Indexation	Each year we automatically increase the cover to help ensure this insurance keeps pace with inflation.	✓	✓	31
Continuation option	Lets you convert any *TPD Cover* under a Total Care Plan Super policy into a new Total Care Plan policy without having to provide further health evidence.		✓	32
Option to convert	If you have a stand-alone TPD policy, in certain circumstances *Life Care* can be obtained under another policy without having to provide health evidence.	✓		31

Optional extras (at an additional cost)

The optional extras only apply to your policy if they appear in your policy schedule.

This option…	does this…	Total Care Plan	Total Care Plan Super	For full details see page…
Plan Protection	You don't have to pay TPD premiums while the *life insured* is *totally and temporarily disabled*.	✓	✓	22
Guaranteed Insurability (business events)	Lets you increase *TPD Cover* without having to provide health information, if certain business events occur such as the value of the business growing or a partner increasing their investment.	✓		32
Business Safe Cover	When we assess your application we'll forward underwrite *TPD Cover* for three times the chosen amount, so that later you can increase *TPD Cover* after specific business events, without having to provide more health information.	✓		32

TPD Cover benefit

When we pay it

We pay you the *TPD Cover benefit* if the *life insured* becomes *totally and permanently disabled* while *TPD Cover* applies to them.

What exclusions apply

We won't pay a *TPD Cover benefit* if the *life insured* becomes *totally and permanently disabled*, directly or indirectly, by any intentional self-inflicted injury or any attempt at suicide.

We won't pay a *TPD Cover benefit* if all of the following applies:

- *Life Care* doesn't apply to the *life insured* under this policy
- the life insured isn't a *flexi-linked life insured*
- the *life insured* suffers a *day one condition*
- the definition of *total and permanent disablement* for which the claim is made, includes a requirement that, as a result of the *day one condition*, the *life insured* be absent from active employment or unable to perform *domestic duties* and be confined to the home
- the *life insured* dies from any cause within eight days of first being diagnosed with the *day one condition*.

We won't pay a TPD Cover benefit for any condition which arises, directly or indirectly, as a result of a permanent or temporary banning, deregistration or disqualification which:

- arises solely from disciplinary action undertaken against the *life insured* and
- prevents them from pursuing, practising or engaging in their occupation or profession.

When TPD Cover ends

TPD Cover ends on the first of:

- we pay the *TPD Cover benefit*
- the *TPD Cover* reduces to less than $10,000
- if the *TPD Cover* is *flexi-linked TPD Cover*, when the *primary Life Care* ends for any reason
- the *policy anniversary date* before the *life insured's* 80th birthday (65th birthday, for Total Care Plan Super)
- the *cover expiry date*, if any
- when this policy ends.

Partial and Permanent Disability

Note: We don't pay a *TPD Cover benefit* for *partial and permanent disability* under Total Care Plan Super.

If we pay the *TPD Cover benefit* for *partial and permanent disability*, the *TPD Cover* doesn't end on that payment. Instead, the cover is reduced by the amount paid.

If the *TPD Cover* reduces to less than $10,000 or another *TPD Cover* ending event occurs, the cover then ends.

We only pay one benefit

If you can claim a *TPD Cover benefit* for *partial and permanent disability* and the *life insured's* condition also entitles you to claim a Partial Trauma Cover benefit (see page 36), we pay the higher of the two benefits, not both.

Loss of independent existence

If *TPD Cover* still applies on the *policy anniversary date* before the *life insured's* 65th birthday, then from that date we'll only pay a *TPD Cover benefit* if the *life insured* suffers from *loss of independent existence*.

If this policy is flexi-linked

If this policy is a *flexi-linked policy*, the amount of any *flexi-linked TPD Cover* for a *flexi-linked life insured* reduces from time to time so it's no greater than the amount of *primary Life Care* applying for the *life insured* under the *primary policy*. If, as a result of this reduction, the *flexi-linked TPD Cover* would be less than $10,000 the cover ends.

Effect on other benefits

If we pay a *TPD Cover benefit*, we reduce:

- any *Life Care* by the amount we pay and the Buy Back benefit applies (see 'Buy Back benefit' on page 20)
- any *Trauma Cover* by the amount we pay; if this reduces your *Trauma Cover* to less than $10,000, the *Trauma Cover* ends.

Death benefit

Note: This benefit doesn't apply for a *flexi-linked life insured*.

When it applies

The death benefit applies when *TPD Cover* applies to the *life insured* but not *Life Care* or *Trauma Cover*.

When we pay it

We pay the Death benefit if the *life insured* dies and we don't pay a *TPD Cover benefit* for the *life insured*.

What we pay

We pay a Death benefit of $10,000.

Severe Hardship Booster benefit

When we pay it

We pay this benefit if we pay you a *TPD Cover benefit* because the *life insured* suffered, as a direct result of an *injury*:

- the complete and irrecoverable loss of use of both hands or of both feet or of one hand and one foot, or
- *blindness*, or
- the complete and irrecoverable loss of use of one foot or one hand and *partial blindness*.

TPD Cover

What we pay

We increase the *TPD Cover benefit* by the lesser of:

- 100%
- $250,000
- if *Life Care* applies to the *life insured* under this policy, the difference between that cover and your *TPD Cover* when the *life insured* was first found to have the disability
- if *Trauma Cover* applies to the *life insured* under this policy but not *Life Care*, the difference between that cover and your *TPD Cover* when the *life insured* was first found to have the disability
- if the *TPD Cover* under this policy is *flexi-linked TPD Cover*, the difference between that cover and the *primary Life Care* under the *primary policy* when the *flexi-linked life insured* was first found to have the disability.

This increase doesn't apply to any TPD Cover Loyalty Bonus benefit.

Effect on other benefits

We reduce any *Life Care* and *Trauma Cover* you have (including any loyalty bonus or booster benefits that apply) by the amount of the TPD Cover Severe Hardship Booster benefit.

Loyalty Bonus benefit

When we pay it

If the *life insured* becomes *totally and permanently disabled* after the fifth anniversary of the *date insured from* and we pay the *TPD Cover benefit*, we increase the benefit by 5%. The 5% increase doesn't apply to any TPD Cover Severe Hardship Booster benefit.

If the policy is reinstated or replaced

If this policy is reinstated or replaced by another policy (and we agree it's a replacement policy), we treat the reinstated or replacement policy (or this policy, if it's the replacement policy) as a continuation of the original policy to work out whether the fifth anniversary has occurred.

When working out if and when the fifth anniversary has occurred, we include the period the policy was not in force and also the period that the previous policy was in force.

We do this on the basis that the *TPD Cover* and TPD Cover Loyalty Bonus benefit only restart from the date of reinstatement or replacement.

We won't pay a benefit for anything that happened or first became apparent while the policy was not in force.

Effect on other benefits

We reduce any *Life Care* and *Trauma Cover* you have (including any loyalty bonus or booster benefits that apply) by the amount of the TPD Cover Loyalty Bonus benefit.

Financial Planning benefit

When we pay it

We pay this benefit if we pay a *TPD Cover benefit* which wasn't a payment for *partial and permanent disability*.

The benefit can only be claimed once for each *life insured*. If we pay a claim, the benefit ends for the person making the claim and all other potential claimants.

To receive this benefit you must provide proof of the cost of the financial planning advice for which you're claiming reimbursement.

What we pay

We reimburse the recipient or recipients of the *TPD Cover benefit* for the cost of approved financial planning advice, obtained from an accredited financial adviser within 12 months after we paid the benefit.

Who we pay

We pay this benefit to claimants in the proportion they are entitled to the *TPD Cover benefit*. We pay up to $5,000 for each *life insured*.

Accommodation benefit

When we pay it

We'll pay this benefit if:

- a *TPD Cover benefit* has been paid or is payable, and
- on medical advice from a *medical practitioner* the *life insured* must stay more than 100 kilometres from their home or travel to a place more than 100 kilometres from their home, and
- the *life insured* is confined to bed due to the condition for which the *TPD Cover benefit* has been paid or is payable, and
- an *immediate family member* is accommodated near the *life insured* (other than in their home) or has to stay away from their home.

What we pay

We pay up to $350 a day to help cover the costs of accommodating the *immediate family member*. We pay this benefit for up to 30 days in any 12 month period.

The benefit ends on the earliest of:

- the *life insured's* death
- the *cover expiry date*, if any
- when the policy terminates.

Automatic indexation

On each *policy anniversary date* we'll increase any *TPD Cover*.

The rate of increase is the greater of:

- 3%
- any percentage increase in the Australian Consumer Price Index (CPI) (all groups – eight capital cities combined).

To work out the change in the CPI we'll compare the index figure published three months before your *policy anniversary date* with the index figure published in the corresponding period one year earlier. If the CPI isn't published, then we'll use another appropriate index.

Effect on your premium

When we increase the cover through indexation, we'll also increase the premium. The premium increase is based on:

- the increased cover
- the *life insured's* age next birthday (unless the Level premium rate option applies and the *policy anniversary date* before the *life insured's* 65th birthday has not occurred)
- our then current premium rates for this class of policy and
- any special additional premium we've previously told you applies.

Any exclusion, additional premium or other special condition we've previously told you about will also apply to the increased cover.

When indexation doesn't apply

Automatic indexation won't apply while we're waiving premiums under the Plan Protection option.

If the *TPD Cover* is *flexi-linked TPD Cover* and *automatic indexation* doesn't apply to the *primary Life Care* under the *primary policy*, *automatic indexation* doesn't apply to the *flexi-linked TPD Cover*. *Automatic indexation* increases in *flexi-linked TPD Cover* only apply to the extent they don't result in the cover exceeding the *primary Life Care* applying to the *life insured* under the *primary policy.*

If you don't want indexation

You can choose not to accept this increase by telling us within one month of the *policy anniversary date*. You can phone or write to us.

Option to convert

Notes:

- This option only applies if you have *TPD Cover* but don't have *Life Care* or *Trauma Cover* under this policy.
- This option doesn't apply for a *flexi-linked life insured*.

When you can use this option

You can take out *Life Care* under a new individual policy without providing further medical evidence if:

- we pay a *TPD Cover benefit* which ends your *TPD Cover* and at that time you have neither *Life Care* nor *Trauma Cover* for the *life insured*, or
- on the *policy anniversary date* before the *life insured's* 80th birthday all of the following applies:
  - your *TPD Cover* ends
  - neither *Life Care* nor *Trauma Cover* applies to the *life insured* under this policy
  - we're not about to pay a *TPD Cover* benefit for the *life insured*
  - there are no circumstances for which we would pay a *TPD Cover benefit* if you made a claim for the *life insured*.

What you must do

To receive *Life Care* under a new individual policy in either of these situations you must do certain things. If you don't do these things as required, you can't take out the *Life Care*.

Written notice

If taking out *Life Care* after we pay a *TPD Cover benefit*, you must give us written notice within 30 days after the first anniversary of the payment of the benefit (but not before that first anniversary).

Otherwise, you must give us written notice within 30 days after the *policy anniversary date* before the *life insured's* 80th birthday (but not before that *policy anniversary date*).

If we originally issued this policy on the basis of an electronic application via our online application facility, you must, before taking out the *Life Care*, give us the confirmation in the form we require.

Premiums

You must:

- pay the first premium under the new individual policy within the relevant 30-day period
- ensure there are no premiums overdue under this policy when the *TPD Cover* ends.

Requirements

For the new individual policy, you or, where applicable, the life insured must meet our minimum policy issue and underwriting requirements.

TPD Cover

How we issue the policy

We'll issue the *Life Care* policy to you:

- under a new individual policy on the *life insured's* life which provides *Life Care* in an amount equal to the *TPD Cover* which applied to the *life insured* under this policy on the day before it ended
- from the date you validly exercise the option and no earlier
- on the terms and at the premium rates current for the individual policy when it's issued
- without the benefit of any of the optional features which can be selected under the individual policy, unless we agree otherwise
- with the same premium loadings, exclusions and special conditions that applied to the *life insured* under this policy.

Guaranteed Insurability option (business events) and Business Safe Cover option

See 'Guaranteed Insurability option (business events) and Business Safe Cover option' on page 24.

Note: The Guaranteed Insurability option (business events) is only available if *Life Care* applies to the *life insured*.

Continuation option – converting a Total Care Plan Super policy

Option to convert – TPD Cover

This option only applies if you also convert *Life Care* under this policy.

You can convert any *TPD Cover* under this policy to any other total and permanent disablement or similar insurance we have available under another policy at the date of conversion. You can do this without providing evidence of the *life insured's* health, but subject to current occupation and income details (satisfactory to us), and as long as:

- the *life insured* is 59 years old or less
- the total and permanent disablement or similar cover under the new policy doesn't exceed the *TPD Cover benefit* which we would have paid under this policy if the *life insured* became *totally and permanently disabled* on the date the right is exercised.

For other conditions that apply please refer to 'General conditions for Continuation options' on page 76.

Trauma Cover

In summary

In this section we summarise the built in benefits, features and optional extras which apply if you have *Trauma Cover. Trauma Cover* isn't available in Total Care Plan Super.

Included benefits

This benefit…	does this…	For full details see page…
Trauma Cover benefit	Pays a lump sum if the *life insured* suffers a specified trauma condition. For some conditions we only pay a partial benefit.	35
Loyalty Bonus benefit	Once you've held the cover for five years, we automatically increase a payment of the *Trauma Cover benefit* by 5%, at no extra cost.	36
Severe Hardship Booster benefit	Doubles the lump sum we pay you (up to $250,000) if the *life insured* suffers trauma from certain serious trauma conditions such as *severe burns*, *paraplegia* and *loss of limbs or sight* and so on.	37
Buy Back benefit	Automatically reinstates *Trauma Cover* 12 months after we pay a trauma claim.	37
Financial Planning benefit	Pays up to $5,000 to help cover the costs of seeking financial advice if we pay a *Trauma Cover benefit*.	38
Accommodation benefit	If the *life insured* is confined to bed due to a trauma a long way from home, this helps cover accommodation costs for an *immediate family member* who needs to be nearby.	39

Included features

This feature…	does this…	For full details see page…
Indexation	Each year we automatically increase the cover to help ensure this insurance keeps pace with inflation.	38

Optional extras

The optional extras only apply to your policy if they appear in your policy schedule.

Options that reduce premiums

This option…	does this…	For full details see page…
Evidence of Severity	We'll reduce your premium if you agree to satisfy extra requirements to qualify for a *Trauma Cover benefit*.	38

Options that provide more cover at an additional cost

This option…	does this…	For full details see page…
Trauma Plus	Pays a partial benefit for an extra 13 specified trauma conditions such as certain early-stage cancers, *partial blindness* and *diabetes complications*.	34
Plan Protection	You don't have to pay *Trauma Cover* premiums while the *life insured* is *totally and temporarily disabled*.	22
Guaranteed Insurability (personal events)	Lets you increase *Trauma Cover* without having to provide more health information after certain personal events such as the *life insured* getting married or divorced, having a child or their *spouse* dying.	39
Guaranteed Insurability (business events)	Lets you increase *Trauma Cover* without having to provide more health information, if certain business events occur such as the value of the business growing or a partner increasing their investment.	39
Business Safe Cover	When we assess your application we'll forward underwrite *Trauma Cover* for three times the chosen amount so that later you can increase *Trauma Cover* after specific business events, without having to provide more health information.	39
Child Cover	Pays a lump sum of up to $250,000 if the *insured child* dies or suffers a specified trauma.	39

Trauma Cover

Trauma Cover

What it covers

Trauma Cover provides benefits for the medical conditions and procedures listed below.

These Trauma Cover conditions have specific meanings. Please see the 'Medical definitions' on page 112.

We only pay a Partial Trauma Cover benefit for the Trauma Cover conditions marked '*'. We explain this on page 36.

Trauma Cover conditions

Heart disorders		
heart attack of specified severity	*out of hospital cardiac arrest*	*coronary artery disease requiring bypass surgery*
*coronary artery angioplasty**	*coronary artery angioplasty – triple vessel*	*repair and replacement of a heart valve*
surgery of the aorta	*cardiomyopathy*	*primary pulmonary hypertension*
open heart surgery		
Nervous system disorders		
stroke	*major head trauma*	*motor neurone disease*
multiple sclerosis	*multiple sclerosis of limited extent**	*muscular dystrophy*
paraplegia	*quadriplegia*	*hemiplegia*
diplegia	*tetraplegia*	*dementia and Alzheimer's disease*
coma	*encephalitis*	*Parkinson's disease*
Body organ disorders		
cancer	*early-stage cancer of the vulva or perineum*	*early-stage breast cancer**
benign brain tumour	*blindness*	*chronic kidney failure*
major organ or bone marrow transplant	*placement on a waiting list for major organ transplant**	*severe burns*
loss of speech	*loss of hearing*	*chronic liver disease*
chronic lung disease	*severe rheumatoid arthritis*	*pneumonectomy*
Blood disorders		
occupationally acquired HIV	*medically acquired HIV*	*aplastic anaemia*
advanced diabetes		
Other events		
*serious injury**	*critical care**	*loss of limbs or sight*
*loss of one hand or one foot**	*loss of independent existence*	

Trauma Plus Cover

If you have Trauma Plus it covers the following extra Trauma Cover conditions (Trauma Plus Cover conditions).

Trauma Plus Cover conditions

Conditions only covered by Trauma Plus		
*early-stage cancer of the cervix uteri**	*early-stage penile cancer**	*early-stage chronic lymphocytic leukaemia**
*early-stage cancer of the vagina**	*early-stage ovarian cancer**	*early-stage cancer of the fallopian tubes**
*early-stage prostate cancer**	*early-stage melanoma**	*partial loss of hearing**
*partial blindness**	*severe osteoporosis**	*diabetes complications**
*surgical removal of a hydatidiform mole**		

Trauma Cover/Plus benefit

When we pay it

We pay the *Trauma Cover benefit* (subject to the qualifying period described below) if the *life insured*:

- suffers from *loss of independent existence* before the *Trauma Cover* ends or
- suffers from one of the other Trauma Cover/Plus conditions before the earlier of the following dates:
  - the *policy anniversary date* before the *life insured's* 70th birthday
  - the date the *Trauma Cover* ends

and, in either case, the *life insured* lives for at least another 14 days after first being found to have the condition.

What exclusions apply

We won't pay a *Trauma Cover benefit* if:

- the *life insured's* Trauma Cover condition is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide, or
- the qualifying period applies, or
- the *life insured* dies within 14 days after first being found to have the Trauma Cover condition.

When it ends

Trauma Cover ends on the earliest of:

- the *policy anniversary date* before the *life insured's* 80th birthday
- if the *Trauma Cover* is *flexi-linked Trauma Cover*, when the *primary Life Care* ends for any reason
- the *cover expiry date*, if any
- when this policy ends
- if the cover reduces to less than $10,000
- the *life insured* dies.

Trauma Cover also ends if we pay a benefit for a Trauma Cover condition other than a Partial Trauma Cover condition (see page 36).

Qualifying period

What conditions does it apply to?

A three month qualifying period applies to the following Trauma Cover conditions:

- all the Trauma Plus Cover conditions
- *coronary artery disease requiring bypass surgery*
- *coronary artery angioplasty*
- *coronary artery angioplasty – triple vessel*
- *stroke*
- *heart attack of specified severity*
- *cancer*
- early-stage breast cancer.

When does it apply?

The qualifying period applies if the procedure or the symptoms of the condition occurred, or the circumstances leading to the procedure or the condition became apparent, either before or within the first three months from:

- the *date insured from*
- the date of any increase to the *Trauma Cover* other than by *automatic indexation* (in which case the qualifying period applies only to the amount of the increase)
- the date the *Trauma Cover* was first added or reinstated to this policy (except where the *Trauma Cover* was reinstated under the Trauma Cover Buy Back benefit) or
- in the case of the Trauma Plus Cover conditions, the date we first agreed to provide cover for those conditions.

What happens if it applies?

If the qualifying period applies to the condition or procedure, we won't pay the *Trauma Cover benefit* for that procedure or condition or for any other procedure or condition which is directly or indirectly caused by, or related to, that procedure or condition.

If replacing other trauma cover

If we've agreed to replace existing trauma cover you have which is subject to a qualifying period of at least three months, the qualifying period under this policy for the same trauma conditions and procedures is the lesser of:

- three months
- any unexpired qualifying period under the trauma cover being replaced (including a qualifying period applied to the cover after it first started, for example, reinstatement or increases).

If the qualifying period under the trauma cover being replaced has expired, we waive the qualifying period under this policy for the same trauma conditions and procedures.

If the *Trauma Cover* under this policy exceeds the trauma cover being replaced, we apply the full three-month qualifying period to the difference in cover.

If this policy is flexi-linked

If this policy is a *flexi-linked policy*, the amount of any *flexi-linked Trauma Cover* for a *flexi-linked life insured* reduces from time to time so it's no greater than the amount of *primary Life Care* applying for the *life insured* under the *primary policy*. If, as a result of this reduction, the *flexi-linked Trauma Cover* would be less than $10,000 the cover ends.

Other insurances

We may reduce the amount of the *Trauma Cover benefit* payable (to nil if necessary) if a benefit is payable on the *life insured's* life under any other policies of insurance similar to the *Trauma Cover*.

We calculate the reduction on the basis that the amount of the *Trauma Cover benefit* payable, when added to any other benefit payable on the *life insured's* life, doesn't exceed $2 million or a greater amount at our discretion. In calculating the reduction, we won't take into account any cover you told us about before the *Trauma Cover* first started.

Trauma Cover

If, having made the reduction, the amount of *Trauma Cover benefit* paid is less than the amount for which you've been paying premiums, we'll refund the additional premium you've paid over the previous 12 months. We base this refund on the premium which would have applied to the *Trauma Cover benefit* actually paid out.

Effect on other benefits

We reduce the amount of any *TPD Cover* by the amount of *Trauma Cover benefit* paid. If this reduces *TPD Cover* to less than $10,000, the TPD cover ends.

We also reduce the amount of any *Life Care* by the amount of *Trauma Cover benefit* paid.

If you can claim both a Partial Trauma Cover benefit and a *TPD Cover benefit* for *partial and permanent disability* arising from the same condition, we pay the higher of the benefits, not both.

Partial Trauma Cover benefit

When we pay partial benefits

For certain *Trauma Cover* conditions and procedures (the Partial Trauma Cover conditions) we only pay a part of the *Trauma Cover benefit* (a Partial Trauma Cover benefit) as follows:

For this Partial Trauma Cover condition…	we pay...
• *coronary artery angioplasty* • *serious injury* • *critical care* • *early-stage breast cancer* • *loss of one hand or one foot* • *placement on a waiting list for major organ transplant*	the greater of: • $10,000 • 10% of the *Trauma Cover* (up to a maximum of $25,000 for *coronary artery angioplasty*)
multiple sclerosis of limited extent	the lesser of: • 25% of the *Trauma Cover* • $50,000 but no less than $10,000.
All Trauma Plus Cover conditions except *early-stage melanoma* and *diabetes complications*	the lesser of: • 20% of the *Trauma Cover* • $100,000 but no less than $10,000.
early-stage melanoma and *diabetes complications*	the lesser of: • 40% of the *Trauma Cover* • $200,000 but no less than $10,000.

The benefit we pay doesn't include any Trauma Cover Loyalty Bonus benefit.

Coronary artery angioplasty

We won't pay a Partial Trauma Cover benefit for a *coronary artery angioplasty* if the procedure occurs within six months after a previous *coronary artery angioplasty* for which a Partial Trauma Cover benefit was paid.

When we won't pay more than once

We won't pay a Partial Trauma Cover benefit more than once for:

- any of the Trauma Plus Cover conditions
- *serious injury*
- *critical care*
- *early-stage breast cancer*
- *loss of one hand or one foot*
- *placement on a waiting list for major organ transplant or*
- *multiple sclerosis of limited extent.*

Reduction of Trauma Cover

If we pay a Partial Trauma Cover benefit, we reduce the *Trauma Cover* by the amount we pay (including any Trauma Cover Loyalty Bonus benefit). The *Trauma Cover* ends if it's reduced to less than $10,000.

Loyalty Bonus benefit

When we pay it

If the *life insured* suffers a *Trauma Cover* condition after the fifth anniversary of the *date insured from* and we pay a *Trauma Cover benefit* (including a Partial Trauma Cover benefit), we increase the benefit by 5%. The 5% increase doesn't apply to any Trauma Cover Severe Hardship Booster benefit (see page 37).

If the policy is reinstated or replaced

If this policy is reinstated or replaced by another policy (and we agree it's a replacement policy), we treat the reinstated or replacement policy (or this policy, if it's the replacement policy) as a continuation of the original policy to work out whether the fifth anniversary has occurred. We do this on the basis that the *Trauma Cover* and the Trauma Cover Loyalty Bonus benefit only restart from the date of reinstatement or replacement.

When working out if and when the fifth anniversary has occurred, we include the period that the policy was not in force and also the period in which the previous policy was in force.

We won't pay a benefit for anything that happened or first became apparent while the policy was not in force.

Effect on other benefits

We reduce any *Life Care* and *TPD Cover* (including any loyalty bonus or booster benefits that apply) by the amount of the Trauma Cover Loyalty Bonus benefit.

Severe Hardship Booster benefit

When we pay it

We pay this benefit if we pay a *Trauma Cover benefit* because the *life insured* suffers from one of the following Trauma Cover conditions:

- *severe burns*
- *diplegia*
- *hemiplegia*
- *quadriplegia*
- *paraplegia*
- *tetraplegia*
- *loss of limbs or sight.*

If this happens we increase the *Trauma Cover benefit* by the lesser of:

- 100%
- $250,000
- if *Life Care* applies to the *life insured* under this policy, the difference between that cover and your *Trauma Cover* when the *life insured* was first found to have the Trauma Cover condition
- if the *Trauma Cover* under this policy is *flexi-linked Trauma Cover*, the difference between that cover and the *primary Life Care* under the *primary policy* when the *flexi-linked life insured* was first found to have the Trauma Cover condition.

This increase doesn't apply to any Trauma Cover Loyalty Bonus benefit.

Effect on other benefits

We reduce any *Life Care* and *TPD Cover* (including any loyalty bonus or booster benefits that apply) by the amount of the Trauma Cover Severe Hardship Booster benefit.

Buy Back benefit

When it applies

The Trauma Cover Buy Back benefit applies if we pay a claim for the *Trauma Cover benefit* which reduces *Trauma Cover* to less than $10,000.

If this happens, we reinstate the *Trauma Cover* to the amount that applied under the policy immediately before the cover was reduced to less than $10,000. We do this 12 months after we paid the claim which resulted in the reduction.

If this policy is a *flexi-linked policy* and the *reinstated Trauma Cover* is *flexi-linked Trauma Cover*, the reinstated cover can't exceed the amount of *primary Life Care* applying to the *flexi-linked life insured* when the reinstatement occurs.

When it doesn't apply

The Trauma Cover Buy Back benefit doesn't apply:

- if it has previously applied to the *Trauma Cover*
- if we have paid a *TPD Cover* or Terminal Illness benefit for the *life insured*
- if we pay a *Trauma Cover benefit* for *loss of independent existence*
- from the *policy anniversary date* before the *life insured's* 70th birthday
- from the *cover expiry date*, if any or
- when this policy ends.

Reinstatement

If *Trauma Cover* is reinstated:

- any exclusions, medical, occupational or pastime loadings which applied to the original cover will also apply to the reinstated cover
- all policy conditions apply to the reinstated cover except for:
  - this Trauma Cover Buy Back benefit
  - the Guaranteed Insurability option (both personal events and business events)
  - the Trauma Cover Loyalty Bonus benefit and
  - the Trauma Cover Severe Hardship Booster benefit.

When we won't pay a claim

We won't pay a claim under the reinstated *Trauma Cover* for:

- any Trauma Cover condition that first occurred or was first diagnosed, or the symptoms of which first became reasonably apparent, before the reinstatement of the *Trauma Cover*
- the same Trauma Cover condition for which we paid a claim under the original *Trauma Cover*
- a Trauma Cover condition which, in our opinion (as confirmed by a specialist medical practitioner we nominate):
  - arises in connection with
  - is a complication of
  - results from or
  - is a treatment for
  - a condition for which we previously paid a *Trauma Cover* claim
- *cancer, early-stage cancer of the vulva or perineum, early-stage breast cancer, benign brain tumour, early-stage cancer of the cervix uteri, early-stage cancer of the vagina, surgical removal of a hydatidiform mole, early-stage melanoma, early-stage prostate cancer, early-stage ovarian cancer, early-stage cancer of the fallopian tubes, early-stage penile cancer or early-stage chronic lymphocytic leukaemia* if we paid a claim for any one or more of those conditions under the original *Trauma Cover*
- any condition listed under 'Heart disorders' in the 'Trauma Cover conditions' table on page 34, if under the original *Trauma Cover* we paid a claim for:
  - any of those conditions listed under 'Heart Disorders'
  - *stroke* or
  - *paraplegia, quadriplegia, hemiplegia, diplegia* or *tetraplegia* as a result of a *stroke*

Trauma Cover

- *stroke*, if under the original *Trauma Cover* we paid a claim for:
  - any condition listed under 'Heart disorders' in the 'Trauma Cover conditions' table on page 34 or
  - *paraplegia, quadriplegia, hemiplegia, diplegia* or *tetraplegia* as a result of a *stroke*
- *paraplegia, quadriplegia, hemiplegia, diplegia* or *tetraplegia* as a result of a *stroke*, if under the original *Trauma Cover* we paid a claim for:
  - *stroke* or
  - for any condition listed under 'Heart disorders' in the 'Trauma Cover conditions' table on page 34.

Financial Planning benefit

When we pay it

We pay this benefit if we pay a *Trauma Cover benefit* which isn't a payment of a Partial Trauma Cover benefit.

The benefit can only be claimed once for each *life insured*. If we pay a claim, the benefit ends for the person making the claim and all other potential claimants.

To receive this benefit you must provide proof of the cost of the financial planning advice for which you're claiming reimbursement.

What we pay

We reimburse the recipient or recipients of the *Trauma Cover benefit* for the cost of approved financial planning advice, obtained from an accredited financial adviser within 12 months after we paid the benefit.

Who we pay

We pay this benefit to claimants in the proportion they are entitled to the *Trauma Cover benefit*. We pay up to $5,000 for each *life insured*.

Evidence of Severity option

Effect of the option

Your premium for *Trauma Cover* is reduced as a result of choosing this option. Once you choose this option, you can't cancel the option.

If the option applies, we'll only pay a *Trauma Cover benefit* if, in addition to satisfying the other requirements of this policy:

- the *life insured* has lived for at least 28 days after first being found to have the *Trauma Cover* condition and
- throughout those 28 days the *life insured* was, as a result of the condition:
  - absent from active employment
  - unable to engage in any occupation (whether or not for reward) and
  - under the regular treatment, and following the advice, of a *medical practitioner.*

If the *life insured* was unemployed or engaged in full-time *domestic duties* when they were first found to have the Trauma Cover condition, then throughout the 28 days they must, as a result of the condition, have instead been:

- unable to perform *domestic duties*
- confined to their own home or a hospital, nursing home or rehabilitation unit and
- under the regular treatment, and following the advice, of a *medical practitioner*.

Automatic indexation

On each *policy anniversary date* we'll increase any *Trauma Cover*.

The rate of increase is the greater of:

- 3%
- any percentage increase in the Australian Consumer Price Index (CPI) (all groups – eight capital cities combined).

To work out the change in the CPI we'll compare the index figure published three months before your *policy anniversary date* with the index figure published in the corresponding period one year earlier. If the CPI isn't published, then we'll use another appropriate index.

Effect on your premium

When we increase the cover through indexation, we'll also increase the premium. The premium increase is based on:

- the increased cover
- the *life insured's* age next birthday (unless the Level premium rate option applies and the *policy anniversary date* before the *life insured's* 65th birthday has not occurred)
- our then current premium rates for this class of policy and
- any special additional premium we've previously told you applies.

Any exclusion, additional premium or other special condition we've previously told you about will also apply to the increased cover.

When indexation doesn't apply

Automatic indexation won't apply while we're waiving premiums under the Plan Protection option.

If the *Trauma Cover* is *flexi-linked Trauma Cover* and *automatic indexation* doesn't apply to the *primary Life Care* under the *primary policy, automatic indexation* doesn't apply to the *flexi-linked Trauma Cover*. *Automatic indexation* increases in *flexi-linked Trauma Cover* only apply to the extent they don't result in the cover exceeding the *primary Life Care* applying to the *life insured* under the *primary policy*.

If you don't want indexation

You can choose not to accept this increase by telling us within one month of the *policy anniversary date*. You can phone or write to us.

Accommodation benefit

When we pay it

We pay this benefit if:

- a *Trauma Cover benefit* has been paid or is payable, and
- on medical advice from a *medical practitioner* the *life insured* must stay more than 100 kilometres from their home or travel to a place more than 100 kilometres from their home, and
- the *life insured* is confined to bed due to the condition for which the *Trauma Cover benefit* has been paid or is payable, and
- an *immediate family member* is accommodated near the *life insured* (other than in their home) or has to stay away from their home.

What we pay

We pay up to $350 a day to help cover the costs of accommodating the *immediate family member*. We pay this benefit for up to 30 days in any 12 month period.

The benefit ends on the earliest of:

- the *life insured's* death
- the *cover expiry date*, if any
- when the policy terminates.

Guaranteed Insurability option (personal events)

See 'Guaranteed Insurability option (personal events)' on page 22.

Note: The Guaranteed Insurability option (personal events) is only available if *Life Care* applies to the *life insured*.

Guaranteed Insurability option (business events) and Business Safe Cover option

See 'Guaranteed Insurability option (business events) and Business Safe Cover option' on page 24.

Note: The Guaranteed Insurability option (business events) is only available if *Life Care* applies to the *life insured*.

Child Cover option

When we pay it

We pay you the *Child Cover benefit* if the *insured child* dies or suffers a Child Trauma condition while *Child Cover* applies to them (subject to the qualifying period described on page 35).

These Child Trauma conditions have specific meanings. Please see the 'Medical definitions' on page 112.

We only pay a Partial Child Cover benefit for the Child Trauma conditions marked '*'. We explain this on page 40.

Automatic indexation applies to this cover. Please refer to page 38.

The Child Trauma conditions are:

Heart disorders		
heart attack of a specified severity	*out of hospital cardiac arrest*	*coronary artery disease requiring bypass surgery*
*coronary artery angioplasty**	*coronary artery angioplasty – triple vessel*	*surgery of the aorta*
cardiomyopathy	*open heart surgery*	
Nervous system disorders		
stroke	*major head trauma*	*muscular dystrophy*
paraplegia	*quadriplegia*	*hemiplegia*
diplegia	*tetraplegia*	*coma*
encephalitis	*bacterial meningitis*	*subacute sclerosing panencephalitis*
Body organ disorders		
cancer	*benign brain tumour*	*blindness*
chronic kidney failure	*major organ or bone marrow transplant*	*placement on a waiting list for major organ transplant**
severe burns	*loss of speech*	*loss of hearing*
chronic liver disease	*chronic lung disease*	*severe rheumatoid arthritis*
Blood disorders		
medically acquired HIV	*aplastic anaemia*	
Other events		
*serious injury**	*critical care**	*loss of limbs or sight*
*loss of one hand or one foot**		

Trauma Cover

What exclusions apply

We won't pay a *Child Cover benefit* if:

- the *insured child's* Child Trauma condition is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide or
- the qualifying period applies
- the *insured child's* death or Child Trauma condition is caused by a malicious act of the *insured child's* parent or guardian or by a malicious act of someone who lives with or supervises the *insured child* and who is acting in collusion with the *insured child's* parent or guardian or
- the *insured child's* death is caused by suicide (whether they're sane or insane) and the suicide occurs within one year from:
  - the *date insured from*
  - the date the *Child Cover* came into force
  - the date the *Child Cover* first applied to the *insured child*
  - the date on which the policy was last reinstated or
  - the date of an increase to the *Child Cover* (the exclusion will then apply only to the amount of the increase).

Partial Child Cover benefit

For certain Child Trauma conditions and procedures (the Partial Child Cover conditions) we only pay a part of the Child Cover benefit (a Partial Child Cover benefit).

The Partial Child Cover conditions are:

- *coronary artery angioplasty*
- *serious injury*
- *critical care*
- *loss of one hand or one foot*
- *placement on a waiting list for major organ transplant.*

For these conditions we pay the greater of:

- *10% of the Child Cover*
- *$10,000.*

Reduction of Child Cover

If we pay a Partial Child Cover benefit we reduce the *Child Cover* by the amount we pay (including any Child Cover Loyalty Bonus benefit). If the *Child Cover* reduces to less than $10,000 it ends.

When it ends

Child Cover ends for an *insured child* on the earliest of:

- the *child cover expiry date*
- if the *insured child* dies
- if the cover reduces to less than $10,000
- the *cover expiry date*, if any
- when this policy ends
- if we pay a benefit for a Child Trauma condition other than a Partial Child Cover condition.

Restrictions

If we pay the *Child Cover benefit* for death we won't pay it for any of the Child Trauma conditions.

We won't pay the Partial Child Cover benefit more than once for:

- *coronary artery angioplasty*
- *serious injury*
- *critical care*
- *loss of one hand or one foot*
- *placement on a waiting list for major organ transplant.*

We won't pay a Partial Child Cover benefit for *coronary artery angioplasty* if the procedure occurs within six months after a previous procedure for which we paid the benefit.

Qualifying period

What conditions does it apply to?

A three month qualifying period applies to the following Child Trauma conditions:

- *coronary artery disease requiring bypass surgery*
- *coronary artery angioplasty*
- *coronary artery angioplasty of three of more arteries*
- *cancer*
- *stroke*
- *heart attack of specified severity.*

When does it apply?

The qualifying period applies if the procedure or the symptoms of the condition occurred, or the circumstances leading to the procedure or the condition became apparent, either before or within the first three months from:

- the *date insured from*
- the date of any increase to the *Child Cover* other than by *automatic indexation* (in which case the qualifying period applies only to the amount of the increase)
- the date the *Child Cover* was first added or reinstated to this policy or
- the date the *Child Cover* first applied to the *insured child*.

What happens if it applies?

If the qualifying period applies to the condition or procedure, we won't pay the *Child Cover benefit* for that procedure or condition or for any other procedure or condition which is directly or indirectly caused by, or related to, that procedure or condition.

If replacing other child cover

If we've agreed to replace existing *Child Cover* you have which is itself subject to a qualifying period of at least three months, the qualifying period under this Child Cover option for the same Child Trauma conditions is the lesser of:

- three months
- any unexpired qualifying period under the child cover being replaced (including a qualifying period applied to the cover after it first started, for example, reinstatement or increases).

If the qualifying period under the child cover being replaced has expired, we waive the qualifying period under this Child Cover option for the same conditions and procedures.

If the *Child Cover* under this policy exceeds the child cover being replaced, we apply the full three month qualifying period to the difference in cover.

Other insurances

We may reduce the amount of the *Child Cover benefit* payable (to nil if necessary) if a benefit is payable for the *insured child* under any other policies of insurance similar to the *Child Cover*.

We'll calculate the reduction on the basis that the amount of the *Child Cover benefit* payable, when added to any other benefit payable for the *insured child*, doesn't exceed $250,000 or a greater amount at our discretion. In calculating the reduction, we won't take into account any cover you told us about before the *Child Cover* first started.

If, having made the reduction, the amount of *Child Cover benefit* paid is less than the amount for which you've been paying premiums, we'll refund the additional premium you've paid over the previous 12 months. We'll base this refund on the premium which would have applied to the *Child Cover Benefit* actually paid out.

Child Cover Loyalty Bonus benefit

When we pay it

If the *insured child* dies or suffers a Child Trauma condition after the fifth anniversary of the *date insured from* and we pay a *Child Cover benefit* (including a Partial Child Cover benefit) we'll increase the benefit by 5%.

If the policy is reinstated or replaced

If this policy is reinstated or replaced by another policy (and we agree it's a replacement policy), we treat the reinstated or replacement policy (or this policy, if it's the replacement policy) as a continuation of the original policy to work out whether the fifth anniversary has occurred. We do this on the basis that the *Child Cover* and Child Cover Loyalty Bonus benefit only restart from the date of reinstatement or replacement.

When working out if and when the fifth anniversary has occurred, we'll include the period that the policy was not in force and also the period which the previous policy was in force.

We won't pay a benefit for anything that happened or first became apparent while the policy was not in force.

Please note we treat a policy issued under the Child Continuation option (see below) as a replacement policy.

Child Continuation option

Within 30 days before the *child cover expiry date*, the *insured child* can ask us in writing to provide death and trauma cover under a new individual policy on his or her life.

If we receive such a request, we will issue the policy without requesting medical evidence if:

- the cover for the *insured child* under this policy ends on the *child cover expiry date* and no earlier
- this policy is still in force on the *child cover expiry date*
- the premium for the *insured's child's* cover under this policy isn't overdue as at the *child cover expiry date*
- we receive the first premium for the new individual policy before the *child cover expiry date*
- we're not paying or intending to pay a benefit for the *insured child* under this policy and no circumstances exist which, if the subject of a claim under this policy, would result in us paying a benefit for the *insured child*
- our minimum policy issue requirements are met for the individual policy
- our underwriting requirements are met.

We issue the death and trauma cover:

- under a new individual policy owned by the *insured child* providing death and trauma cover no greater than the amount of *Child Cover* which applied to the *insured child* under this policy on the day before the *child cover expiry date*
- effective from the day after the *child cover expiry date*
- on the terms and at the premium rates current for the individual policy when it's issued
- without the benefit of any of the optional features which can be selected under the individual policy (including Trauma Plus Cover) unless we agree otherwise
- with the same premium loadings, exclusions and special conditions that applied to the *Child Cover* for the *insured child* under this policy
- on the condition that there was no misrepresentation, or failure to comply with the duty of disclosure, under the Insurance Contracts Act 1984 (Cth) or any comparable legislation when the *Child Cover* for the *insured child* was applied for.

Part B. Protecting your income or your business

This part contains...

What the words mean

Some of the words we use are defined terms that have a particular meaning. These words are italicised and are explained in the definitions section that starts on page 98. We strongly recommend that you refer to the definitions as you read the policy terms, so you understand what we mean by terms such as *totally disabled, partially disabled* and so on.

What we mean by 'you'

One word that gets used a lot in the policy terms is 'you'. 'You' means the person or persons who apply for the policy and become the policy owner/s when we issue the policy. The policy owner may also be the person whose life is insured under the policy, i.e. the *life insured*, but this won't always be the case.

If the policy is a Total Care Plan Super policy, the trustee is always the policy owner and the fund member is always the *life insured*. So, for Total Care Plan Super, 'you' means the trustee.

The person who is the policy owner is shown in the policy schedule.

Income protection basics

In summary

In this section we summarise the built in benefits which apply if you have income protection. You need to read this section if you're considering or have income protection. Please make sure you also read 'Options, features and limitations' on page 57.

We explain the extra cover available through Income Care Plus from page 52. Business Overheads Cover is explained from page 65.

Included benefits

This benefit…	does this…	Income Care, Income Care Plus, Essential Cover	Income protection inside super	For full details see page…
Total Disability benefit	Pays a monthly benefit if the *life insured* suffers a loss of income because they can't do any work at all due to disability.	✓	✓	46
Partial Disability benefit	Pays a partial monthly benefit if, due to disability, the *life insured* can only work in a reduced capacity and suffers a reduction of income.	✓	✓	47
Recurrent Disability benefit	Allows continuation of the original claim without having to satisfy the *waiting period* again if the *life insured* suffers the same sickness or injury again.	✓	✓	48
Boosted Total Disability benefit	If the *life insured* is *totally disabled* by a *serious medical condition* we increase the monthly benefit by one third so it more closely reflects 100% of the *life insured's* income rather than just 75%.	✓	✓	47
Medical Professionals benefit	Pays a lump sum benefit if the *life insured* is a medical professional who has to stop work because of an HIV or hepatitis infection.	✓		48
Reward Cover benefit	Provides up to $100,000 of Accidental Death Cover at no extra cost after you've held the policy for three years.	✓	✓	49
Rehabilitation benefit	Pays a benefit for up to 12 months if the *life insured* is *totally disabled* and participates in an *approved occupational rehabilitation program*.	✓		49
Unemployment Cover benefit	Pays a monthly benefit for up to three months to help the *life insured* cover *minimum monthly repayments* for a CBA Group loan where they've been *unemployed* for more than 60 consecutive days.	✓		50
Death benefit	Helps meet expenses if the *life insured* dies by paying a lump sum of $10,000.		✓	56

Income protection basics

Included features

Income protection also provides a range of other built in features that make your cover more flexible. For more information refer to page 59 under 'Included features'.

This feature…	does this…	Income Care, Income Care Plus, Essential Cover	Income protection inside super	For full details see page…
Waiver of premium while on claim	You don't have to pay any income protection premiums while a Total or Partial Disability benefit is being paid.	✓	✓	60
Other premium waivers	To help maintain cover, you don't have to pay premiums for up to six months in the event of unemployment or maternity leave.	✓	✓	60
Waiver of waiting period for specific conditions	For some specific medical conditions the *life insured* doesn't have to meet the w*aiting period* when you claim a Total or Partial Disability benefit.	✓	✓	60
Indexation	Each year we automatically increase the cover to help ensure it keeps pace with inflation.	✓	✓	60
Cover while unemployed or on leave	If the *life insured* becomes unemployed, goes on maternity, paternity or long service leave, your cover continues if you keep paying the premium.	✓	✓	50 and 51
Guaranteed insurability	Once in any three years, you can increase your *monthly benefit* in line with an increase in income, by up to 10%, without having to provide further health evidence.	✓	✓	59
Reduced waiting period	If you already have income protection through an employer or superannuation fund and you apply for an income protection policy with us to complement your existing cover, you may be able to reduce your w*aiting period* without having to provide further health evidence.	✓	✓	60
Extended cover	If income protection still applies when the *life insured* reaches the *policy anniversary date* before age 65 we extend cover to the *policy anniversary date* before the *life insured's* 70th birthday.	✓	✓	61
Continuation option	Lets you convert any income protection under a Total Care Plan Super policy into a new Income Care policy without having to provide further health evidence.		✓	62

Options

Income protection also provides a range of options that make your cover more flexible. The optional extras only apply to your policy if they appear in your policy schedule.

No cost options

This option…	does this…	Income Care, Income Care Plus, Essential Cover	Income protection inside super	For full details see page…
Permanent Disablement Cover	Lets you receive a lump sum instead of the normal monthly benefits we would pay.	✓	✓	57

Options that reduce your premiums

This option…	does this…	Income Care, Income Care Plus, Essential Cover	Income protection inside super	For full details see page…
Total Temporary Disability (TTD) Cover	Restricts your benefits to total temporary disablement in exchange for a lower premium.	✓		57
Premium Saver	Reduces your premiums in exchange for limiting monthly benefit payments to 24 months if the claim relates to a *mental illness*.	✓*	✓*	57

* Not available for Essential Cover.

Options at an additional cost

This option…	does this…	Income Care, Income Care Plus, Essential Cover	Income protection inside super	For full details see page…
Increasing Claim	Increases the claim payments in line with indexation each year after the first year.	✓	✓	58
Accident	Pays a benefit if the *life insured* is *totally disabled* due to *injury* for three consecutive days during the *waiting period*.	✓	✓	59
Super Continuance	Lets you cover your superannuation as well as your income.	✓		58
Cash Back	Refunds some of your premiums when the policy ends if no claim has been paid or is payable during the life of your policy.	✓		58

Income protection basics

About income protection

This section explains the benefits of income protection. If you're taking Income Care Plus you also need to read about the extra benefits from page 52.

Please make sure you read about the 'Options, features and limitations' of these products from page 57.

How we pay income protection benefits

We pay all benefits in Australian dollars directly to you, except for any part of a benefit consisting of the *super continuance monthly benefit*, which we pay on your behalf to your superannuation plan.

For income protection under Total Care Plan Super, all benefits are paid to the trustee.

Regular reporting

If you're being paid a claim, we'll ask you to give us regular evidence of the *life insured's* state of health, at your own expense. From time to time we'll also ask you to provide medical reports, proof of earnings and receipts of any business expenses you claim.

Your obligations

Our obligation to pay any of the benefits depends upon you meeting your obligations under the policy.

Waiting period

A waiting period applies to all of our income protection products and also to Business Overheads Cover.

This is the period for which the *life insured* has to be *totally disabled* or *partially disabled* from the same *sickness* or *injury* to qualify for a Total or Partial Disability benefit or a Business Overheads Cover benefit.

The *waiting period* starts on the date the *life insured* first consults a *medical practitioner* about the condition causing the *total disability* or, for Income Care Plus policies where the *life insured's occupation group* is S, K, J or P, *partial disability*.

If, however:

- the *life insured* first ceases work or, in the case of *partial disability*, works in a reduced capacity due to the relevant condition no more than seven days before they first consulted a *medical practitioner* about the condition and
- you provide us with reasonable medical evidence about when the *total* or *partial disability* started

we treat the *waiting period* as having started on the date the *life insured* first ceased work or worked in a reduced capacity, as applicable.

The following rules apply to the *waiting period*:

- for all income protection and Business Overheads Cover policies (except Income Care Plus where the *life insured's occupation group* is S, K, J or P) the *life insured* must be *totally disabled* for at least 14 out of the first 19 consecutive days of the *waiting period* to qualify for a Total Disability benefit, a Partial Disability benefit or a Business Overheads Cover benefit.
- for Income Care Plus and Business Overheads Cover policies where the *life insured's occupation group* is S, K, J or P, the *life insured* must be *partially disabled* or *totally disabled* for at least 14 out of the first 19 consecutive days of the *waiting period* to qualify for a Partial Disability benefit, a Total Disability benefit or a Business Overheads Cover benefit.
- After the *waiting period* begins, the *life insured* can return to work at full capacity but if they do so we extend the *waiting period* by the number of days worked. If the *life insured* returns to work at full capacity for more than five consecutive days (where the *waiting period* is one month or less) or for more than 10 consecutive days (where the *waiting period* is more than one month), the *waiting period* starts again.
- If the *sickness* or *injury* from which the *life insured* suffers is directly or indirectly related to pregnancy, childbirth or miscarriage (including post-natal depression), the *waiting period* won't begin any earlier than the last day of a three month period during which the *life insured* has been continuously *totally disabled* or *partially disabled* from the relevant *sickness* or *injury*. If the *life insured* is not so disabled for the three month period, the *waiting period* won't begin and no benefit is payable.

Cover expiry date

We won't pay any benefit for any period after the *cover expiry date* or *income care super cover expiry date* (if you have income protection under Total Care Plan Super).

Total Disability benefit

What we pay

If the *life insured* is *totally disabled*, we pay the Total Disability benefit, which is the sum of the *monthly benefit* and any *super continuance monthly benefit*.

When we start paying

The Total Disability benefit starts to accrue from the first day after the *waiting period* has ended. For the benefit to start to accrue, the *life insured* must be *totally disabled* by the same *sickness* or *injury* beyond the *waiting period*.

We then start paying the benefit monthly in arrears (i.e. in the month after the month in which you became entitled to the benefit).

When we stop paying

We pay the Total Disability benefit until the first of the following occurs:

- the *benefit period* ends
- the *life insured* is no longer *totally disabled*
- the policy ends
- the *cover expiry date* or *income care super cover expiry date* (if you have income protection under Total Care Plan Super).
- the *life insured* dies.

If the life insured becomes permanently disabled

We also stop paying the Total Disability benefit if:

- the TTD Cover option applies and the *life insured* becomes *permanently disabled* (see page 57) or
- the Permanent Disablement Cover option applies (see page 57), the *life insured* becomes *permanently disabled* and we pay a *Permanent Disablement benefit*.

Partial Disability benefit

What we pay

If the *life insured* is *partially disabled*, we pay the Partial Disability benefit.

We calculate the benefit using this formula:

$$\frac{(A - B)}{A} \times C$$

where:

- A is the *life insured's pre-disability income*
- B is the *life insured's monthly income* for the month for which you're claiming *partial disability*
- C is your *monthly benefit* plus any *super continuance monthly benefit*.

Example

John earns $4,000 a month before tax and has an Income Care policy with a *monthly benefit* of $3,000 and no *super continuance monthly benefit*. When he becomes *partially disabled* as a result of a car accident, he can only work 20 hours a week and earns $2,500 a month before tax.

We calculate John's Partial Disability benefit like this:

- A is $4,000
- B is $2,500
- C is $3,000.

$$\frac{(\$4,000 - \$2,500)}{\$4,000} \times \$3,000$$

As John is still earning $2,500 per month, the formula shows that we need to pay him $1,125 of his *monthly benefit*.

When we start paying

The Partial Disability benefit starts to accrue from the first day after the *waiting period* has ended. For the benefit to start to accrue, the *life insured* must be *partially disabled* by the same *sickness* or *injury* beyond the *waiting period*.

We then start paying the benefit monthly in arrears (i.e. in the month after the month in which you became entitled to the benefit).

When we stop paying

We pay the Partial Disability benefit until the first of the following occurs:

- the *benefit period* ends
- the *life insured* is no longer *partially disabled*
- the policy ends
- the *cover expiry date* or *income care super cover expiry date* (if you have income protection under Total Care Plan Super).
- the *life insured* dies
- if the *life insured's occupation group* is A, H, X or Y, the date two years after the date we started paying the Partial Disability benefit.

If the life insured becomes permanently disabled

We also stop paying the Partial Disability benefit if:

- the TTD Cover Option applies and the *life insured* becomes *permanently disabled* (see page 57) or
- the Permanent Disablement Cover option applies (see page 57), the *life insured* becomes *permanently disabled* and we pay a *Permanent Disablement benefit*.

Unemployment and leave without pay

If the *life insured* becomes unemployed or goes on leave without pay while we're paying a Partial Disability benefit, the maximum benefit we pay is 75% of the total of your *monthly benefit* and any *super continuance monthly benefit*.

If income is reduced to less than 20%

In some circumstances we pay a Total Disability benefit, instead of a Partial Disability benefit, for up to six months.

We do this if:

- the *life insured* has been *totally disabled* for at least the *waiting period* and then returns to work on a partial basis and
- because of the *life insured's partial disability*, their *monthly income* is 20% or less of their *pre-disability income* or they are working for ten hours or less per week.

We'll only continue to pay the Total Disability benefit while we're satisfied the *life insured* remains *partially disabled* in the terms described above.

Becoming totally disabled

If the *life insured* becomes *totally disabled* by the same, or a related, *sickness* or *injury* for which we're paying a Partial Disability benefit, the Partial Disability benefit ends and the Total Disability benefit starts to accrue instead.

Boosted Total Disability benefit

When it applies

This benefit applies if we agree to pay a *total disability* claim and we're satisfied the *life insured's total disability* is such that they are in a *serious medical condition*.

Income protection basics

What it does
To calculate the Total Disability benefit payable, we use the following formula to work out the *monthly benefit*:

A x (1+1/3)

in which A is the amount of the *monthly benefit* determined under the definition on page 106.

Note: This more generous calculation of the *monthly benefit* only applies when we're calculating the Total Disability benefit and not when we're calculating a *Permanent Disablement benefit*, a *super continuance monthly benefit* or any other benefit under this policy.

Recurrent Disability benefit

What it does
If you make separate claims for the same or a related *disability*, in certain circumstances we'll treat the second claim as a continuation of the original claim and waive the *waiting period* on the second claim.

We do this if all of the following applies:

- the *life insured* has returned to work on a full time basis:
  - after receiving a Total Disability benefit, Partial Disability benefit or Specific Injuries benefit or
  - after six months after receiving a Crisis benefit or
  - if the Specific Injuries benefit is paid as a lump sum, after the period over which the benefit would have been paid had it been paid as a monthly benefit and not a lump sum
- the *life insured* suffers a recurrence of the same or a related condition
- the recurrence results in *disability* within 12 months from the date the *life insured* was last on claim but before the *cover expiry date* or *income care super cover expiry date* (if you have income protection under Total Care Plan Super).

The date last on claim
For certain benefits, we consider the date the *life insured* was last on claim to be:

- for the Crisis benefit, the date six months after the benefit was paid
- for a lump sum Specific Injuries benefit, the last day of the period over which we would have paid the benefit if you had taken it as a monthly benefit.

Two and five year benefit periods
If your *benefit period* is two or five years, the *disability* must result within six months from the date the *life insured* was last on claim but before the *cover expiry date* or *income care super cover expiry date* (if you have income protection under Total Care Plan Super).

Medical Professionals benefit

When it applies
This benefit applies to you if, when your cover starts, the *life insured* is practising in a medical profession.

By 'practising in a medical profession' we mean the *life insured's occupation group* is K or the *life insured* is one of the following:

- dermatologist
- gastroenterologist
- gynaecologist
- haematologist
- nephrologist
- neurologist
- oncologist
- ophthalmologist
- paediatrician
- pathologist (degree qualified)
- radiologist (medical degree qualified) or
- rheumatologist

where the *life insured* is registered to practise their medical profession, with registration regulated by an Act of Parliament of an Australian state or territory.

The cover applies while the *life insured* is practising a medical profession in terms of these requirements and, in practising their medical profession, they have been:

- performing or assisting in *exposure-prone medical procedures* monthly on average or more frequently
- making reasonable efforts to comply with relevant and readily available current state and Commonwealth departmental guidelines dealing with infection of health care workers.

What we pay
We pay the lesser of:

- $100,000, and
- six times the total of your *monthly benefit* and any *super continuance monthly benefit*

but never less than $10,000.

When we pay it
We pay this benefit if:

- the *life insured* contracts a persistent infection of the Human Immunodeficiency Virus (HIV), Hepatitis B or Hepatitis C and
- as a result of the infection, the *life insured* ceases to perform or assist in *exposure-prone medical procedures* in compliance with both their demonstrable professional obligations to the public and the demonstrable policies of the registered authority, board, association or body which authorises or licences the *life insured* to practice in their medical profession.

We pay this benefit whether or not the *life insured* acquired the infection as a result of practising their medical profession.

We pay this benefit in addition to any other benefit, but only once for each *life insured*.

What exclusions apply

We won't pay this benefit if, before the *life insured* suffers from the relevant infection, the Australian Government or relevant government body has approved a medical treatment which if applied to the *life insured*:

- would be likely to make it improbable that the infection could be transmitted to patients for whom the *life insured* performs or assists in medical procedures and
- would allow the registered authority, board, association or body which authorises or licenses the *life insured* to practise their medical profession, to permit the *life insured* to perform or assist in *exposure-prone medical procedures*.

Reward Cover benefit

Accidental Death Cover

We give you $50,000 Accidental Death Cover on the third anniversary of the date the *life insured* was first covered under this policy.

We then increase the Accidental Death Cover by $10,000 on each anniversary after the third anniversary until the cover reaches $100,000 in total.

The Accidental Death Cover starts on the third anniversary and ends on the date the income protection or Business Overheads cover for the *life insured* ends under this policy.

What we pay

We pay the amount of Accidental Death Cover that applies on the date of the *life insured's* death.

We increase the benefit we pay by 100% if, when the *life insured* dies, the *life insured*:

- is also a policy owner under this policy and
- has a Total Care Plan policy with us, either alone or jointly.

When we pay it

We pay this benefit if:

- the *life insured* dies as a result of an *accident* within 90 days of the *accident* occurring and
- the death occurs before your Accidental Death Cover ends.

What exclusions apply

We won't pay this benefit if death is caused directly or indirectly by:

- suicide or any attempt at suicide
- self-inflicted injury or infection
- the taking of alcohol
- the taking of drugs other than those prescribed by a *medical practitioner*
- participating in criminal activity, or
- an act of war (whether declared or not).

If the policy is reinstated or replaced

If this policy is reinstated or replaced by another policy (and we agree it's a replacement policy), we treat the reinstated or replacement policy (or this policy, if it's the replacement policy) as a continuation of the original policy on the following basis:

- if you already have Accidental Death Cover, it only restarts from the date of reinstatement or replacement and we won't pay a benefit if, while the policy was not in force, the *life insured* dies or the accident resulting in the *life insured's* death occurs
- when working out whether an anniversary has occurred and the amount of your Accidental Death Cover, we include the period the policy wasn't in force and also the period that the previous policy was in force.

Rehabilitation benefit

You can claim this benefit if:

- we pay you a Total Disability benefit or a Partial Disability benefit for a period of *disability* before the *cover expiry date* and
- during that period, the *life insured* is actively participating and co-operating in an *approved occupational rehabilitation program* which we've approved in advance and agree is designed to assist the *life insured* return to the remunerative work they were performing in their own occupation before their *disability* (or, where medically necessary, a new occupation).

What we pay

We pay the cost of the *approved occupational rehabilitation program* directly to the accredited occupational rehabilitation provider.

The maximum amount payable for the benefit over the life of the policy is the lesser of:

- 12 times the total of the *monthly benefit* and any *super continuance monthly benefit*
- $30,000.

The benefit is paid in addition to any other benefit under this policy.

When we pay it

The cost of the *approved occupational rehabilitation program* is payable for each month the *life insured* participates in the program but is only paid once the above requirements are met. Where benefits are payable for part of a month, the benefit is divided by 30 to arrive at a daily benefit.

When it ends

The benefit ends on the first of the following:

- we've paid the maximum amount of the benefit
- when the provider of the *approved occupational rehabilitation program* indicates the rehabilitation goal is unlikely to be achieved in the expected timeframe
- the *benefit period* ends
- the *life insured* is no longer *disabled*
- the policy ends

Income protection basics

- the *cover expiry date*
- the *life insured* dies.

Once we've paid the costs of an *approved occupational rehabilitation program* for 12 months over the life of the policy, we won't pay these costs any more.

Becoming permanently disabled

The benefit also ends if:

- the TTD Cover option applies (see page 57) and the *life insured* becomes *permanently disabled* or
- the Permanent Disablement Cover option applies (see page 57), the *life insured* becomes *permanently disabled* and we pay a *Permanent Disablement benefit*.

Unemployment Cover benefit

When we pay it

We pay an *Unemployment benefit* if:

- the *life insured* has a *loan* and
- the *life insured* has been *employed* for at least 180 consecutive days and
- immediately after that period of *employment*, the *life insured* becomes *unemployed* for more than 60 consecutive days.

What we pay

We pay 1/30th of the *Unemployment benefit* for each additional day the *life insured* is *unemployed* after the 60 consecutive days and the *life insured's loan* remains in place.

We pay the benefit monthly in arrears directly into the *loan* account.

Multiple periods of unemployment

Once we've paid an *Unemployment benefit* the *life insured* must, after that period of *unemployment*, be *employed* for at least 180 consecutive days to qualify for the benefit again.

If the *life insured* becomes *unemployed* within 90 days of the end of a previous period of *unemployment*, we treat it as one continuous period of *unemployment*. We won't treat more than two separate periods of *unemployment* as one continuous period of *unemployment*.

What exclusions apply

We won't pay the *Unemployment benefit*:

- for any period of *unemployment* for which the *life insured* doesn't have a *loan*
- for any period when the *life insured* is not *continuously unemployed*
- if the *unemployment* occurs while the *life insured* is working outside Australia or
- if the *life insured* becomes *unemployed*, directly or indirectly, because:
  - a period of casual, seasonal or temporary work ends
  - a fixed-term contract or specified period of work ends
  - of deliberate or serious misconduct or
  - the *life insured* resigns, accepts voluntary redundancy, retires early or abandons their *employment*.

If both totally disabled and unemployed

If the *life insured* is both *totally disabled* and *unemployed* at the same time, we only pay the highest of the Total Disability benefit and the *Unemployment benefit*, not both.

More than one loan

If the *life insured* has more than one *loan*, we pay the *Unemployment benefit* for each *loan*. However, for all *loans* we pay no more in total than the *monthly benefit* shown in your policy schedule, as increased or decreased under this policy.

60 day qualifying period

We won't pay the *Unemployment benefit* if the *life insured* becomes *unemployed* or was aware that they were about to become *unemployed*:

- before
- on, or
- within 60 days after

the *date insured from* or the reinstatement of this policy.

Replacing existing unemployment cover

If we've agreed to replace existing unemployment cover you have with us which is itself subject to a similar qualifying period of at least 60 days, the qualifying period under the *Unemployment benefit* is the lesser of:

- 60 days
- any unexpired qualifying period under the unemployment cover being replaced (including a qualifying period applied to the cover after it first started, for example, reinstatement or increases).

If the qualifying period under the unemployment cover being replaced has expired, we waive the qualifying period under the *Unemployment benefit*, except for reinstatements or increases.

If the unemployment cover under this policy exceeds the unemployment cover being replaced, we apply the full 60 day qualifying period to the difference in cover.

When we stop paying

We pay the *Unemployment benefit* until the first of the following occurs:

- when the *life insured* no longer has a *loan*
- when the *life insured* returns to any gainful occupation
- we have paid the benefit for three months for any one continuous period of *unemployment*

- when the *life insured* ceases to be a permanent Australian resident
- if the *life insured* becomes *unemployed* during the term of a *fixed term contract*, the expiry date of that contract
- when a total and permanent disablement benefit (including the *Permanent Disablement benefit* under this policy), terminal illness benefit, trauma benefit or other similar benefit becomes payable for the *life insured* under this or any other insurance policy
- when the policy ends
- the *cover expiry date*
- the *life insured* dies.

Essential Cover (accidents only)

Note: If you cancel Essential Cover your income protection policy ends.

What we pay

We pay the benefits we pay under an income protection policy.

When we pay it

We only pay a benefit if it becomes payable as a result of an 'injury' as defined below:

'An injury is a bodily injury occurring while this policy is in force and which is caused solely and directly by violent, accidental, external and visible means, independent of any other cause.

The following are excluded:

- self-inflicted injury
- a dental injury caused by chewing, biting or malocclusion
- an injury which is caused directly or indirectly by attempt at suicide, self-inflicted infection, participation in criminal activity, an act of war (whether declared or not), the taking of alcohol or the taking of drugs other than prescribed by a *medical practitioner*
- an injury in connection with a condition which first occurred, or first became apparent, before the cover under this policy or an increase in cover came into effect (for this purpose, a condition includes, but is not limited to, a disease, infection, hernia or cerebral vascular accident).'

The policy terms are replaced

Under Essential Cover, this policy will apply as if:

- the definition of '*injury*' set out in the Definitions (see page 99) is replaced with the definition set out above under 'When we pay it'.
- all references to the defined term *sickness* in the policy are deleted
- the words 'because of *sickness* or *injury*' in each of the definitions of '*partial disability/partially disabled*' and '*total disability/totally disabled*' are replaced by the words 'because of an *injury* that first occurred in the last 60 days'
- all references to the defined terms *cardiomyopathy*, *primary pulmonary hypertension*, *motor neurone disease*, *multiple sclerosis*, *muscular dystrophy*, *dementia and Alzheimer's disease*, *Parkinson's disease*, *chronic lung disease* and *severe rheumatoid arthritis* in the policy are deleted
- the words 'and the requirement for the *injury* to have first occurred in the last 60 days' appear immediately after the words '*waiting period*' where they appear:
  - in 'Recurrent Disability benefit' (see page 48) and
  - in 'Recurring disability' (see page 62)
- the words 'as a result of an *injury*' appear immediately after the word 'contracts' where that word appears in 'When we pay it' under the 'Medical Professionals benefit' (see page 48).

You need to read this section if you're considering, or have, Income Care Plus. Please make sure you also read 'Options, features and limitations' on page 57.

Income protection extras

Income Care Plus summary

Income Care Plus provides all the built in benefits, features and options of income protection, plus a range of additional benefits described below, designed to help you get back to work.

Included benefits

This benefit…	does this…	For full details see page…
Rehabilitation Expenses benefit	Helps cover the expenses of participating in an *approved occupational rehabilitation program* or trying to return to work (e.g. making structural changes to the office) when the *life insured* is *totally disabled*.	55
Accommodation benefit	Helps cover the cost of accommodating an *immediate family member* near the *life insured* who, because of *total disability,* needs to be a long way from home to receive treatment.	54
Home Care benefit	Helps cover the cost of a professional housekeeper for up to six months if the *life insured* is *totally disabled* and confined to or near a bed after the *waiting period*.	55
Bed Confinement benefit	Helps cover the additional costs incurred if the *life insured* is *totally disabled* and confined to bed for at least three days continuously during the *waiting period*.	56
Transportation benefit	Helps cover the cost of emergency transport to an Australian hospital if the *life insured* is suffering a condition which causes *total disability*.	56
Overseas Assist benefit	Helps cover the cost of a economy air fare to return to Australia if the *life insured* is *totally disabled* for at least a month while overseas and decides to return to Australia.	56
Specific Injuries benefit	Pays a monthly benefit or, if you prefer a lump sum, if the *injury* the *life insured* suffers was caused by a specified medical event. We pay even if the *life insured* can return to work.	53
Crisis benefit	Pays a lump sum if the *life insured* suffers one of 18 specified medical conditions, whether or not they can return to work.	54
Death benefit	Helps meet expenses if the *life insured* dies by paying a lump sum of up to four times the monthly benefit (but no greater than $75,000).	56
Family Support benefit	Subsidises an *immediate family member's* lost income for up to three months if they have to take time off from work to care for the *totally disabled life insured*.	54
Domestic Help benefit	Helps cover the cost of hiring a housekeeper or child-minder because the *life insured's spouse* can't perform *domestic duties* due to *injury*.	56

Note: All the benefits described in this section are in **addition** to the income protection benefits described in the previous section.

Specific Injuries benefit

When it applies

This benefit is only available if your *waiting period* is three months or less.

When we pay it

We pay the Specific Injuries benefit if, as a result of an *injury*, the *life insured* suffers one of the following events before the *cover expiry date*.

Event	We pay for up to...
paraplegia	60 months*
quadriplegia	60 months*

* unless your *benefit period* is two years, in which case the maximum payment period is 24 months.

Loss of sight or limbs

Total and permanent loss of use of ...	We pay for up to...
both hands or both feet or sight in both eyes	24 months
one hand and one foot	24 months
one hand and sight in one eye	24 months
one foot and sight in one eye	24 months
one arm or one leg	18 months
one hand or one foot or sight in one eye	12 months
thumb and index finger from the same hand	6 months

Fractures

Fracture requiring a plaster cast or other immobilising device of the following bones	We pay for up to...
thigh	3 months
pelvis (except coccyx)	3 months
skull (except bones of the face or nose)	2 months
arm, between elbow and shoulder	2 months
shoulder blade	2 months
leg (above the foot)	2 months
kneecap	2 months
elbow	2 months
collarbone	1.5 months
forearm, between wrist and elbow (shaft)	1.5 months

We pay the Specific Injuries benefit monthly in advance from the date the event occurs. There is no waiting period. We'll pay the benefit even if the *life insured* is working.

When we stop paying

We stop paying the Specific Injuries benefit when the first of the following occurs:

- the payment period ends
- the policy ends
- the *cover expiry date*
- the *life insured* dies.

If the life insured becomes permanently disabled

We also stop paying the Specific Injuries benefit if:

- the TTD Cover option applies and the *life insured* becomes *permanently disabled* (see page 57)
- the Permanent Disablement Cover option applies (see page 57), the *life insured* becomes *permanently disabled* and we pay a *Permanent Disablement benefit*.

What we pay

We pay the *monthly benefit* and any *super continuance monthly benefit*.

If one *injury* causes more than one of the relevant events, we pay only for the event with the longest payment period.

If the *life insured* is *disabled* at the end of the payment period, then we pay a Total or Partial Disability benefit, subject to the conditions of this policy.

Lump sum option

If we agree to pay a Specific Injuries benefit for an event for which the payment period is 24 months or less, you can choose to receive that benefit as a lump sum instead of as monthly payments.

How we pay the lump sum

We pay a lump sum equal to:

A X B

where:

- A is the number of months in the payment period for the event
- B is the total of the *monthly benefit* and any *super continuance monthly benefit.*

Receiving a lump sum in instalments

If the event's payment period is 18 months, you can choose to receive:

- one third of the lump sum after 6 months and the remaining two thirds after 18 months or
- two thirds of the lump sum after 12 months and the remaining one third after 18 months.

If the event's payment period is 24 months, you can choose to receive half the lump sum after 12 months and the other half after 24 months.

Income protection extras

If you choose to take the lump sum in instalments but the *life insured* dies before we have paid all the instalments, you won't be paid the remaining instalments.

Crisis benefit

When it applies

This benefit is only available if your *waiting period* is three months or less.

When we pay it

We pay the benefit if the *life insured* suffers one of the following medical conditions before the *cover expiry date (*even if the *life insured* continues to work):

- *heart attack of specified severity*
- *out of hospital cardiac arrest*
- *coronary artery disease requiring bypass surgery*
- *repair and replacement of a heart valve*
- *surgery of the aorta*
- *cardiomyopathy*
- *primary pulmonary hypertension*
- *open heart surgery*
- *stroke*
- *major head trauma*
- *multiple sclerosis*
- *hemiplegia*
- *diplegia*
- *cancer*
- *chronic kidney failure*
- *major organ or bone marrow transplant*
- *severe burns*
- *loss of independent existence.*

These conditions are defined in the 'Medical definitions' on page 112.

What we pay

We pay a lump sum equal to six times the total of the *monthly benefit* and any *super continuance monthly benefit*. The payment period is six months.

The portion which is the *super continuance monthly benefit* is paid to your nominated superannuation plan. Refer to page 58 for more information. We only pay a benefit once in any consecutive 12-month period. If the *life insured* is *disabled* or *permanently disabled* six months after you were entitled to the Crisis benefit, we pay a Total or Partial Disability benefit or *Permanent Disablement benefit*, subject to the conditions of this policy.

Accommodation benefit

When we pay it

We pay this benefit if:

- the *life insured* is *totally disabled* before the *cover expiry date* and
- on a *medical practitioner's* advice, the *life insured* must stay more than 100km from their home or the *life insured* travels to a place more than 100km from their home and
- the *life insured* is confined to bed and
- an *immediate family member* is accommodated near the *life insured* and has to stay away from their home.

What we pay

We pay $350 a day for up to 30 days in any 12 month period.

Family Support benefit

When we pay it

We pay this benefit if:

- the *life insured* is *totally disabled* after the end of the *waiting period*
- we're paying you a Total Disability benefit for the *life insured*
- due to the *life insured's total disability*, the *life insured* totally depends on an *immediate family member* for their everyday *home care needs* to enable them to live at home and
- the *immediate family member's* monthly income has fallen due to taking care of the *life insured*.

What we pay

We pay each month in arrears, for up to three months, the lesser of:

- 75% of the total of the *monthly benefit* and any *super continuance monthly benefit*
- the amount by which the *immediate family member's* monthly income has fallen.

To work out by how much an *immediate family member's* monthly income has fallen, we compare the monthly income they are earning while caring for the *life insured* with the average monthly income they were earning for the 12 months before they started caring for the *life insured*.

By 'monthly income', we mean the *immediate family member's* pre-tax monthly income minus any expenses they incurred in earning that income.

The benefit starts to accrue from the first day you qualify for the benefit after the *waiting period* has ended.

When we stop paying

We stop paying the benefit when the first of the following occurs:

- the *life insured* is no longer *totally disabled*
- we've paid the benefit for three months
- the policy ends
- the *cover expiry date*
- the end of the *benefit period*
- the *life insured* dies.

If the life insured becomes permanently disabled

We also stop paying the benefit if:

- the TTD Cover option applies and the *life insured* becomes *permanently disabled* (see page 57)
- the Permanent Disablement Cover option applies (see page 57), the *life insured* becomes *permanently disabled* and we pay a *Permanent Disablement benefit*.

Home Care benefit

When we pay it

We pay the benefit if we're paying a Total Disability benefit for the *life insured's total disability* and because of that disability the *life insured* is:

- confined to or near a bed, other than in a hospital or similar institution that provides nursing care and
- totally dependent on a paid professional housekeeper (not an *immediate family member*) for their essential everyday *home care needs*.

What we pay

We pay each month in arrears, for up to six months, the lesser of:

- $150 a day
- the total of the *monthly benefit* and any *super continuance monthly benefit*.

The benefit starts to accrue from the first day you qualify for the benefit after the *waiting period* has ended.

When we stop paying

We stop paying the benefit when the first of the following occurs:

- the *life insured* is no longer *totally disabled*
- we've paid the benefit for six months
- the policy ends
- the *cover expiry date*
- the end of the *benefit period*
- the *life insured* dies.

We also stop paying the benefit if:

- the TTD Cover option applies and the *life insured* becomes *permanently disabled* (see page 57)
- the Permanent Disablement Cover option applies (see page 57), the *life insured* becomes *permanently disabled* and we pay a *Permanent Disablement benefit*.

Rehabilitation Expenses benefit

When we pay it

We pay this benefit if we're paying the Total Disability benefit for the *life insured's total disability* and the *life insured* is paying rehabilitation expenses as a direct result of:

- participating in an *approved occupational rehabilitation program* or
- engaging in or trying to engage in an occupation.

Some examples of rehabilitation expenses covered by this benefit are the cost of travelling to attend an *approved occupational rehabilitation program* or the cost of structural changes to your office.

What we pay

We reimburse, monthly in arrears, the actual expenses the *life insured* paid minus any amounts already reimbursed by others. We pay up to nine times the total of the *monthly benefit* and any *super continuance monthly benefit*.

The benefit starts to accrue when the expenses are incurred.

What we won't pay

We won't reimburse:

- money spent without our prior approval or
- the cost of the *approved occupational rehabilitation program* itself.

When we stop paying

We stop paying the benefit when the first of the following occurs:

- we've made payments equal to nine times the total of the *monthly benefit* and any *super continuance monthly benefit*
- the *life insured* is no longer *totally disabled*
- the policy ends
- the *cover expiry date*
- the end of the *benefit period*
- the *life insured* dies.

If the life insured becomes permanently disabled

We also stop paying the benefit if:

- the TTD Cover option applies and the *life insured* becomes *permanently disabled* (see page 57)
- the Permanent Disablement Cover option applies (see page 57), the *life insured* becomes *permanently disabled* and we pay a *Permanent Disablement benefit*.

Income protection extras

Bed Confinement benefit

When we pay it

We pay this benefit if:

- due to *sickness* or *injury* which confines the *life insured* to bed they can't perform at least one income-producing duty of their occupation and
- the *life insured* is confined to bed continuously for at least three days during the *waiting period* and
- a *medical practitioner* certifies that the *life insured* needs the continuous care of a registered nurse.

What we pay

We pay, monthly in arrears, 1/30th of the total of the *monthly benefit* and any *super continuance monthly benefit* for each day (including the first three days), during the *waiting period*, the *life insured* continues to meet the requirements for this benefit.

We pay this benefit for up to 90 days, but not for a day after the end of the *waiting period*.

Death benefit

If the *life insured* dies before the *cover expiry date*, we pay a benefit equal to the lesser of:

- four times the total of the *monthly benefit* and any *super continuance monthly benefit*
- $75,000.

We pay this benefit to the surviving policy owner(s) or, if there are none, to your estate.

Transportation benefit

When we pay it

We pay this benefit if the *life insured*:

- is *totally disabled* before the *cover expiry date* and
- has to be transported to a hospital within Australia in an emergency because of the condition which caused their *total disability* .

What we pay

The benefit is $200.

Overseas Assist benefit

When we pay it

We pay this benefit if, before the *cover expiry date*, the *life insured* is *totally disabled* for at least a month while they are outside Australia and decide to return to Australia because of continuing *total disability*.

What we pay

We reimburse the cost of the *life insured's* economy airfare to return to Australia by the most direct route, including connecting flights, minus any amounts reimbursed by others.

We'll pay up to three times the total of the *monthly benefit* and any s*uper continuance monthly benefit.*

We only pay the benefit once during the life of a claim, even if the claim relates to different causes of *total disability*.

Domestic Help benefit

When we pay it

We pay this benefit if:

- the *life insured's spouse* is *accidentally disabled* when they are 45 years or younger and engaged in full-time *domestic duties* and
- the *life insured* is paying child-minding or housekeeping expenses because their *spouse* can't perform their normal *domestic duties.*

What we pay

We reimburse, monthly in arrears, the child-minding or housekeeping expenses the *life insured* pays in a month if their *spouse* can't perform their normal *domestic duties* due to their *accidental disability*.

We'll pay up to $750 a month and pay the benefit for a maximum of three months in total for the term of the policy.

The benefit starts to accrue from the first day you qualify for the benefit.

When we stop paying

We stop paying the benefit when the first of the following occurs:

- the *life insured's spouse* is no longer *accidentally disabled*
- we've paid the benefit for three months
- the *life insured's spouse* reaches age 46
- this policy ends
- the *life insured's spouse* dies.

Options, features and limitations

Options

We describe the available options below. To check which options are available for which types of policy please refer to pages 44 and 45.

Premium Saver option

Selecting this option

Once this option applies you can't cancel it.

This option isn't available if your *benefit period* is two or five years or if you have selected:

- the Cash Back option
- the TTD Cover option
- the Permanent Disablement Cover option.

This option doesn't apply to Business Overheads Cover or Essential Cover or to the premiums payable for these types of cover.

What it does

If this option applies, it reduces your income protection premiums but the following *mental illness* limitation applies to your policy.

If we accept a claim for a Total or Partial Disability benefit due to *mental illness,* we only make up to 24 monthly payments in total for:

- that *mental illness* and
- any other *mental illness* directly or indirectly caused by, or related to, it.

This applies whether or not the payments relate to:

- one or more periods of disability
- one or more claims or
- one or more of the Total or Partial Disability benefit.

Total Temporary Disablement (TTD) Cover option

Choosing this option

If you want this option, you have to select it from the start of your policy and you can't cancel it.

This option is only available if your *benefit period* is to the *policy anniversary date* before age 65.

You can't choose this option if you choose any of these options:

- Permanent Disablement Cover option
- Cash Back option
- Premium Saver option.

This option isn't available for Business Overheads Cover or income protection under Total Care Plan Super.

What it does

If this option applies, it reduces your Income Care/Income Care Plus premium but if the *life insured* becomes *permanently disabled* we no longer have any obligation to pay any benefits for the *life insured*, whether for:

- the sickness or injury that made the *life insured permanently disabled*
- any other sickness or injury or
- the *life insured's unemployment* under the *Unemployment benefit*.

We still pay the Medical Professionals benefit if the *life insured* becomes *permanently disabled* by an infection for which we pay the benefit (see 'Medical Professionals benefit' on page 48).

Permanent Disablement Cover option

Choosing this option

If you want this option, you have to select it from the start of the policy (unless you have income protection under Total Care Plan Super because it's automatically included). Once selected, you can't cancel it.

This option is only available if your *benefit period* is to the *policy anniversary date* before age 65.

You can't choose this option if you choose any of these options:

- TTD Cover option
- Cash Back option
- Premium Saver option.

This option isn't available for Business Overheads Cover.

What it does

Under this option, you can ask us to pay the *Permanent Disablement benefit* if the *life insured*:

- becomes *permanently disabled* before the *cover expiry date* or *income care super cover expiry date* (if you have income protection under Total Care Plan Super) and
- in our opinion is likely to survive for at least 12 months.

If you do this, we pay the *Permanent Disablement benefit* instead of any benefits we would have paid under this policy for the *sickness* or *injury* which made the *life insured permanently disabled* or for any other sickness or injury the *life insured* suffers.

Options, features and limitations

If we pay the *Permanent Disablement benefit*, we no longer have any obligation to pay any benefits for the *life insured*, whether for:

- the sickness or injury that made the *life insured permanently disabled*
- any other sickness or injury or
- the *life insured's unemployment* under the *Unemployment benefit*.

We still pay the Medical Professionals benefit if the *life insured* becomes *permanently disabled* by an infection for which we pay the benefit (see page 48).

Increasing Claim option

What it does

If you have received a Total or Partial Disability benefit for more than 12 months, we increase the *monthly benefit* and any *super continuance monthly benefit* by the *indexation factor* on each anniversary of the date benefits first started to accrue.

This option doesn't apply if you're receiving a Total Disability benefit under Extended cover (see page 61).

Super Continuance option

What it does

Under this option, we provide extra cover for superannuation contributions. We call this cover the *super continuance monthly benefit*.

If we pay the *super continuance monthly benefit*, we pay it on your behalf to your nominated superannuation plan instead of directly to you.

The plan you nominate must be:

- a regulated superannuation fund
- a retirement savings account or
- another superannuation plan we approve.

When we won't pay it

We won't pay the *super continuance monthly benefit* if:

- you haven't nominated a superannuation plan which meets the requirements set out above or
- superannuation or taxation laws prevent us from making the payment.

Cash Back option

Selecting this option

You have to select this option when your policy starts and once you've selected it you can never cancel it.

It applies to all cover and all people insured under the policy.

What it does

If no claim has been paid or is payable under this policy, when the policy ends we refund to you a percentage of all the premiums you've paid. This includes policy fees and frequency charges but not stamp duty or any premiums we have already refunded.

The percentage of premiums we refund depends on the number of complete years between the *date insured from* and the date the policy ends, as shown in this table.

Number of complete years	Percentage refund
Less than 3	0%
3	13%
4	14%
5	15%
6	16%
7	17%
8	18%
9	19%
10 or more	20%

When we won't pay a refund

We won't pay a refund if:

- the policy ends because the *life insured* dies
- all or part of a claim under this policy is paid or payable on an ex gratia basis or without admitting liability
- a claim is paid or payable under this policy in whole or in part. This applies regardless of the type of cover or the *life insured* the claim relates to and whether or not the cover for which the claim was made still exists when the policy ends.

If we admit a claim but don't pay a benefit because it has been reduced to nil under a benefit offset, you're still eligible for a refund.

Claims after the policy ends

If we have to pay a claim after the policy has ended (including payment on an ex gratia basis), you must repay any refund we've made under this option. If this happens, we'll deduct the amount you have to repay us from the claim proceeds. If there is a shortfall, you don't have to repay it.

If we cancel the policy

If we cancel the policy because you haven't paid your premiums, we won't use any refund under this option to pay the unpaid premiums.

If you apply to reinstate the policy, you have to repay us any refund we've made under this option. If we agree to reinstate your policy, this option continues to apply (whether or not you remain eligible for a refund under it) and we continue to charge you for it.

To work out if you're eligible for a refund under the reinstated policy and the amount, we treat the reinstated policy as a continuation of the original policy and as if the policy had continued uninterrupted. In other words, the period while your policy wasn't in force is taken into account when working out your eligibility for, and the amount of, a refund under this option.

Changing your cover level

Increasing or decreasing your cover doesn't affect your eligibility for a refund under this option.

Interest

We don't pay interest on any refund under this option between the time you become eligible for it and the date we pay it.

Premiums

This option applies to all the premiums you pay under this policy, whether or not you still have all the cover you started with when the policy ends.

You must still pay the premium for this option even if you become ineligible to receive a refund under it.

Accident option

What it does

If the *life insured* is *totally disabled* due to *injury* for three consecutive days during the *waiting period*, the Accident option pays 1/30th of your *monthly benefit* (excluding any *super continuance monthly benefit*) for each day the *life insured* is *totally disabled* during the *waiting period*.

To use this option you must:

- have a 14 day or one month *waiting period* (including under Extended cover)
- not be entitled to a Crisis benefit, Bed Confinement benefit or Specific Injuries benefit (whether as a monthly benefit or a lump sum) for the *life insured*.

What we pay

We pay this benefit until the end of the *waiting period* or until the *life insured* is no longer *totally disabled*, whichever comes first.

Included features

The features described in this section are available under income protection.

Guaranteed insurability

When it applies

This is a standard feature of your policy but it isn't available:

- if the *life insured's occupation group* is X (specialist risk – medium) or Y (specialist risk – high) or
- from the date of the *life insured's* 55th birthday or
- if, when you request an increase in cover, we're already paying or intend to pay a benefit for the *life insured* or circumstances exist under which we would pay a benefit if you made a claim for the *life insured* or
- if the original policy owner is no longer the beneficial owner of this policy, unless we agree.

What it does

Once in any three year period up to the *life insured's* 55th birthday, you can apply to increase your cover in line with an increase in the *life insured's monthly income* without having to provide any evidence of the state of the *life insured's* health.

We then increase the amount of the *monthly benefit* and any *super continuance monthly benefit* shown in your policy schedule (each as increased by indexation):

- from the next *premium due date*
- in line with the increase in the *life insured's monthly income* and
- by a maximum of 10%.

Requesting the increase

You must apply within 30 days before the *policy anniversary date* which occurs immediately after the date on which the *life insured's monthly income* is to be increased. You must provide any financial information we request about the *life insured's monthly income* (including a statement of the *life insured's* income over the previous two years).

Effect on your premium

We increase your premium to reflect the increased cover, taking into account the *life insured's* age and the current premium rates. If you've chosen the Level premium rate option, we'll still take into account the *life insured's* age when the increase occurs.

Cover while unemployed or on leave

Cover continues even if the *life insured* becomes unemployed or goes on maternity, paternity or long service leave.

Please note the definition of *total disability* changes. For more information please see page 110.

Waiver of waiting period for specific conditions

We will, on request, waive the *waiting period* for a claim for a Total or Partial Disability benefit (but not a Business Overheads Cover benefit) if the *life insured's waiting period* is three months or less and the *sickness* or *injury* which causes the *life insured's disability* is *loss of limbs or sight*, *loss of independent existence* or a *serious medical condition*. We will only waive the *waiting period* once under the policy.

Options, features and limitations

Reduced waiting period

What it does

If the *life insured* is covered under a *group income protection policy* and that cover ends, you can ask us to reduce the *waiting period* from two years to one year, six months or three months, without having to provide medical evidence.

Group income protection policy requirements

The *life insured's* cover under the *group income protection policy* must have been for a benefit payment period of two years both when you applied for this income protection policy with us and when the policy started (and you must have told us this in writing when you applied for this policy).

Also:

- the *life insured's* cover under the *group income protection policy* must end while they are covered under this income protection policy with us
- benefits must not have been paid for the *life insured* under the *group income protection policy* when you applied for this income protection policy with us and
- when you ask us to reduce the *waiting period*, the *group income protection policy* must not have ended and neither you nor the *life insured* must have taken up, or been eligible to take up, a continuation option under the group policy.

Requirements for this policy

For this policy, you must have a *waiting period* of two years and a *benefit period* up to the *cover expiry date* or *income care super cover expiry date* (if you have income protection under Total Care Plan Super) (i.e. to the policy anniversary before the *life insured's* 60th or 65th birthday) when the policy started. Also, when you ask us to reduce the *waiting period*, we must not be paying or intending to pay any benefits for the *life insured* under this policy.

When to apply

To reduce your *waiting period*, you must write to us within 30 days after the *life insured's* cover under the *group income protection policy* ends. If we agree to your request, we reduce your *waiting period* from the next *premium due date*.

Automatic indexation

On each *policy anniversary date* we increase the *monthly benefit* and any *super continuance monthly benefit* by the greater of 3% or the *indexation factor*.

An increase won't become effective while you're entitled to benefits or during the *waiting period*. Increases only become effective once your entitlement ends.

Your premium will increase to take into account the increase in the *monthly benefit* and any *super continuance monthly benefit*.

You can choose not to accept this increase by telling us in writing within one month of the *policy anniversary date*.

Waiving premiums

In some circumstances we'll waive your income protection premiums.

Becoming disabled

You don't have to pay income protection premiums for a *life insured* while we're paying a Total or Partial Disability benefit for them.

Nor do you have to pay Income Care Plus premiums for a *life insured* in these situations:

- while we're paying a Specific Injuries benefit
- for six months after we pay the Crisis benefit
- if we pay a Specific Injuries benefit as a lump sum, for the payment period which would have applied if we'd paid the benefit as a monthly benefit rather than as a lump sum.

If a *waiting period* of three months or less applies and we agree to pay a Total or Partial Disability benefit, we refund any premiums which fell due and were paid during the *waiting period*.

Other premium waivers

Flexibility to choose when to waive premiums

You can ask us to waive payment of your income protection premiums for a *life insured* at different times over the life of your policy as long as:

- you don't ask us more than once for a *life insured* in any 12 month period and
- we haven't, over the life of your policy and under this premium waiver, already waived your premiums for the *life insured* for six months in total.

Once we have waived your premiums for a *life insured* for six months (whether for one or more claims) no more waivers apply under this premium waiver.

Which premiums we waive

We waive all income protection premiums for the *life insured* but not those for Business Overheads Cover.

When we waive premiums

We'll waive the payment of premiums on your request if all of the following applies:

- your policy has been in force for six continuous months
- while the *life insured* is under 65 they are *involuntarily unemployed* or on *maternity leave*.

The premiums you ask us to waive mustn't have already been paid and must be due while the *life insured* is *involuntarily unemployed* or on *maternity leave.*

We won't waive premiums for any one event (whether it be *involuntary unemployment* or *maternity leave*) for more than three months in total.

When will premiums restart

The payment of premium restarts on the first of:

- we have waived your premiums for the *life insured* for three months for one of the relevant events
- we have, under this premium waiver, waived your premiums for the *life insured* for six months in total
- the *life insured* is no longer *involuntarily unemployed* or on *maternity leave*.

Requirements

What you'll need to provide us and when depends on the event for which you're requesting the premium waiver:

What you need to provide…	When you need to provide it…
For *involuntary unemployment*	
Statements from the *life insured's* former employer and, if applicable, the employment agency with which they're registered.	Within 30 days of the date the *life insured* first became *involuntarily unemployed*.
For *maternity leave*	
Statements from the *life insured's* employer and *medical practitioner*. If the *life insured* is self-employed, you must also provide us with any additional information we require about the self-employment.	30 days before the *maternity leave* begins.

Extended cover

When it applies

We give you cover for *total disability* from the *cover expiry date* or *income care super cover expiry date* (if you have income protection under Total Care Plan Super) until the *extended cover expiry date* if you meet all of these conditions:

- the *life insured* must be in *occupation group* C, G, P, J, K or S
- the TTD Cover option must not apply to the *life insured*
- the *cover expiry date* or *income care super cover expiry date* (if you have income protection under Total Care Plan Super) shown for the *life insured* on your policy schedule must be the *policy anniversary date* before the *life insured's* 65th birthday
- we must not be paying or intending to pay you a benefit for the month before the *cover expiry date* or *income care super cover expiry date* (if you have income protection under Total Care Plan Super)
- the *life insured* must be covered under this policy on the day before the *cover expiry date* or *income care super cover expiry date* (if you have income protection under Total Care Plan Super).

Waiting period and benefit period

The *waiting period* for extended cover is the greater of:

- one month
- the *waiting period* in your policy schedule.

The *benefit period* for extended cover is one year, even if the *benefit period* in your policy schedule is greater than one year.

Indemnity style policy

During the period of your extended cover you have an *indemnity policy* (even if the *monthly benefit* in your policy schedule shows 'agreed value' or 'guaranteed agreed value').

Benefits we pay

The only benefits we pay under extended cover are the Total Disability benefit and the Reward Cover benefit.

In calculating a Total Disability benefit under extended cover, the *monthly benefit* will be no more than $30,000.

Options, features and limitations

Premium rate option
The premium rate option for extended cover is the stepped rate, even if the word 'level' appears as the 'premium type' in your policy schedule.

End of Total Disability benefit
We only pay a Total Disability benefit under extended cover until the first of:

- the *life insured* is no longer *totally disabled*
- the one year *benefit period* ends
- the *extended cover expiry date*
- this policy ends
- the *life insured* dies.

Recurring disability
If you make separate claims for the same or a related *total disability* under extended cover, in certain circumstances we treat the second claim as a continuation of the original claim and waive the *waiting period* on the second claim.

We do this if all of the following applies:

- the *life insured* has returned to work on a full time basis after receiving a Total Disability benefit under extended cover and
- the *life insured* suffers a recurrence of the same or a related condition and
- the recurrence results in *total disability* within six months from the date the *life insured* was last on claim but before the *extended cover expiry date*.

Premium Saver option
The Premium Saver option doesn't limit the number of monthly Total Disability benefit payments we make under extended cover, but from the *cover expiry date* or *income care super cover expiry date* (if you have income protection under Total Care Plan Super) the option no longer reduces your premium.

Continuation option – converting income protection inside super
You can convert any income protection under Total Care Plan Super to any other income protection or similar insurance we have available under another policy at the date of conversion.

You can do this without providing evidence of health, but subject to current occupation and income details (satisfactory to us), as long as:

- the *life insured* is 59 years old or less and
- the income protection or similar cover under the new policy doesn't exceed the benefit which we would've paid under Total Care Plan Super if the *life insured* became *disabled* on the date the right is exercised.

For other conditions that apply please refer to 'General conditions for Continuation options' on page 76.

Benefit offsets, limitations and exclusions
The benefit offsets, limitations and exclusions described in this section apply to income protection (including a *Permanent Disablement benefit*, where applicable).

Benefit offsets
If you or the *life insured* receive one or more other payments in relation to the *life insured* that, in total, exceed 10% of the *life insured's pre-disability income*, we reduce the Total or Partial Disability benefit we pay by the amount of the other payment(s).

The payments which reduce your Total or Partial Disability benefit are:

- payments from a workers' compensation claim, motor accident claim or any claim made under similar state or federal legislation
- payments from any other insurance that provides income payments due to sickness or injury
- if the *life insured's occupation group* is A (Aviation), payments due to a temporary loss of a licence granted under the Civil Aviation Act 1988 or any comparable legislation.

If a payment is in the form of, or exchanged for, a lump sum, the lump sum has a monthly equivalent of 1/60th of the lump sum over a period of 60 months.

How we reduce the benefit
We only reduce the Total Disability benefit to the extent the sum of the Total Disability benefit and the amount of the other payment(s) exceeds the greater of:

- 75% of the *life insured's pre-disability income*
- the total of the *monthly benefit* and any *super continuance monthly benefit.*

We only reduce the Partial Disability benefit to the extent the *life insured's pre-disability income* is exceeded by the sum of:

- the Partial Disability benefit
- the *life insured's monthly income* and
- the amount of the other payment(s).

When we won't reduce the benefit

We won't reduce the Total or Partial Disability benefit by a payment which is:

- a lump sum or part of a lump sum paid as compensation for pain and suffering or the loss of use of a part of the body
- a lump sum total and permanent disablement benefit
- a lump sum trauma benefit paid under an insurance policy (but not a Crisis benefit paid under this policy)
- a sick leave payment
- a long service leave payment or
- an annual leave payment.

Refunding your premiums

If we reduce the sum of the monthly benefit, we refund a part of the premium you paid us in the last 12 months, in proportion to the reduction of the benefit.

Pre-existing conditions

A pre-existing condition is any condition:

- that first occurred or
- the circumstances leading to which first became apparent

before the cover under this policy started or increased.

We won't pay any benefit in connection with a pre-existing condition, except if:

- you and the *life insured* were unaware of the condition, or the circumstances leading to it, before the cover started or increased and couldn't reasonably be expected to have been aware or
- you disclosed the condition or circumstances to us before the cover started or increased and we haven't excluded cover for the condition or any condition resulting from the circumstances.

Continuation option

We also pay in connection with a pre-existing condition if the cover for the *life insured* under this policy was issued on the exercise of a continuation option in another policy under which we covered the *life insured*.

On the exercise of the continuation option in the other policy, the *life insured* must have been covered under that policy for:

- the same benefit, and for the same or a greater amount of cover, the *life insured* is covered for under this policy when the claim arises
- the same or a longer benefit payment period the *life insured* is covered for under this policy when the claim arises and
- the condition for which the claim is made under this policy.

Geographical limits

If the *life insured* travels or resides outside Australia prior to or during a claim, we won't pay benefits for more than six months in total, unless the *life insured* is unable to return to Australia for medical reasons which are acceptable to us.

Benefits are contingent on the *life insured* being under the immediate *regular medical care* of a *medical practitioner* when the *life insured* returns to Australia.

Payments won't be backdated for a period the *life insured* isn't in Australia.

If we're paying benefits for a *life insured* and the *life insured* leaves Australia without our prior written consent, we reserve the right to stop payments after six months in total.

Reference to 'Australia' in the above means within the territorial boundaries of Australia.

Exclusions

We won't pay a benefit (including a *Permanent Disablement benefit,* where applicable) for any condition which arises, directly or indirectly, as a result of:

- war or act of war (whether declared or not) or
- any intentional self-inflicted injury or any attempt at suicide or
- a permanent or temporary banning, deregistration or disqualification which:
  - arises solely from disciplinary action undertaken against the *life insured* and
  - prevents them from pursuing, practising or engaging in their occupation or profession.

Options, features and limitations

It's against the law for us to make certain payments because of legislation in connection with health insurance, including the Private Health Insurance Act 2007 (Cth). We won't make a payment if it would cause us to infringe this legislation.

Elective surgery

You can only claim for *disability* resulting from voluntary medical treatment if the treatment takes place more than six months after your cover started, increased or was last reinstated.

Voluntary medical treatment includes:

- cosmetic or other elective surgery and
- surgery to transplant body organs to the body of another person.

Aviator's benefit limit

If the *life insured's occupation group* in your policy schedule is A (Aviation), we'll only ever pay a maximum of $2 million for the *life insured* under this policy.

If you qualify for more than one benefit under Income Care Plus

If you can claim both the Specific Injuries benefit and the Crisis benefit, we pay the benefit with the longest payment period, but not both.

The payment period for the Crisis benefit is taken to be six months. The payment period for a lump sum Specific Injuries benefit is taken to be the period over which we would have made payments if we'd paid the benefit monthly.

While you're entitled to the Specific Injuries benefit or the Crisis benefit, you aren't entitled to a:

- Total Disability benefit
- Partial Disability benefit
- Unemployment benefit or
- Bed Confinement benefit.

If we pay the Specific Injuries benefit as a lump sum, you are taken to be entitled to the benefit for the period over which we would have paid it if we had paid it as a monthly benefit rather than as a lump sum.

If we pay the Crisis benefit you are taken to be entitled to the benefit for the six months after we paid it.

We won't pay the Home Care benefit while you are receiving the Family Support benefit or the Accommodation benefit.

Benefits end if Life Care ends

If you have income protection and Life Care under a Total Care Plan Super policy, any income protection benefits you're receiving end if your Life Care ends.

Protecting your business – Business Overheads Cover

In summary

In this section we summarise the benefits and features of Business Overheads Cover.

Included benefits

This benefit…	does this…	For full details see page…
Business Overheads monthly benefit	Pays up to 100% of a business's regular fixed operating expenses – up to $40,000 per month – if the *life insured* is *totally disabled*.	66

Included features

This feature…	does this…	For full details see page…
Waiver of premium while on claim	You don't have to pay any Business Overheads Cover premiums while a Business Overheads Cover benefit is being paid.	67
Reward Cover	Provides up to $100,000 of Accidental Death Cover at no extra cost after you've held the policy for three years. If you also have a Total Care Plan policy when you die due to an *accident*, we'll double the Reward Cover benefit.	49
Indexation	Each year we automatically increase the cover to help ensure it keeps pace with inflation.	67

Options

The optional extras only apply to your policy if they appear in your policy schedule.

This option…	does this…	For full details see page…
Cash Back	Refunds some of your premiums when the policy ends if no claim has been paid or is payable during the life of your policy.	58

Protecting your business – Business Overheads Cover

Business Overheads Cover

Please make sure you read about 'How we pay income protection benefits' on page 46.

Business expenses we cover

We cover the usual, regular, fixed operating expenses of the *business*, including:

- rent
- principal and interest payments for a mortgage
- principal and interest repayments for a loan taken for the purposes of the *business*
- property rates and taxes
- electricity, telephone, gas, heating and water costs
- cleaning and laundry
- the remuneration and associated costs of any non-income generating employee
- if the *life insured's occupation group* is S, K, J, P, G or C, any remuneration and associated costs of hiring an income generating employee after the *life insured* became *totally disabled* (the employee must be hired to perform the work the *life insured* normally does)
- leasing or hiring costs of equipment or motor vehicles
- insurance premiums
- accountancy and audit fees
- subscriptions to professional associations, including professional membership fees
- security or advertising costs incurred under a contractual arrangement with a third party
- bank fees and charges
- *business* vehicle registration and insurance
- postage, printing and stationery
- cost of repairs and maintenance incurred under a contractual arrangement with a third party
- any expenses we've specifically agreed to in writing.

Business expenses we don't cover

The business expenses we don't cover include (but aren't limited to):

- any amounts paid to the *life insured,* an *immediate family member* or to any joint owner of the *business*
- remuneration and associated costs of any income-generating employee, unless the *life insured's occupation group* is S, K, J, P, G or C and the costs were the costs of hiring the employee after the *life insured* became *totally disabled* (the employee must have been hired to perform the work the *life insured* normally does)
- any payments for goods, stock in trade, plant or equipment
- any allowance for depreciation in real estate or of plant and equipment
- any portion of a business expense which someone else who has an interest in the *business* normally pays
- any payment which we work out on a fair and reasonable basis not to be a usual, regular, fixed operating expense.

When we pay a benefit

We pay a benefit if the *life insured* is still *totally disabled* by the same *sickness* or *injury* after the *waiting period* has ended. We pay this benefit in addition to any other benefit we're liable to pay under this policy.

The benefit starts to accrue from the first day the *life insured* is *totally disabled* after the *waiting period* has ended. We pay it monthly in arrears.

Please refer to our explanation of the 'waiting period' on page 46.

What benefit we pay

The benefit we'll pay for each month is the lesser of:

- the *Business Overheads monthly benefit*
- the covered business expenses incurred during that month while the *life insured* is *totally disabled*.

If a business expense was paid before the *life insured* was *totally disabled*, but we're satisfied that the business expense relates to a complete month during which the *life insured* was *totally disabled*, then we treat a proportion of that business expense (as we consider appropriate) as if it had been paid during that month.

Situations in which we reduce the benefit

We reduce the benefit by:

- your or the *life insured's* portion of the income of the *business* derived from trading during that period and
- the income generated by any employee(s) hired after the *life insured* became *totally disabled* to do the work the *life insured* normally did and
- any amount received for the same period from any other insurance policy to reimburse you or the *life insured* for business expenses, unless we have agreed in writing not to do this.

We only reduce the benefit because of other insurance to the extent the combined insurance payments would be more than your covered business expenses.

How long we pay it

We stop paying the benefit on the first of the following:

- the *life insured* is no longer *totally disabled*
- we've paid 12 times the *Business Overheads monthly benefit* for any one continuous period of *total disability*
- we've paid 12 times the *Business Overheads monthly benefit* for any one *sickness* or *injury*
- this policy ends
- the *cover expiry date*
- the *life insured's* death.

Change of ownership

You must tell us if the underlying ownership of the *business* changes. Underlying ownership means a beneficial interest in the *business* held directly or through any interposed corporation, partnership or trust. If this changes, we may change the *Business Overheads monthly benefit* in a way that reflects those changes.

Automatic indexation

On each *policy anniversary date*, we'll increase the *Business Overheads monthly benefit* by the greater of the 3% or the *indexation factor*.

An increase won't become effective while you're entitled to benefits, including during the *waiting period*. Increases only become effective once your entitlement ends.

Your premium will increase to take into account the increase in the *Business Overheads monthly benefit*.

You can choose not to accept this increase by telling us in writing within one month of the *policy anniversary date.*

Waiving premiums

In some circumstances we'll waive your Business Overheads Cover premiums.

Becoming disabled

You don't have to pay Business Overheads Cover premiums for a *life insured* while we're paying a *Business Overheads monthly benefit* for them.

If a *waiting period* of three months or less applies and we agree to pay a *Business Overheads monthly benefit*, we refund any premiums which fell due and were paid during the *waiting period*.

Reward Cover benefit

Refer to page 49.

Cash Back option

Refer to page 58.

Pre-existing conditions

Refer to page 63.

Geographical limits

Refer to page 63.

Exclusions

Refer to page 63.

Elective surgery

Refer to page 64.

Part C. Other policy conditions

This part contains...

Paying premiums

You must pay the premiums on or before the *premium due date.* If we don't receive the entire premium within 30 days of the *premium due date,* we may cancel this policy.

Premium due date

Premiums are payable annually in advance but can also be paid in monthly, quarterly or half yearly instalments. Each date on which a premium is due is a *premium due date*.

Total Care Plan Super policy ends where premium unpaid

This policy ends at midnight on the termination date if all of the following applies:

- this policy is a Total Care Plan Super policy
- the first premium payable under the policy is to be paid from moneys transferred or rolled over to the Colonial Super Retirement Fund from another superannuation plan
- the first premium is not paid to us in full on or before the termination date

where the termination date is 30 days after the *date insured from.*

Premium rate options

There are two premium rate options you can choose from:

- Level premium rate option or
- Stepped premium rate option.

The option that applies to your policy is shown in the policy schedule. That option applies to everyone insured under the policy for the duration of the policy, except where the policy says otherwise.

Level premium rate option
With this option, the premium doesn't increase as the *life insured* gets older.

Instead, we calculate the premium according to the *life insured's* age next birthday on the date cover starts. We'll also calculate the increased premium for an indexed increase in cover according to that age.

However, the age we use to calculate the annual premium will change if:

- we agree to an increase in cover
- we agree to another benefit being added to the policy
- we agree to any other change to the policy that increases the premium or
- an option is used that increases the premium.

In these circumstances, we calculate the increased premium according to the *life insured's* age next birthday on the date the relevant change occurs or the option is used.

We change your premium rate option to 'stepped' on and from the *policy anniversary date* before the *life insured's* 65th birthday. This means we'll calculate the premium for a Total Care Plan/Super policy as if the Stepped premium rate option had applied from the start of the policy.

Stepped premium rate option
Under this option, your annual premium increases as the *life insured* gets older. We calculate the premium according to the *life insured's* age next birthday on each *policy anniversary date*.

How much you pay

The premium you pay for the first 12 months is shown in the policy schedule. This is based on our current premium rates, which we won't change for you in the first year of your policy.

We don't guarantee premium rates in later years will be the same as current rates. We can change the rates for all policies in a group regardless of which premium rate option you select, but we won't change the rates for a policy by itself. We will give you at least 30 days' notice before any increase in premium rates.

You can ask us for a table of premium rates.

Paying premiums

Apart from premium rates, there are many factors which affect the calculation of your premium, as set out below:

Factor	How it may affect the cost of your insurance
Age	Generally, the older the *life insured*, the higher the cost of your insurance.
Health	The better the state of the *life insured's* health, the cheaper your insurance.
Gender	Mortality and illness rates differ between men and women, resulting in differing premium rates.
Occupation	Each occupation group has different duties associated with it. The greater the risk associated with the general duties of that occupation group, the greater the cost of insurance for that occupation group.
Smoker status	Smoker premiums are generally higher than non-smoker premiums.
Sporting or recreational activities	Certain sporting or recreational activities carry more risk than others, therefore the riskier the sporting or recreational activities the *life insured* undertakes, the higher the cost of your insurance.
Policy options you select	Generally, the more policy options you select, the higher the cost of your insurance.
The premium rate option you select	Premiums vary depending on the premium rate option selected. The effect of each option on the premiums you pay is described above.
Combination of cover	The more cover types you include in your policy, the higher the cost of your cover.
Type and amount of cover	The cost of your insurance depends on the cost of the type of cover you select. Generally, the greater the amount of cover, the more expensive it is.
Stamp duty	Where charged, stamp duty increases your premium as the premium reflects the duty we believe is payable, according to stamp duty laws and practices.
Policy fee	Our policy fee increases your premium.
Any loadings or special provisions applied to the policy	Loadings or special provisions increase the cost of your insurance premium.

Minimum premium

The minimum premium for each policy is as follows:

	Minimum premium (including policy fee)	
Frequency	Total Care Plan and Total Care Plan Super	Income Care and Income Care Plus
Annual	$250	$300
Half-yearly	$130	$160
Quarterly	$70	$85
Monthly	$25	$30

Premium payment options and frequency charge

You can pay premiums monthly, quarterly, half-yearly or annually. If you decide to pay by direct debit, your financial institution may charge you for setting up and making direct debit payments. Your financial institution can provide more information.

If you choose to pay your premiums more frequently than annually, we charge a frequency charge.

Here is a summary of the various payment options and the applicable frequency charge.

Premium payment frequency	Cheque	Direct debit	Credit card	Frequency charge
Monthly		✓	✓	8% of annual premium excluding policy fee
Quarterly		✓	✓	8% of annual premium excluding policy fee
Half-yearly	✓	✓	✓	4% of annual premium excluding policy fee
Annually	✓	✓	✓	Nil

Policy fee
We charge a policy fee which covers some of the administration costs of setting up and maintaining the policy.

The policy fee is set out below:

Premium payment frequency	Policy fee (per premium payment)
Monthly	$7.50
Quarterly	$21.00
Half-yearly	$40.00
Annually	$75.00

Note: A policy fee isn't payable under a policy while it's a *flexi-linked policy*.

Changing the frequency charge and policy fee
We can increase the policy fee and frequency charge at any time. We'll give you at least 30 days' notice before any such increase.

Policy fee waiver
The following policy fee waivers apply:

- If you apply for a Total Care Plan policy on the same day as an Income Care, Income Care Plus or Business Overheads Cover policy and we issue both policies on the same date, we don't charge a policy fee on the Total Care Plan policy while the other policy remains in force.
- If you apply for a Total Care Plan Super policy on the same day as a Business Overheads Cover policy and we issue both policies on the same date, we don't charge a policy fee on the Total Care Plan Super policy while the Business Overheads Cover remains in force.
- A policy fee isn't payable under a policy while it's a *flexi-linked policy*. If, therefore, you apply for a *flexi-linked policy* and a *primary policy* on the same day as an Income Care, Income Care Plus or Business Overheads Cover policy and we issue the policies on the same date, we:
  - don't charge a policy fee on the *flexi-linked policy* while it remains a *flexi-linked policy* and
  - don't charge a policy fee on the *primary policy* while the Income Care, Income Care Plus or Business Overheads Cover policy remains in force.

If we issue the Income Care, Income Care Plus or Business Overheads Cover policy on a later date, we only charge the policy fee on the Total Care Plan/Super policy for the period up to the first *policy anniversary date*. On and from that date, we stop charging the policy fee on the Total Care Plan/Super policy while the other policy remains in force.

Commission
Our current practice is to pay commissions and other benefits to financial advisers. We factor these amounts into the cost of the insurance and aren't additional amounts you have to pay.

No surrender value
Your policy doesn't have a surrender or cash-in value at any point.

What we do with your premiums
The premiums for insurance outside of super (Total Care Plan, Income Care, Income Care Plus and Business Overheads Cover) are placed in our No.5 Statutory Fund and benefits are paid from that fund.

Premiums (also known as contributions) for insurance inside of super (Total Care Plan Super) are placed in our No. 1 Statutory Fund and benefits are paid from that fund.

If we cancel insurance
If we cancel your insurance because you haven't paid the premium, you can apply to have it reinstated within twelve months of the date the unpaid premium became due.

The following conditions apply:

- we must receive, to our satisfaction, evidence of health, occupation, pastimes or other relevant information
- if we agree to reinstate, cover will only restart from the reinstatement date
- we may impose conditions for the reinstated cover
- we won't pay a benefit for anything that happened or first became apparent while the cover was not in force
- if we re-instate the policy, you must pay all unpaid premiums.

Paying premiums

Sample premiums

To give you an idea of cost, some premium examples are provided below and apply as at the date of this PDS. A basic quote is provided, then the effect of altering one factor is shown to give you an indication of how premiums vary. It's important you obtain a quote tailored to your particular circumstances as the cost of insurance varies significantly depending on your situation.

Life Care, TPD and Trauma Cover basic quote				
• 35 year old • male • non-smoker • accountant • Life Care $200,000	• 35 year old • male • non-smoker • accountant • Life Care $500,000	• 35 year old • male • non-smoker • accountant • Life Care $200,000 • TPD $200,000	• 35 year old • male • non-smoker • accountant • Life Care $200,000 • TPD $200,000 • Trauma $200,000	• 35 year old • female • non-smoker • accountant • Life Care $200,000
Stepped Premium Rate option $25.00 per month*	Stepped Premium Rate option $31.86 per month	Stepped Premium Rate option $27.42 per month	Stepped Premium Rate option $52.54 per month	Stepped Premium Rate option $25.00 per month*
Level Premium Rate option $33.55 per month	Level Premium Rate option $60.44 per month	Level Premium Rate option $49.78 per month	Level Premium Rate option $119.58 per month	Level Premium Rate option $26.13 per month*

Income Care basic quote				
• 35 year old • male • non-smoker • accountant • benefit period five years • policy expiry date age 65# • monthly benefit $3,125 • waiting period one month • Agreed Value • includes Increasing Claim option	• 35 year old • male • non-smoker • accountant • benefit period five years • policy expiry date age 65# • monthly benefit $3,125 • waiting period one month • Indemnity Cover • includes Increasing Claim option	• 35 year old • male • non-smoker • accountant • benefit period to age 65 • policy expiry date age 65# • monthly benefit $3,125 • waiting period one month • Agreed Value • includes Increasing Claim option	• 35 year old • male • non-smoker • electrician • benefit period five years • policy expiry date age 65# • monthly benefit $3,125 • waiting period one month • Agreed Value includes Increasing Claim option	• 35 year old • female • non-smoker • accountant • benefit period five years • policy expiry date age 65# • monthly benefit $3,125 • waiting period one month • Indemnity Cover • includes Increasing Claim option
Stepped Premium Rate option $35.37 per month	Stepped Premium Rate option $30.00* per month	Stepped Premium Rate option $47.31 per month	Stepped Premium Rate option $84.85 per month	Stepped Premium Rate option $38.90 per month
Level Premium Rate option $50.85 per month	Level Premium Rate option $42.25 per month	Level Premium Rate option $65.38 per month	Level Premium Rate option $128.20 per month	Level Premium Rate option $53.76 per month

* Minimum premium applies.
# Policy anniversary before.

Income Care Plus basic quote				
• 35 year old • male • non-smoker • accountant • benefit period five years • policy expiry date age 65# • monthly benefit $3,125 • waiting period one month • Agreed Value • includes Increasing Claim option	• 35 year old • male • non-smoker • accountant • benefit period five years • policy expiry date age 65# • monthly benefit $3,125 • waiting period one month • Indemnity Cover • includes Increasing Claim option	• 35 year old • male • non-smoker • accountant • benefit period to age 65# • policy expiry date age 65# • monthly benefit $3,125 • waiting period one month • Agreed Value • includes Increasing Claim option	• 35 year old • male • non-smoker • electrician • benefit period five years • policy expiry date age 65# • monthly benefit $3,125 • waiting period one month • Agreed Value • includes Increasing Claim option	• 35 year old • female • non-smoker • accountant • benefit period five years • policy expiry date age 65# • monthly benefit $3,125 • waiting period one month • Indemnity Cover • includes Increasing Claim option
Stepped Premium Rate option $41.86 per month Level Premium Rate option $57.08 per month	Stepped Premium Rate option $34.25 per month Level Premium Rate option $47.24 per month	Stepped Premium Rate option $53.40 per month Level Premium Rate option $72.74 per month	Stepped Premium Rate option $102.73 per month Level Premium Rate option $145.22 per month	Stepped Premium Rate option $47.32 per month Level Premium Rate option $60.85 per month

Policy anniversary before.

Business Overheads Cover basic quote				
• 35 year old • male • non-smoker • accountant • policy expiry date age 65# • monthly benefit $6,000 • one-month waiting period	• 45 year old • male • non-smoker • accountant • policy expiry date age 65# • monthly benefit $6,000 • one-month waiting period	• 35 year old • male • non-smoker • accountant • policy expiry date age 65# • monthly benefit $6,000 • three-month waiting period	• 35 year old • male • non-smoker • electrician • policy expiry date age 65# • monthly benefit $6,000 • one-month waiting period	• 35 year old • female • non-smoker • accountant • policy expiry date age 65# • monthly benefit $6,000 • one-month waiting period
Stepped Premium Rate option $47.44 per month Level Premium Rate option $61.11 per month	Stepped Premium Rate option $71.02 per month Level Premium Rate option $93.86 per month	Stepped Premium Rate option $35.57 per month Level Premium Rate option $45.14 per month	Stepped Premium Rate option $118.31 per month Level Premium Rate option $156.46 per month	Stepped Premium Rate option $63.08 per month Level Premium Rate option $79.74 per month

Policy anniversary before.

Please note:

- unless otherwise stated, no optional benefits have been included in these premium calculations.
- where *TPD Cover* is included, it's assumed the 'any occupation' definitions apply.
- the premium calculations include the policy fee and frequency charge.
- the premium calculations assume no loadings are applied due to health, occupation or pastime risks.
- the premiums are based on a person who resides in NSW.

How to make a claim

If you wish to make a claim please contact us on **13 1056** to obtain a claim form. You must tell us in writing of any claim or potential claim within three months of the event that caused the claim.

We'll then send you a claims kit. You and the *life insured's* attending *medical practitioner* must complete the claims kit and return it to us.

When we receive it we'll assess the claim and contact you if we need more information. Once we've decided whether or not we're liable to pay the claim we'll contact you to let you know our decision.

What we need from you

We won't pay a claim unless you meet our claims requirements.

Proof of age
We won't pay any benefit until we receive proof of the *life insured's* age which is satisfactory to us.

Financial and other information
We may also ask you to give us, at your expense, other information we consider necessary to assess the claim. This may include an examination of the *life insured's* financial records and tax returns.

If the *life insured* is self-employed, a working director or a partner in a partnership, we may also examine the accounting records of the business or practice if we consider this necessary.

We may also ask you to keep a record of your daily activities and provide us with this information on a regular basis.

Medical and other examinations
We only pay a benefit if the *life insured* undergoes, at our expense, any medical or other examination we consider necessary. Medical examinations are conducted by a *medical practitioner* of our choice.

If an income protection or Business Overheads Cover claim is on-going, you must at your expense give us regular evidence of the *life insured's* state of health.

We may during a claim also require the *life insured's* authority to obtain further medical information about them.

We're not responsible to see to the application of payments we have made to you or as instructed by you.

Flexi-linking

If *flexi-linking* applies to this policy, the following additional terms and conditions apply to it, depending on whether the policy is the *primary policy* or the *flexi-linked policy*. Whether *flexi-linking* applies and whether this policy is the *primary* or *flexi-linked policy* is shown in your policy schedule.

If this policy is the *flexi-linked policy*

Trauma Cover and TPD Cover
The amount of any *flexi-linked Trauma* Cover applying to a *flexi-linked life insured* under this policy will be reduced by the amount of any *TPD Cover benefit payable* for the *life insured* under the *primary policy*.

If this policy is the *primary policy*

TPD and Trauma Cover
The amount of any *TPD Cover* applying to the *flexi-linked life insured* under this policy will be reduced by the amount of *flexi-linked Trauma Cover* benefit payable for the *life insured* under the *flexi-linked policy*.

Life Care and Trauma Cover
The amount of the *primary Life Care* under this policy will be reduced by the amount of any *flexi-linked Trauma Cover* benefit payable for the *flexi-linked life insured* under the *flexi-linked policy*.

Life Care and Trauma Bonus/Booster benefits
The amount of the *primary Life Care* (including any Life Care Loyalty Bonus benefit and Life Care Severe Hardship Booster benefit) under this policy will be reduced by the amount of any Trauma Cover Loyalty Bonus benefit or Trauma Cover Severe Hardship Booster benefit payable for the *flexi-linked life insured* under the *flexi-linked policy*.

Life Care and TPD Cover
The amount of the *primary Life Care* under this policy will be reduced by the amount of any *flexi-linked TPD Cover* benefit payable for the *flexi-linked life insured* under the *flexi-linked policy*.

Life Care and TPD Bonus/Booster benefits
The amount of the *primary Life Care* (including any Life Care Loyalty Bonus benefit and Life Care Severe Hardship Booster benefit) under this policy will be reduced by the amount of any TPD Cover Loyalty Bonus benefit or TPD Cover Severe Hardship Booster benefit payable for the *flexi-linked life insured* under the *flexi-linked policy*.

Guaranteed Insurability (personal events) and Trauma Cover Buy Back Benefit
The Guaranteed Insurability option (personal events) ceases to apply under this policy for a *flexi-linked life insured* when *flexi-linked Trauma Cover* is reinstated for the life insured under the Trauma Cover Buy Back benefit applying under the *flexi-linked policy.*

General policy conditions

Legal interpretation

The policy is governed by the laws of New South Wales.

Changes in the law

We can immediately change any of the terms and conditions of the policy, including premiums, if there is a material change to the law and as a result:

- it becomes impossible or impractical to carry out our obligations under the policy
- the basis of taxation of us or the policy is changed
- government levies relating to us or the policy are imposed or changed or
- the provisions of the policy would otherwise become inconsistent with the law.

This doesn't apply to the extent it would prevent the policy from being treated as life insurance business under the Life Insurance Act 1995 (or any legislation that replaces it).

We'll notify you of any variation of the policy we make.

Notices

Unless you and we otherwise agree:

- You must give any notices to us in writing.
- Any notice which we give to you must also be given in writing and is effective if it's delivered personally or delivered or posted to the address last known to us.

Policy schedule

The policy schedule contains the individual details of your policy and must be read in conjunction with these policy conditions.

Worldwide cover

Once the policy is issued, it provides cover 24 hours a day, wherever the *life insured* is in the world, subject to any specific exclusions.

Upgrade provision

If we introduce future versions of the policy, we'll upgrade all policies in a group to include the improved terms and conditions within a reasonable time frame, but only if no policy in the group is disadvantaged.

Improved terms and conditions don't apply to any pre-existing conditions when the improvement took place.

General conditions for Continuation options

The continuation options described on pages 27, 32, 41 and 62 can only be exercised on the following basis:

- during the term of this policy, we have received written notice of your intention to convert and the first premium payable under the new policy
- the date of conversion is the first day after the end of this policy
- this policy is in force and all premiums are paid to the date of conversion and
- before the continuation option is exercised, we receive the Confirmation (described on page 77) in the form required by us, if the *life insured's* application to join the Fund in the Protection Category of membership was made electronically via our online application facility.

New policy issued under Continuation options

The new policy issued under the Continuation options:

- will be issued on the *life insured's* life
- will be owned by the *life insured* or a trustee of a superannuation plan holding the policy for the *life insured's* benefit
- may, in the case of a new Total Care Plan policy, contain benefits similar to the *TPD Cover* and Plan Protection option under this policy on the date it's converted, as long as:
  - the benefit applies under this policy
  - the benefit is generally available on the new policy and
  - when aggregated with all similar benefits under any other policy or policies we've issued on the *life insured's* life, the total amount would not exceed the maximum benefit that we accept.
- will provide cover on and from the date of conversion
- will be issued upon and subject to the same privileges, terms and conditions (including exclusions) as similar policies we issue at the date of conversion
- will require payment of a premium calculated according to our premium rates and policy fees applying for the class of policy at the date of conversion
- may include extra premiums and/or special provisions or conditions we consider correspond to those we've applied under this policy.

Transfer of ownership

You can generally transfer the ownership of a policy by completing a Memorandum of Transfer and having it registered by us. However certain requirements may need to be met if transferring ownership to or from a super fund.

Superannuation policies (including SMSFs)

If you hold this policy subject to the trusts of a superannuation fund, you agree to operate the superannuation fund at all times in accordance with the trusts of the fund and in a manner which ensures that it complies with the Superannuation Industry (Supervision) Act 1993.

You also agree to notify us if at any time the policy ceases to be subject to the trusts of the superannuation fund, or the fund ceases to be administered in accordance with its trusts, or it ceases to comply with the Superannuation Industry (Supervision) Act 1993. Should any of these events happen we may terminate the policy and issue a replacement policy, or make any changes to the terms and conditions of the policy as we consider appropriate.

When cover starts and ends

Cover for a *life insured* under the policy starts from the date we confirm in writing.

Cover for the person ends on the first of:

- the *cover expiry date* or, for income protection under Total Care Plan Super, the *income care super cover expiry date* (or, if applicable, the *extended cover expiry date*)
- the date we receive a written request from you to cancel cover
- the date we cancel the cover for non-payment of premium or for any other reason
- the date the policy ends
- the death of the *life insured*.

If the cover is income protection or Business Overheads Cover, it also ends on the first of:

- if the TTD Cover option applies and Business Overheads Cover doesn't apply, the *life insured* suffers *permanent disablement*
- if the Permanent Disablement Cover option applies and Business Overheads Cover doesn't apply, the *life insured* suffers *permanent disablement* and a *Permanent Disablement benefit* is paid
- the *life insured* permanently retires from the workforce, except when this is a direct result of a sickness or injury.

Cooling-off period

From the date we issue this policy you have 28 days to check that it meets your needs. This is known as the cooling-off period. Within this time you may cancel the policy and receive a full refund of any premiums (and charges) paid. If you wish to cancel, we ask that you put your request in writing and send it to us with this document and your policy schedule.

The cancellation of a Total Care Plan Super policy is subject to superannuation laws and the deduction of the applicable tax.

Confirmation of Electronic Application and Personal Statement

If this policy was applied for electronically via our online application facility it terminates at midnight on the termination date unless:

- we receive, on or before the termination date, a Confirmation of Electronic Application and Personal Statement ('the Confirmation') in respect of the application, and
- the Confirmation received by us is in the form, and provided by such person or persons, required by us

where the termination date is 30 days after the *date insured from*.

Cancellation of an existing policy

If it was indicated in the application for this policy that this policy is to replace existing cover that insures the *life insured*, the cover under this policy is conditional on that existing cover being cancelled before the occurrence of an insured event under the existing cover.

Until this cancellation occurs, no cover applies under this policy despite any provision in it to the contrary. If cover under this policy exceeds the existing cover to be replaced, cover only applies under this policy to the extent that it exceeds the existing cover.

Part D. Other things you need to know

This part contains...

Taxation

This section provides general information about taxation implications. As your individual circumstances may be quite different, you should discuss any taxation issues with your tax adviser. All taxation information is based on the continuation of taxation laws and their interpretation that were current at 30 June 2013.

Outside super

Total Care Plan
Generally, premiums for Total Care Plan policies aren't tax deductible but, in most situations, any benefits we pay to the policy owner or their estate aren't subject to personal tax.

In some circumstances it's possible to claim a tax deduction for premiums but benefits paid could be assessable for tax. This could apply if, for example, an employer or business owns the policy and is paying the premiums.

Income protection
You can generally claim the premium for your policy as a tax-deduction against your assessable income. For Income Care/Income Care Plus, this applies whether you're self-employed or employed.

Generally, any Income Care/Income Care Plus benefits (including any super continuance monthly benefit) and Business Overheads Cover benefits are treated as income and taxed accordingly. Special considerations apply to the Cash Back option, Permanent Disablement Cover option, Crisis benefit and super continuance monthly benefit.

Cash Back option
The additional premium for the Cash Back option isn't tax-deductible. When we refund premiums to you under this option, the refund consists of two components:

- a refund of a percentage of premiums paid for the option, which isn't assessable as income and
- the balance of the refund, which is assessable as income and should be included in your income tax return.

Permanent Disablement Cover option
If you select this option, approximately 10% of your premiums won't be tax-deductible. We'll tell you the exact amount of non-deductible premiums in an annual premium statement.

If you receive a lump sum under the option, it won't be treated as income and won't be taxable.

Crisis benefit
If we pay a lump sum Crisis benefit it won't be treated as income and won't be taxable.

Super continuance monthly benefit
The super continuance monthly benefit is paid to your nominated superannuation fund as your personal contribution and should be included in your assessable income and treated by the fund trustee as a non-concessional contribution.

If you satisfy the tests for claiming a tax-deduction for personal superannuation contributions and give the trustee the appropriate notices, you'll receive a deduction for some or all of the super continuance monthly benefit and the trustee will treat the equivalent amount as a taxable contribution.

Inside super (Total Care Plan Super)

Contributions
Whether you can claim a tax deduction for your personal contributions to the Colonial Super Retirement Fund depends on a number of factors, including whether you receive superannuation support from your employer.

All superannuation contributions are tax deductible for those who are eligible to claim the deduction. The Australian Government co-contribution scheme also applies to eligible personal superannuation contributions made by members including those that are self-employed. Contributions can also be made up to age 75.

The Australian Taxation Office (ATO) monitors all superannuation contributions made in relation to members and tests these against the contribution thresholds described below. These thresholds are indexed to Average Weekly Ordinary Time Earnings but only where the adjustment to the relevant contributions cap is at least $5,000.

Concessional contributions
Concessional contributions are taxed at the rate of 15% within the Fund. Contributions to superannuation over $25,000 p.a. (or over $35,000 p.a. if you're aged 60 or above) are also taxed in your hands at 30% plus Medicare levy of 1.5%. The ATO charges this extra tax to you.

Non-concessional contributions
If you're under 65, you're limited to contributions of $150,000 p.a. or $450,000 averaged over three years. If you're over age 65, you won't be able to average your contributions over three years and can only make non-concessional contributions up to $150,000 p.a. subject to satisfying the work test under the 'Superannuation Industry (Supervision) Act 1993 (SIS)'.

The ATO will assess any contributions received above these limits and tax them at the highest marginal rate.

Taxation

Superannuation member benefits (taxable component)

Age	Amount	Superannuation lump sum benefits (inclusive of Medicare Levy)	Superannuation Income Streams
Age 60 and above	Whole component	Not subject to tax	Not subject to tax
Preservation age to 59	First $180,000 (indexed)	0%	Marginal tax rates (MTR) plus Medicare levy of 1.5% less a 15% tax offset.
	Balance over $180,000	16.5%	
Below preservation age	Whole component	21.5%	MTR plus Medicare levy of 1.5% (no tax offset entitlement unless disability superannuation income stream).

Death benefits

Death benefits can be paid as a lump sum or as a pension. The amount of tax payable on any benefit paid as a lump sum on death depends on who receives the benefit. If the lump sum is paid to a dependant (under tax law) there is no tax payable.

A person qualifies as a dependant for tax purposes if they are:

- a spouse, including a former spouse, a person (whether of the same or a different sex) with whom you are living on a genuine domestic basis in a relationship as a couple or a person with whom you are in a relationship registered under state or territory law
- a child (including an adopted child, step child or ex-nuptial child, a child of your spouse or your child within the meaning of the Family Law Act 1975) under age 18
- a person with whom you have an interdependency relationship, or
- a person financially dependent on you.

A child aged 18 or over isn't generally considered a dependant under tax law, unless they are financially dependent. Therefore, lump sum death benefits paid to children aged 18 or over aren't usually tax free.

The division of final benefits into tax-free and taxable (including taxed and untaxed elements) is determined by formulae in the tax legislation which consider individual factors including period of fund membership and age at date of death.

The following tables show the tax treatment for lump sum death benefits.

Superannuation death benefits paid to a dependant

Age of deceased	Type of superannuation death benefit	Age of recipient	Taxation treatment
Any age	Lump sum	Any age	Tax free (refer above)
Age 60 and above	Income stream	Any age	Tax free
Under 60	Income stream	Age 60 and above	Tax free
Under 60	Income stream	Under 60	The Taxable component attracts marginal tax rates plus Medicare levy of 1.5% less a 15% tax offset

Please note that:

- superannuation death benefits can't be paid as an income stream to a non-dependant
- if the person receiving the benefit doesn't provide their tax file number before the payment is made, the ATO charges from the total taxable component withholding tax at the rate of 45% plus Medicare levy of 1.5%
- superannuation death benefits paid to the legal personal representative of a deceased estate aren't subject to Pay As You Go (PAYG) withholding tax.

Terminal medical conditions
Payments made under the superannuation condition of release 'terminal medical condition' are entirely free from income tax.

Total and Permanent Disability (TPD) benefits
A TPD benefit has a 'tax-free' component and a 'taxable' component.

The division of final benefits into tax-free and taxable components is determined by formulae in the tax legislation which consider individual factors including period of fund membership and age at date of disability.

Benefit recipient's age	Treatment of taxable income
Under age 55	Taxed at 20% plus Medicare levy of 1.5%
Age 55 to 59	First $180,000 (indexed) is tax-free Remainder taxed at 15% plus Medicare levy of 1.5%
Age 60+	Tax-free

Please note: Different tax rates may apply if a member hasn't provided his or her Tax File Number.

Income protection benefits
The tax laws treat income protection benefits as salary or wages, so when paying any benefit to you the trustee must deduct tax at PAYG withholding rates from each payment. The Superannuation Pension tax offset doesn't apply to income protection benefits. You will be required to complete a Tax File Number declaration form so the trustee knows how much tax to withhold.

Other taxes and levies
From time to time the federal government may impose additional taxes or levies which the trustee may need to deduct from any superannuation benefit payment.

Risks

There are a number of risks you should be aware of, including:

- the insurance cover you select may not provide the appropriate cover for your needs
- if we don't receive the premiums within 30 days after the due date, we may cancel the policy and decline any claim for an event which arises after the cancellation
- we may vary or may not pay a benefit if you have not complied with your duty of disclosure
- if you apply for a policy electronically via our online application facility and we don't receive the Confirmation of Electronic Application and Personal Statement in the time required, your policy automatically ends and you won't be covered for future events
- if the first premium under a Total Care Plan Super policy is being paid from moneys transferred or rolled over from another superannuation plan and we don't receive the premium in full within 30 days of the start of the policy, the policy automatically ends and you won't be covered for future events
- you need to satisfy a condition of release under superannuation law to access any benefits under Total Care Plan Super.

Your duty of disclosure

Before you enter into (i.e. policy owner), or become insured (i.e. life insured) under, a contract of life insurance with an insurer you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the insurer every matter that you know, or could reasonably be expected to know, 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 your insurance.

Your duty, however, doesn't 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 wouldn't have covered you on any terms if the failure had not occurred, the insurer may avoid the cover within three years of issuing it. If your non-disclosure is fraudulent, the insurer may avoid the cover at any time.

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

Changes and enquiries

How do you ask us to make changes?

It's really important you tell us if your personal details change, especially your mailing address. If you need to change your personal details please ensure you notify us by contacting us on **13 1056** between 8am and 8pm (Sydney time), Monday to Friday. If you don't you risk missing important updates about your application or cover.

You may also want to increase your level of insurance protection to reflect changing circumstances. Please speak to your financial adviser or phone one of our Customer Service Consultants.

Enquiries

You must be provided with any information you reasonably require to understand your benefits.

For further information about CommInsure Protection or an explanation of your benefits or if you have any other enquiries please contact one of our Customer Service Consultants on **13 1056** between 8am and 8pm (Sydney time), Monday to Friday.

What to do if you have a complaint

Most problems can be resolved quickly and simply by talking with us. You can call one of our Customer Service Consultants on **13 1056** between 8 am and 8 pm (Sydney time), Monday to Friday, to get help resolving your problem.

If you wish, you may also lodge your complaint in writing.

Please send your written complaint to:

Complaints Manager
Customer Relations
Commonwealth Bank Group
Reply Paid 41
Sydney NSW 2001

Please mark your letter 'Notice of Complaint'.

When you make a complaint we will:

- acknowledge your complaint and make sure we understand the issues
- investigate the cause of your concern
- do everything we can to fix the problem
- respond to you as quickly as possible
- keep you informed of our progress if the matter can't be resolved quickly
- keep a record of your 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 for non-superannuation products and 90 days for superannuation products.

If we're unable to provide a final response to your complaint within the relevant period, we'll:

- inform you of the reasons for the delay;
- advise of your right to complain to the relevant external dispute body and
- provide you with the contact details for the relevant external complaints body.

If you're not satisfied with the handling of your complaint or the decision, you may have the right to lodge a complaint with the Superannuation Complaints Tribunal (SCT) for superannuation products or the Financial Ombudsman Service Limited (FOS) for non-superannuation products.

External dispute resolution

Superannuation Complaints Tribunal (SCT)
The SCT is a Commonwealth body that deals with complaints about superannuation. If you're not satisfied with our handling of your complaint or our decision, you may have the right to lodge a complaint with the SCT.

Before the SCT has jurisdiction to deal with the matter, it must be satisfied that the complaint was referred to an appropriate person under the Fund's internal enquiries and complaints arrangements. The SCT can't deal with your complaint until you have made reasonable efforts to have the complaint resolved by the Fund. If, after you've made a complaint to the Fund, you're not satisfied with the response, or don't receive a response, within 90 days, you can then lodge a complaint with the SCT.

The SCT can't deal with certain matters, for example decisions that relate to the management of the Fund as a whole, such as investment performance, the level of fees and charges or employer decisions. If the SCT accepts the complaint, it will attempt to resolve the matter through conciliation. If a complaint can't be resolved by conciliation and hasn't been withdrawn by the SCT, it proceeds to review.

This means the SCT will consider submissions and make a decision to work out the outcome of the complaint. To contact the SCT, you can telephone **1300 884 114** between 9 am and 5 pm (Sydney time), Monday to Friday from anywhere in Australia. Alternatively, visit their website at **www.sct.gov.au**.

Financial Ombudsman Service Limited (FOS)
If you're not happy with the response we provide to a complaint about a non-superannuation product, you may 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. FOS will advise you of any complaints it can't consider when you contact it.

You can contact FOS on **1300 780 808**, or by writing to

Financial Ombudsman Service
GPO Box 3
Melbourne, VIC 3001

or online at **www.fos.org.au.**

Privacy of personal information

Collection and verification of customer information

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

The law requires us to identify our customers. We do this by collecting and verifying information about you. We may also collect and verify information about persons who act on your behalf. The collection and verification of information helps to protect against identity theft, money-laundering and other illegal activities.

We use your customer information to manage our relationship with you, provide you with the products and services you request and also tell you about the products and services offered by the Commonwealth Bank Group (Group), affiliated providers and external providers for whom we act as agent. If you've given us your electronic contact details, we may provide marketing information to you electronically.

The collection and verification of customer information may be carried out in different ways and we will advise you of the most acceptable methods of doing 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've given is accurate.

We may collect and verify your full name, date of birth and residential address. If you're commonly known by two or more different names, you must give us full details of your other name or names.

Also, during your relationship with us we may also seek and collect further information about you and about your dealings with us.

You must provide us with accurate and complete information. If you don't, 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 Group (including overseas members), so that the Group may have an integrated view of its customers and facilitate the integrated treatment of its customers. It also enables other members of the Group to provide you with information on their products and services.

Other disclosures

So that we can manage our relationships, customer information may be disclosed to:

- your employer (if any, to the extent required to assist your employer to meet their obligations);
- brokers and agents who refer your business to us;
- any person acting on your behalf, including your financial advisor, solicitor, settlement agent, accountant, executor, administrator, trustee, guardian or attorney;
- medical practitioners (to verify or clarify, if necessary, any health information you may provide), claims investigators and reinsurers (so that any claim you make can be assessed and managed), insurance reference agencies (where we're considering whether to accept a proposal of insurance from you and, if so, on what terms);
- organisations to whom we may outsource certain functions.

In all circumstances where our contractors, agents and outsourced service providers become aware of customer information, confidentiality arrangements apply. Customer information may only be used by our agents, contractors and outsourced service providers for our purposes.

We may be required to disclose customer information by law, e.g. under Court Orders or Statutory Notices pursuant to taxation or social security laws or under laws relating to sanctions, anti-money laundering or counter terrorism financing.

The Group may send customer information overseas if:

- that is necessary to complete a transaction; or
- the Group outsources certain functions overseas.

The Group may also be permitted, as distinct from required, to disclose information in other circumstances.

Privacy of personal information

Access to your personal information

The law allows you (subject to permitted exceptions) to access your personal information. You can do this by contacting the Group as follows:

Email: CustomerRelations@cba.com.au
Phone: 1800 805 605*

Write to: Customer Relations Commonwealth Bank
Reply Paid 41
Sydney NSW 2001

The Group may charge you for providing access to your personal information.

* A free call unless made from a mobile phone, which will be charged at the applicable mobile rate.

Need more information?

For further information on the Group's privacy and information handling practices, please refer to the Group's Privacy Policy, which is available at **commbank.com.au** upon request or at any Commonwealth Bank branch.

Changes to this PDS

The information in this PDS is up to date as at the issue date stated on the front cover of the PDS but is subject to change from time to time. Where a change of information isn't materially adverse, a new PDS or supplementary PDS may not be issued with the updated information.

Instead, you'll be able to find the updated information on the CommInsure web site **comminsure.com.au/downloads.aspx** or you can call **13 1056** between 8 am and 8 pm (Sydney time) Monday to Friday. If you request a paper copy of the information, we will send it to you free of charge.

Responsible investment

CommInsure is a signatory to the United Nations Principles for Responsible Investment and aims to be a responsible investor by considering environmental, social and corporate governance (ESG) factors in the investment decision making process. CommInsure believes that the consideration of ESG factors or risks into investment decisions enhances long-term fund performance. Policyholder premiums are invested by CommInsure to pay out future claims.

Part E. Insurance inside super

This part contains...

Differences in the insurance we offer inside super

When you take out Total Care Plan Super, including income protection, you become a member of the Protection category of the public offer superannuation fund known as the Colonial Super Retirement Fund (Fund).

The trustee of the Fund buys the insurance policy from CommInsure on your behalf and pays the premiums from the super contributions made to the Fund by or for you.

The Protection category of the Fund provides insurance cover only and has no savings component.

The benefits and features of our super policy differ from our non-super policies in some very important ways. It's important you understand these differences.

Total Care Plan Super

Two of the major differences between Total Care Plan and Total Care Plan Super are:

- Total Care Plan Super gives you the option to include income protection which provides many of the features of our Income Care product – in short, you can have life, TPD and income protection cover all under the one Total Care Plan Super policy
- Total Care Plan Super doesn't include Trauma Cover. If Trauma Cover is important to you, you'll need to consider cover outside of super.

Other differences
The following Total Care Plan benefits aren't available in Total Care Plan Super:

- Advance Payment benefit (see page 20)
- Financial Planning benefit (see page 20)
- Accommodation benefit (see page 20)
- TPD Cover benefits for *partial and permanent disability* (see page 29).

Also, these optional extras aren't available in Total Care Plan Super:

- Child Cover (see page 39)
- Guaranteed Insurability (personal events) (see page 22)
- Guaranteed Insurability (business events) (see page 24)
- Business Safe Cover (see page 24).

Income protection

Some of the differences between income protection under Total Care Plan Super and Income Care are as follows:

Death benefit
Total Care Plan Super includes a $10,000 lump sum Death benefit.

Business Overheads Cover
Business Overheads Cover isn't available in Total Care Plan Super.

Other differences
The following features aren't available in Total Care Plan Super:

- Medical Professionals benefit (see page 48)
- Rehabilitation benefit (see page 49)
- Unemployment Cover benefit (see page 50).

Also, these optional extras aren't available in Total Care Plan Super:

- Total and Temporary Disability Cover option (see page 57)
- Super Continuance option (see page 58)
- Cash Back option (see page 58).

Income Care Plus
Income Care Plus isn't available within Total Care Plan Super. So, the extra features only in Income Care Plus aren't available in Total Care Plan Super either.

Summary of Life Care and TPD differences in and out of super

	Outside super		Inside super	
Benefit…	**Life**	**TPD**	**Life**	**TPD**
Death benefit	✓	✓*	✓	
Terminal Illness benefit	✓		✓	
TPD benefit		✓		✓
Advance Payment benefit	✓			
Severe Hardship Booster benefit	✓	✓	✓	✓
Buy Back benefit	✓		✓	
Financial Planning benefit	✓	✓		
Accommodation benefit	✓	✓		
Loyalty Bonus benefit	✓	✓	✓	✓

* Stand-alone TPD policies only.

Features

	Outside super		Inside super	
Benefit…	Life	TPD	Life	TPD
Indexation	✓	✓	✓	✓
Interim Accident Cover	✓	✓	✓	✓
Continuation option			✓	✓
Option to convert		✓*		
Nominating beneficiaries	✓		✓	

* Stand-alone TPD policies only.

Optional extras

	Outside super		Inside super	
Benefit…	Life	TPD	Life	TPD
Child Cover	✓			
Guaranteed Insurability (personal events)	✓			
Guaranteed Insurability (business events)	✓	✓		
Business Safe Cover	✓	✓		
Accidental Death Cover	✓		✓	
Plan Protection	✓		✓	

Summary of Income Care and Essential Cover differences in and out of super

	Outside super		Inside super
Benefit…	Income Care/ Income Care Plus	Essential Cover	Income protection inside super
Total Disability benefit	✓	✓	✓
Partial Disability benefit	✓	✓	✓
Recurrent Disability benefit	✓	✓	✓
Death benefit	✓*		✓
Medical Professionals benefit	✓	✓	
Reward Cover benefit	✓	✓	✓
Rehabilitation benefit	✓	✓	
Unemployment Cover benefit	✓	✓	

* The Death benefit isn't included in Income Care.

Optional extras

	Outside super		Inside super
Benefit…	Income Care/ Income Care Plus	Essential Cover	Income protection inside super
Permanent Disablement Cover option	✓	✓	✓
TTD Cover option	✓	✓	
Premium Saver option	✓		✓
Increasing Claim option	✓	✓	✓
Accident option	✓	✓	✓
Super Continuance option	✓	✓	
Cash Back option	✓	✓	

Paying your premiums

When you take cover inside super, you are, in effect, making superannuation contributions so the insurance premiums can be paid for you by the Fund trustee. To contribute to superannuation, you must be eligible to do so.

Generally, the trustee can only accept contributions to the Fund in the following circumstances:

If you are:	the trustee can accept:
under 65 years	• compulsory employer contributions (i.e. superannuation guarantee, award) and • other employer or personal contributions
65 years to under 70 years	• compulsory employer contributions (i.e. superannuation guarantee, award) and • other employer or personal contributions if you're gainfully employed for at least 40 hours in a period of not more than 30 consecutive days in the financial year in which the contributions were made.
70 years to under 75 years	• compulsory employer contributions (i.e. award) and • other employer or personal contributions you made if you are gainfully employed for at least 40 hours in a period of not more than 30 consecutive days in the financial year in which the contributions were made.
75 years and over	• compulsory employer contributions (i.e. award).

Transfers from a complying super fund

You can use transfers or rollovers from selected complying super funds to pay your premiums.

To do this you'll need to complete an authorisation form which allows us to act on your behalf to transfer money from the other super fund. You can only use transfers or rollovers to pay premiums annually and we only accept rollovers from a taxed source.

We're only authorised to request from your super fund the amount required to pay the annual premium due and no more. The authorisation form is a standing order that applies to the first and all subsequent transfers, until you withdraw it in writing and nominate another method of payment or cancel your cover.

For information about which super funds we'll accept transfers from, contact our Customer Service Consultants on **13 1056** between 8 am and 8 pm (Sydney time), Monday to Friday.

Renewal reward

If you pay your annual premium with money rolled over or transferred from a complying super fund as described above, a 15% renewal reward applies.

The calculation of the reward is based on 15% of the annual premium paid in the previous year with a rollover or transfer (and any renewal reward applied in that previous year).

The renewal reward is applied to the premium due on the next premium due date, reducing the amount you need to pay.

For example, if:

- you paid a total annual premium of $1,000 for the first policy year using a rollover and
- the total annual premium for the second policy year is $1,500

we apply a $150 reward (i.e. 15% of $1,000).

We apply the renewal reward to your next premium, meaning that we only require a rollover of $1,350.

If you had paid only $600 of the first policy year's annual premium using a rollover, then the renewal reward would be $90 (i.e. 15% of $600).

If you don't pay the balance of the premium for the following year as an annual amount on the premium due date, the renewal reward doesn't apply. It has no cash value and won't be carried forward.

The renewal reward can be withdrawn or changed by us at any time.

Refunds

If you've taken your insurance under Total Care Plan Super and your cover ends, any premiums we refund are subject to superannuation law and taxation. After deducting applicable taxes, we transfer premium refunds to a superannuation fund of your choice or the SuperTrace Eligible Rollover Fund.

Restrictions on access to benefits

If we pay a claim, we pay the benefit to the trustee of the Fund (who is the policy owner).

Interest accrues on insurance benefits from the date liability is admitted under the policy to the date the trustee pays the benefit or transfers it from the Fund. The rate of interest is that provided for under the Insurance Contracts Act.

The benefit remains preserved in the Fund until the trustee can pay it under the Fund's trust deed and superannuation law. This requires you to meet a condition of release as follows.

Releasing terminal illness benefits – terminal medical condition

The trustee can release terminal illness benefits if you have a terminal medical condition.

You have a terminal medical condition if two medical practitioners (either jointly or separately) certify that you're suffering from an illness, or have incurred an injury, that is likely to result in your death within 12 months after the date of certification.

At least one of the medical practitioners must be a specialist practising in an area related to the illness or injury suffered by you.

The terminal medical condition certificate is valid for 12 months from the date of certification.

Releasing TPD benefits – permanent incapacity

The trustee can release TPD benefits if you're permanently incapacitated.

You're permanently incapacitated if the trustee is reasonably satisfied that due to ill-health, whether physical or mental, you're unlikely to engage in gainful employment for which you're reasonably qualified by education, training or experience.

Releasing income protection benefits – temporary incapacity

For the trustee to release income protection benefits:

- you must be temporarily incapacitated i.e. you must have ceased to be gainfully employed due to ill health, whether physical or mental (without being permanently incapacitated)
- the benefits must be to continue all or part of the gain or reward you were receiving before you became incapacitated and
- you must remain incapable of engaging in the kind of employment you engaged in immediately before your incapacity.

If the income you were receiving before you became disabled is less than the income protection benefit payable under the policy, the trustee can only pay you the benefit up to the amount of your pre-disability income. The remaining insurance benefit stays in the superannuation environment.

Transferring restricted benefits

If the trustee can't release a benefit from the Fund you have the option to transfer the benefit to another complying superannuation arrangement of your choice.

If you don't transfer the benefit within 45 days of the trustee asking you to do so, the trustee will transfer the benefit to SuperTrace Eligible Rollover Fund ABN 73 703 878 235 (SuperTrace). See page 96 for information about SuperTrace.

Other conditions of release

If you can't withdraw your benefits because you don't meet one of the conditions of release described above, you normally won't be able to receive your benefits until you either reach age 65 or reach your preservation age and permanently retire.

This table shows preservation ages as determined by your date of birth:

Date of birth	Preservation age
Before 1 July 1960	55
1 July 1960 to 30 June 1961	56
1 July 1961 to 30 June 1962	57
1 July 1962 to 30 June 1963	58
1 July 1963 to 30 June 1964	59
1 July 1964 or after	60

You can withdraw preserved money in other limited circumstances, including:

- you've reached age 60 and an arrangement under which you were gainfully employed has come to an end
- you die
- the trustee believes you satisfy the severe financial hardship criteria after meeting a number of regulatory requirements
- the Department of Human Services approves payment on specified compassionate grounds
- other circumstances as approved by the Australian Prudential Regulation Authority (APRA).

You can transfer preserved amounts to another complying superannuation arrangement which will continue to preserve these amounts.

Conditions of release for temporary residents

If you're or were a temporary resident, you can withdraw preserved benefits if:

- you were a temporary resident who has left Australia, your visa has expired and you're not a New Zealand citizen
- you die
- you've become permanently incapacitated
- you suffer from a terminal medical condition.

Nominating beneficiaries

Releasing death benefits

If a benefit is paid to the trustee on your death under a Total Care Plan Super policy, the trustee can pay the benefit as a lump sum or as a pension.

Who receives the benefit and how they receive it depends on whether you've nominated a beneficiary and, if so, the nomination you've made.

You can make a binding or non-binding nomination of a beneficiary.

Non-binding nomination
If you make a non-binding nomination, the trustee will consider your nomination but doesn't have to pay the death benefit as you nominated.

Under a non-binding nomination, the trustee has an overriding discretion to pay the death benefit as it considers appropriate, which could be to your dependants (as defined in the Fund's trust deed) or legal personal representative or a combination of both.

If you want to make a non-binding nomination, either:

- complete and forward to the trustee the 'Non-binding nomination' section of the application form which accompanies this PDS, or
- if you're applying for Total Care Plan Super electronically through our online application facility, complete, sign and forward to the trustee the Nomination of Beneficiary form provided for this purpose.

You can nominate the dependants who you would like to receive any death benefit paid or you can choose your legal personal representative or a combination of your dependants and your legal personal representative. Any nomination you make this way isn't binding on the trustee.

The people you nominate as beneficiaries must be dependants in terms of the Fund's trust deed. It's important you keep any nomination up-to-date if your personal circumstances change.

You can change your nomination at any time and the trustee will rely on the information you provide for the identity, age and existence of your dependants.

If you have a non-binding nomination in place and you then make a valid binding nomination, your binding nomination automatically supersedes your non-binding nomination.

Binding nomination
If you make a valid binding nomination, the trustee must pay the death benefit to those you nominate. A binding nomination gives you greater certainty than a non-binding nomination about who will receive your benefit when you die.

A binding nomination involves certain formalities and, to make a valid nomination, you must comply with the following requirements:

- your nomination must be in writing
- your nominee must be either your dependant (as defined in the Fund's trust deed) or your legal personal representative
- you must clearly specify the full name, address, date of birth and relationship of your nominee
- you must clearly specify the percentage of the total death benefit which is to be paid to each nominee and the percentages you specify must total 100%
- you must sign and date your nomination in the presence of two witnesses aged 18 and over who aren't nominees
- your nomination must contain a declaration signed and dated by the witnesses stating that they were in your presence when you signed your nomination
- your nomination must be less than three years old when you die and
- your nomination must be given to the trustee.

If you want to make a binding nomination, either:

- complete and forward to the trustee the 'Binding nomination' section of the application form which accompanies this PDS or
- if you're applying for Total Care Plan Super electronically through our online application facility, complete, sign, have witnessed and forward to the trustee the Nomination of Beneficiary form provided for this purpose.

Renewing your binding nomination every three years

For your binding nomination to remain valid, you must renew or update it at least once every three years.

To help you do this, the trustee will send you a form every year with your annual statement and just before the expiry of your most recent nomination. Alternatively, you can obtain a form at any time by calling one of our Customer Service Consultants (details are on the inside back cover of this PDS) or speaking to your financial adviser.

It's important to keep your binding nomination up-to-date as your personal circumstances change.

Cancelling a binding nomination

You can cancel your binding nomination at any time. One of our Customer Service Consultants or your financial adviser can help you with this.

If you want to make a non-binding nomination in place of your binding nomination, you must first cancel your binding nomination. If you don't do this, your new non-binding nomination will be ineffective.

If, on the other hand, you have a non-binding nomination in place and you then make a valid binding nomination, your binding nomination automatically supersedes your non-binding nomination.

If your binding nomination is invalid

If your binding nomination is invalid for any reason when you die, the trustee will pay the death benefit under 'The default option' explained on page 93.

Examples of situations where your nomination will be invalid include:

- if you fail to meet the requirements for making the nomination

- your binding nomination has expired and you haven't renewed it
- any of your nominees are already dead or are no longer your dependant.

Choosing the form of death benefit payment
If you make a binding or non-binding death benefit nomination, you can also nominate the way in which you want your death benefit paid to your dependants – as a lump sum, a pension or both.

If you do this, the trustee will consider your nomination but isn't bound by it. The Trustee will also take into consideration requests from the beneficiary. The trustee has an overriding discretion to pay the death benefit in the way it decides, which could be as a lump sum or pension or both. If the trustee pays the death benefit to your legal personal representative, it must be paid as a lump sum.

You can change or cancel your nomination at any time.

Paying a pension

If the trustee pays your death benefit as a pension, it's paid from a pension product within the Colonial Super Retirement Fund. The fees and charges for that pension product will apply to the pension paid.

Details of the pension are provided when the pension starts, but you can obtain a copy of the PDS by calling one of our Customer Service Consultants on **1800 552 660**.

If more than one person is to receive pension payments, the trustee provides a separate pension for each person.

Paying Death Benefits to Children

If you nominate your child as a recipient of your death benefit, by law we can only pay a benefit to your child as a pension if they:

- are under age 18
- are under age 25 and financially dependent on you or
- have a certain type of disability.

If your child's circumstances change and they no longer meet these requirements, the trustee must pay your benefit to them as a lump sum.

If you want pension payments made to a minor child, you must tell the trustee how to make the payments. They can be paid to a bank account held in trust for the minor child.

You must also tell the trustee the name of the person who will hold the account in trust for the minor child.

If the trustee can't pay the pension to a minor child in the normal way for any reason, it will make the payments to a trustee (such as the Public Trustee) in trust for the minor child.

Electronic applications
If you're applying for Total Care Plan Super electronically through our online application facility and you want to make a binding or non-binding nomination, it's not enough to simply complete the details of the nomination via the online application facility. You will also need to complete a written application.

For a valid nomination to be established, two things must happen:

- the trustee must receive, at its principal office of administration, a Nomination of Beneficiary form completed and signed by you (in the presence of two witnesses for a binding nomination) and
- you must receive formal confirmation that the trustee has accepted your nomination.

The default option
The trustee will pay your death benefit to your dependants (as defined in the Fund's trust deed) and/or your legal personal representative if you:

- made a non-binding nomination
- made a binding nomination that is invalid when you die or
- didn't make a nomination at all.

In these circumstances the trustee decides who to pay the benefit to.

Your legal personal representative is the executor or administrator of your estate.

Your dependants
Under the trust deed of the Fund, a dependant includes:

- a spouse, including a person (whether of the same or a different sex) with whom you are living on a genuine domestic basis in a relationship as a couple and a person with whom you are in a relationship registered under state or territory law
- a child of any age (including an adopted child, step child or an ex-nuptial child, a child of your spouse and your child within the meaning of the Family Law Act 1975)
- a person financially dependent on you
- a person with whom you have an interdependency relationship.

An interdependency relationship
Under superannuation law, an 'interdependency relationship' exists where two people (whether or not related by family) meet all of the following:

- they have a close personal relationship
- they live together
- one or each of them provides the other with financial support and
- one or each of them provides the other with domestic support and personal care.

There may also be an interdependency relationship where two people have a close personal relationship and either or both of them suffer from a physical, intellectual or psychiatric disability. In this situation, they don't have to be living together and there is no requirement for financial or domestic support.

Continuation option

If you have cover under Total Care Plan Super, you can replace it with cover outside of super without having to give us evidence of your state of health. Please refer to pages 27.

If you want to take up this option please contact your financial adviser or one of our Customer Service Consultants on **13 1056** between 8 am and 8 pm (Sydney time), Monday to Friday.

Information we send you

After your application for Total Care Plan Super is accepted, you'll be sent a policy schedule setting out the cover which applies to you. You should read this carefully together with the Total Care Plan Super policy terms and conditions in this document.

If there are any changes to your cover that are materially adverse to you, the trustee will notify you of the change in writing.

While your cover is in force, you'll be kept regularly informed about your cover.

As at 30 June each year we'll send you:

- an annual statement which shows full details of the insurance cover under the policy and any changes to contributions (premiums) and fees and charges
- with your annual statement, a form allowing you to renew or update your binding death benefit nomination.

An annual report to members will also be made available to you which provides information on the management of the Fund.

Providing your Tax File Number (TFN)

Under the Superannuation Industry (Supervision) Act (SIS) the Fund is authorised to collect your TFN and to use it for lawful purposes. These purposes may change due to legislative change.

The lawful purposes for which your TFN can be used are as follows:

- the Trustee can validate your TFN by means of an electronic validation service provided by the ATO for the purpose of ensuring the information we have about you on our record is accurate and up to date
- the ATO can give your TFN to the Trustee if:
  - you haven't quoted your TFN to the Trustee but you have provided your TFN to other providers previously or
  - the TFN you provide to the Trustee doesn't match the records the ATO holds for you. Where this occurs, the Trustee is required to update the record it holds for you unless you have instructed it not to record your TFN
- your TFN can be communicated to the other fund when you request a roll over, unless you have provided your written instruction to the contrary.

While it's not an offence to withhold your TFN, providing it to the trustee has the following advantages:

- tax on contributions won't increase
- other than the tax that ordinarily applies, no additional tax will be deducted when you draw down your super benefits
- it will be easier to trace all your different super accounts so you receive all your super benefits when you retire.

Another advantage is that the Fund can accept all types of contributions that can be made. This is important for Total Care Plan Super for the reasons explained below.

Under superannuation law the trustee can't accept member contributions unless it has your TFN. Member contributions include all personal contributions you make and contributions made by any person on your behalf other than your employer.

If an employer makes a contribution for you and the trustee doesn't have your TFN, the trustee won't be able to arrange insurance cover for you because, after deducting extra tax from the contribution, the contribution won't be enough to pay the premium.

If the trustee doesn't have your TFN, it will hold any contribution received for 30 days to give you or your employer the opportunity to provide your TFN. If the TFN isn't received within the 30 days, the contribution will be refunded to the person who paid it.

The trustee

The trustee is the holder of a Registrable Superannuation Entity (RSE) Licence under the Superannuation Industry (Supervision) Act 1993 (SIS). Your membership of the Fund is governed by SIS.

As a member of the Commonwealth Bank Group, the trustee is covered under the Group's 'Directors and Officers' indemnity and 'Professional' indemnity insurance policies. These policies maintain adequate cover to protect the interests of members.

The trustee is responsible for holding the Fund's assets and looking after your rights. The trustee must act according to the rules of the Fund as set out in the trust deed, general law and in compliance with SIS.

The rules governing the Fund are in the trust deed, which sets out the rights and obligations of the trustee and the members. You can request a copy of the Fund's trust deed and Risk Management Strategy by writing to one of our Customer Service Consultants.

The trust deed may be changed at any time, but any changes that may adversely affect you can generally only be made if:

- permitted by SIS or
- all affected members agree to the change.

We'll advise you if a change is made to the trust deed that affects you.

Eligible Rollover Fund

The trustee has selected the SuperTrace Eligible Rollover Fund (SuperTrace) as the fund to which the Fund member benefits may be transferred in certain circumstances.

Any member benefits may be transferred if:

- the trustee loses contact with you
- where required, you don't elect to transfer your benefits to another superannuation fund.

SuperTrace is part of the Commonwealth Bank Group's range of products and is administered by CMLA. The trustee of SuperTrace is Colonial Mutual Superannuation Pty Ltd.

If you are transferred to SuperTrace, you cease to be a member of the Fund and become a member of SuperTrace and subject to SuperTrace's governing rules. You may be eligible to use a 'Continuation Option' to continue your insurance cover (see page 27).

Please note that SuperTrace:

- has a different fee structure (see the SuperTrace PDS for more details)
- has a low-risk investment approach, so you will need to consider whether this is appropriate to your circumstances when you transfer to SuperTrace and
- doesn't offer death or disability cover.

Contact details for SuperTrace
If you would like a copy of the SuperTrace PDS please contact a Customer Service Representative at:

SuperTrace

Locked Bag 5429

Parramatta NSW 2124
Phone: 1300 788 750
Facsimile: 1300 700 353

Alternatively you may view the SuperTrace PDS at supertrace.com.au

Family Law

Family law legislation allows for the division of superannuation of married and de facto (including same-sex) couples that have divorced or separated. This legislation doesn't extend to terminating de-facto or same-sex relationships in Western Australia. The legislation allows the following key family law processes to occur in relation to your super.

Information request

This is a written request for information about your super and is used to work out the value of the superannuation asset. This request may be made by you, your spouse (including a de facto spouse) or a person intending to enter a superannuation agreement with you (such as a pre-nuptial agreement).

The response to an information request will only be issued to the person making the request. If a request is received from your spouse or intending spouse, the legislation states that you must not be informed of the request.

Payment flag

A payment flag may be placed on your superannuation through an agreement by you and your spouse or through a court order. The presence of this flag requires the trustee to prevent certain types of withdrawals being made from your superannuation.

Splitting instructions
Splitting instructions specify how your superannuation is to be divided. This may be expressed as a dollar amount or as a percentage. These splitting instructions may be made in the form of a superannuation agreement between you and your spouse or by court order. In both cases, valid instructions are binding on the trustee.

The trustee can take action to separate your spouse's entitlement from your superannuation entitlement after receiving valid splitting instructions.

The trustee will ask your spouse where to send their entitlement. If the spouse doesn't provide instructions within a specified time frame, their entitlement will be transferred to SuperTrace.

The provisions of the family law legislation allow for the charging of reasonable fees for the administration of family law transactions. We don't currently charge fees but we will notify you if we decide to introduce them in the future.

For full details about the effect of family law on your superannuation, please contact your financial adviser or call **1300 730 324** between 9 am and 5 pm (Sydney time), Monday to Friday.

Anti-Money Laundering and Counter-Terrorism Financing laws

These laws establish a regulatory regime to combat money laundering and the financing of terrorism. They impose significant obligations on the trustee who is required to comply with these laws, including the need to establish your identity (and if relevant, the identity of a beneficiary and other persons associated with your membership).

The trustee may from time to time ask for information to help with this process. The trustee will notify you if it needs to establish your identity or needs more information.

The trustee may be required to report information about you to the relevant authorities and may not be able to tell you when this occurs. The trustee may not be able to transact with you or other persons. This may include delaying, blocking, freezing or refusing to process a transaction. This may have an impact on your benefit and could result in a loss of that benefit.

Definitions

This part contains...

General definitions

This term…	means…
accident	An *injury*.
annual premium	This is shown in the policy schedule and includes the policy fee.
cover expiry date	The date (if any) shown as such in the policy schedule.
date insured from	The date shown as such in the policy schedule.
day one condition	A condition which is *cardiomyopathy, primary pulmonary hypertension, major head trauma, motor neurone disease, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia, hemiplegia, diplegia, tetraplegia, dementia and Alzheimer's disease, Parkinson's disease, blindness, loss of speech, loss of hearing, chronic lung disease* or *severe rheumatoid arthritis*.
domestic duties	All of the following duties: • cleaning the usual place of dwelling • purchasing household food and items used for cleaning • preparing meals for the household • performing for the household laundry services such as washing or ironing • driving or transporting family to and from school, sport, work or social events (where applicable) • taking care of a child or family member dependents (where applicable).
immediate family member	Includes a *spouse*, parent, parent-in-law, sibling and a child.
injury	An accidental bodily injury occurring while this policy is in force.
life insured	The person shown as such in the policy schedule.
medical authority	The registered authority, board, association or body that has the power to authorise or license a person to practise as a medical practitioner in the relevant Australian state or territory.
medical practitioner	A person who is all of the following: • the person isn't you, the *life insured* or an *immediate family member* or business partner of you or the *life insured* • the person is a legally qualified medical practitioner whose credentials have been formally accepted by the *medical authority* of the Australian state or territory in which they practise • the person is registered by the *medical authority* to carry out the duties of a medical practitioner according to the authority's rules.
policy anniversary date	Each anniversary of the *date insured from*.
premium due date(s)	The *date insured from* and each *policy anniversary date*. If we accept the payment of premiums in monthly, quarterly or half-yearly instalments, each date an instalment is due is a premium due date.
sickness	An illness or disease that becomes apparent while the policy is in force.
spouse	A spouse of a person includes: • another person (whether of the same or a different sex) with whom the person is in a relationship that is registered under a law of a State or Territory prescribed for the purposes of section 22B of the Acts Interpretation Act 1901 (Cth) as a kind of relationship prescribed for the purposes of that section and • another person who, although not legally married to the person, lives with the person on a genuine domestic basis in a relationship as a couple.

Life insurance (lump sum) definitions

This term…	means…
Accidental Death Cover/ Accidental Death Cover benefit	Accidental Death Cover is the cover provided under the Accidental Death Cover option. The amount of the cover is that shown in the policy schedule as increased or decreased under the policy. This amount is the Accidental Death Cover benefit we pay.
automatic indexation	The indexation of cover under the policy as explained on page 21.
change in employment	Includes a change in employment while the *life insured* remains employed by the same employer, but does not include a change in employment while the *life insured* remains self-employed or if the change involves a change to self-employment. For this purpose, self-employed and self-employment includes: • employment by the *life insured's* own company • employment by an *immediate family member* of the *life insured* • employment by a company owned by one or more *immediate family members* of the *life insured* • employment by a trust whose beneficiaries are *immediate family members* of the *life insured* • employment by another *life insured* under the policy.
Child Cover/Child Cover benefit	The cover applying to an *insured child* under the Child Cover option. The amount of the cover is that shown in the policy schedule as increased or decreased under the policy. This amount is the Child Cover benefit we pay. For Partial Child Cover conditions we pay a part of the Child Cover benefit (a Partial Child Cover benefit) as explained on page 39.
child cover expiry date	The *policy anniversary date* before the *insured child's* 18th birthday.
de facto relationship	The *life insured*, although not legally married to a person, lives with the person on a genuine domestic basis in a relationship as a couple.
insured child	The person shown in the policy schedule as the *life insured* with the Child Cover option.
flexi-linked life insured	The *life insured* to whom *primary Life Care* applies under the *primary policy* and *flexi-linked rider cover* applies under the *flexi-linked policy*. The *Life Care* for this *life insured* is shown as 'Flexi-linked' in the policy schedule. For *flexi-linking* to apply, the *primary Life Care* and *flexi-linked rider cover* must apply to the same *life insured*.
flexi-linked policy	The Total Care Plan policy shown as the 'flexi-linked policy' in the policy schedule. The flexi-linked policy provides the *flexi-linked rider cover.*
flexi-linked rider cover	*Flexi-linked Trauma Cover* or *flexi-linked TPD Cover* or both, as the context requires.
flexi-linked TPD Cover	*TPD Cover* applying to the *flexi-linked life insured* under the *flexi-linked policy*, being cover to which *flexi-linking applies*. *Flexi-linked TPD Cover* includes a benefit payable for *partial and permanent disability*, the TPD Cover Severe Hardship Booster benefit and the TPD Cover Loyalty Bonus benefit under the *flexi-linked policy.*

This term…	means…
flexi-linked Trauma Cover	*Trauma Cover* applying to the *flexi-linked life insured* under the *flexi-linked policy*, being cover to which *flexi-linking* applies. *Flexi-linked Trauma Cover* includes a Partial Trauma Cover benefit, the Trauma Cover Severe Hardship Booster benefit and the Trauma Cover Loyalty Bonus benefit under the *flexi-linked policy*.
flexi-linking	The arrangement described as such in this PDS where *Life Care* for a *life insured* under a *primary policy* and *Trauma and/or TPD Cover* for the same *life insured* under a *flexi-linked policy* are linked.
Life Care/Life Care benefit	Life Care is the cover shown as such in the policy schedule as increased or decreased under the policy. This amount is the Life Care benefit we pay. If the Life Care is *primary Life Care*, it's reduced by the amount of any benefit payable under the *flexi-linked rider cover* applying under the *flexi-linked policy*.
nominated beneficiary/ies	A natural person, corporation or trust nominated by you to receive any money payable under *Life Care* or *Accidental Death Cover*.
own occupation	The *life insured's* full time gainful occupation immediately before *total and permanent disablement* or *total and temporary disability*, as applicable.
partial and permanent disability	The *life insured* has sustained, as a direct result of *sickness* or *injury*: • *loss of one hand or one foot* or • *partial blindness*.
primary Life Care	*Life Care*, including the Terminal Illness benefit, applying to the *flexi-linked life insured* under the *primary policy*.
primary policy	The Total Care Plan or Total Care Plan Super policy shown as the 'primary policy' in the policy schedule. The *primary policy* provides the *primary Life Care*.
terminally ill/terminal illness	The *life insured* is suffering from a disease or condition which will lead to their death within 12 months. This must be the opinion of an appropriate specialist *medical practitioner*, which opinion is supported by our chief medical officer if we consider appropriate.
totally and temporarily disabled/total and temporary disability	The *life insured* is, as a result of *sickness* or *injury*, disabled in circumstances where the disability: • has, for a period of three consecutive months: - caused the *life insured* to be continually and significantly unable to perform their *own occupation* and - prevented the *life insured* from engaging in any occupation for wage or profit and • has caused the *life insured* to be under the regular care and attendance of, or following treatment prescribed by, a *medical practitioner* throughout the three month period and on an ongoing basis.
TPD Cover/TPD Cover benefit	TPD Cover is the cover shown as such in the policy schedule as increased or decreased under the policy. This amount is the TPD Cover benefit we pay except for *partial and permanent disability*. For *partial and permanent disability* we pay the lesser of $500,000 and the amount which is 25% of the *TPD Cover*. If the TPD Cover is *flexi-linked TPD Cover*, it can't exceed the amount of *primary Life Care* applying under the *primary policy*.

Life insurance (lump sum) definitions

This term…	means…
Total and Permanent Disability/Disablement/ *Totally and Permanently Disabled (TPD)*	**Own Occupation** If the *TPD Cover* appears as 'own occupation' in the policy schedule, TPD means the *life insured*: • has suffered *partial and permanent disability* or • has suffered *loss of independent existence* or • has suffered *loss of limbs or sight* or • meets all of the following: - they have been absent from their *own occupation* as a result of *sickness* or *injury* for a period of three consecutive months - at the end of the three months, they continue to be incapacitated to such an extent that they will be unlikely to engage in their *own occupation* ever again - they are under the regular treatment, and following the advice, of a *medical practitioner* or • meets all of the following: - they have been absent from their *own occupation* as a result of a *day one condition* - they continue to be incapacitated to such an extent that they will be unlikely to engage in their *own occupation* ever again - they are under the regular treatment, and following the advice, of a *medical practitioner.* If the *life insured* has been engaged in full time *domestic duties* at the time of their *sickness* or *injury*, the previous two definitions are replaced by the following two TPD definitions: • meets all of the following: - they have been, through *sickness* or *injury*, unable to perform *domestic duties* and have been confined to the home for a period of three consecutive months - they are under the regular treatment, and following the advice, of a *medical practitioner* - they continue to be so incapacitated to the extent that they are unable to engage in (whether or not for reward) any occupation for which they are reasonably suited by education, training or experience - they are likely to be so disabled for life or • meets all of the following: - they have, as a result of a *day one condition,* been unable to perform *domestic duties* and have been confined to the home - they are under the regular treatment, and following the advice, of a *medical practitioner* - they continue to be so incapacitated to the extent that they are unable to engage in (whether or not for reward) any occupation for which they are reasonably suited by education, training or experience - they are likely to be so disabled for life. If, at the time of the *life insured's sickness* or *injury,* the *life insured* is permanently retired from the workforce and is not engaged in full time *domestic duties*, the *life insured* is only TPD if they have suffered *loss of independent existence.*

This term…	means…
Total and Permanent Disability/Disablement/ *Totally and Permanently Disabled (TPD)*	**Any Occupation** If the *TPD Cover* appears as 'any occupation' in the policy schedule, TPD means the *life insured*: • has suffered *partial and permanent disability* or • has suffered *loss of independent existence* or • has suffered *loss of limbs or sight* or • meets all of the following: - they have been absent from active employment as a result of *sickness* or *injury* for a period of three consecutive months - throughout the three months, they have as a result of the *sickness* or *injury* been unable to engage in any occupation for which they are reasonably suited by education, training or experience and which would pay remuneration at a rate greater than 25% of their earnings during their last consecutive 12 months of work - they are under the regular treatment, and following the advice, of a *medical practitioner* - they are likely to be so disabled for life or • meets all of the following: - they have been absent from active employment as a result of a *day one condition* - they are as a result of the *day one condition* unable to engage in (whether or not for reward) any occupation for which they are reasonably suited by education, training or experience - they are under the regular treatment, and following the advice, of a *medical practitioner* - they are likely to be so disabled for life. If the *life insured* has been engaged in full time *domestic duties* at the time of their *sickness* or *injury*, the previous two definitions are replaced by the following two TPD definitions: • meets all of the following: - they have been, through *sickness* or *injury*, unable to perform *domestic duties* and have been confined to the home for a period of three consecutive months - they are under the regular treatment, and following the advice, of a *medical practitioner* - they continue to be so incapacitated to the extent that they are unable to engage in (whether or not for reward) any occupation for which they are reasonably suited by education, training or experience - they are likely to be so disabled for life or • meets all of the following: - they have, as a result of a *day one condition,* been unable to perform *domestic duties* and have been confined to the home - they are under the regular treatment, and following the advice, of a *medical practitioner* - they continue to be so incapacitated to the extent that they are unable to engage in (whether or not for reward) any occupation for which they are reasonably suited by education, training or experience - they are likely to be so disabled for life. If, at the time of the *life insured's sickness* or *injury,* the *life insured* is permanently retired from the workforce and is not engaged in full time *domestic duties*, the *life insured* is only TPD if they have suffered *loss of independent existence.*
Trauma Cover/Trauma Cover benefit	Trauma Cover is the cover shown as such in the policy schedule as increased or decreased under the policy. This amount is the Trauma Cover benefit we pay. For Partial Trauma Cover conditions we pay a part of the Trauma Cover benefit (a Partial Trauma Cover benefit) as explained on page 36. If the Trauma Cover is *flexi-linked Trauma Cover*, it can't exceed the amount of *primary Life Care* applying under the *primary policy*.

Income protection and Business Overheads Cover definitions

This term…	means…
accidentally disabled/ accidental disability	Means that, due to *injury*, the *life insured's spouse* can't perform *domestic duties* and is confined to the home and under the regular treatment, and following the advice, of a *medical practitioner*.
agreed value policy	You have this type of policy if the *monthly benefit* shown in the policy schedule appears as 'agreed value'.
annualised monthly benefit	This is the amount calculated as follows: $\frac{12 \times (A \text{ minus } B)}{C}$ where: • A is the total of the amounts shown in the policy schedule as the 'monthly benefit' and the 'super continuance monthly benefit' (each as increased or decreased under the policy). • B is the amount by which the benefit, which would have been payable had you not chosen to receive the *Permanent Disablement benefit*, would have been reduced due to a benefit offset under the policy (see 'Benefit offsets' on page 62). • C is 1, unless the *permanent disablement* for which the *Permanent Disablement benefit* is payable is a *serious medical condition*, in which case C is 0.75
approved occupational rehabilitation program	A program specifically designed to assist the *life insured* return to the remunerative work they were performing in their own occupation before their *total disability* (or, where medically necessary, a new occupation). It's a formal program devised and managed by an accredited occupational rehabilitation provider and which has been approved by the *life's insured's medical practitioner*. It excludes any program providing 'hospital treatment' or 'general treatment' within the meaning of the Private Health Insurance Act 2007 (Cth) or any other program which might cause this policy to cease to be exempt from any legislation in connection with health insurance, including the Private Health Insurance Act 2007 (Cth).
bank	The Commonwealth Bank of Australia or other entity within the Commonwealth Bank Group of companies.
benefit period	The period shown as such in the policy schedule, which is the longest period over which a benefit will be paid for any one continuous period of *disability*. A new period starts from the end of each *waiting period*.
business	The business or professional practice specified in your application for the policy, to which Business Overheads Cover relates.
business expenses	Business expenses which are necessarily and regularly incurred and are reasonably similar in amount and nature to other expenses incurred in the last 12 months. If an expense exceeds another expense incurred in the last 12 months by more than 20%, then it won't be considered reasonably similar in amount to the other expense. If a business expense incurred in a month relates, or is referable, to a period of two or more months, we only treat the proportion of the business expense we consider appropriate as being incurred in that month. If a business expense relates, or is referable, to a 12 month period that expense must be reconciled against the relevant financial returns or statements recording the expense for the 12 month period and, if necessary, an adjustment of benefits we paid will be made between you and us to reflect the business expense actually incurred for a month. If we have overpaid benefits, you must refund to us the overpayment. If we have underpaid benefits, we must pay you the shortfall.
Business Overheads monthly benefit	The benefit shown as such in the policy schedule as increased or decreased under the policy.
continuously unemployed	*Unemployment* which continues without interruption where the *life insured* is registered as *unemployed* with a recognised employment agency and actively seeking *employment*. The *life insured* does not have to be in receipt of unemployment benefits from the Australian Government to be *continuously unemployed*.
disability/disabled	*Total disability* or *partial disability/totally disabled* or *partially disabled*.

This term…	means…
employed/employment	*Permanently employed/permanent employment* or employed/employment under a *fixed term contract*. This does not include being self-employed or in self-employment.
extended cover expiry date	The *policy anniversary date* before the *life insured's* 70th birthday.
exposure-prone medical procedure/s	A procedure where there is potential for contact between the skin (usually finger or thumb) of the person practising a medical profession and sharp surgical instruments, needles or tissues (splinters/pieces of bone/tooth) in body cavities or in poorly visualised or confined body sites such as the mouth. A procedure without these characteristics is not an exposure-prone medical procedure because it's unlikely to pose a risk of transmission of blood-borne viruses from the infected person practising a medical profession to their patient.
fixed term contract	One or more contracts providing for at least 20 hours per week of continual and regular employment, where such contract(s) is/are: • for salary or wages • for a term no longer than a specified period • with the same employer, being an employer who employs at least five employees and • for a combined period of at least 18 consecutive months.
group income protection policy	A group income protection policy which is issued by a life insurance company and held by: • a trustee of a superannuation fund of which the *life insured* was a standard employer-sponsored member in terms of the Superannuation Industry (Supervision) Act or • an employer under which the *life insured* and others were insured in their capacity as employees of the employer.
guaranteed agreed value policy	You have this type of policy if the *monthly benefit* shown in the policy schedule appears as 'guaranteed agreed value'.
home care needs	Includes cooking, cleaning, shopping, banking and similar needs. It doesn't include the provision of nursing or similar services.
income care super cover expiry date	The date shown as such on the policy schedule, from which income protection in Total Care Plan Super ends.
income producing duty	A duty of the *life insured's* main occupation we consider primarily essential to producing the *life insured's monthly income*.
indemnity policy	You have this type of policy if the *monthly benefit* shown in the policy schedule appears as 'indemnity'.
indexation factor	The most recent annual percentage change in the Consumer Price Index (CPI) (all groups – eight capital cities combined) published by the Australian Bureau of Statistics. If no CPI is published, we use a figure we consider most nearly replaces it. Where the *indexation factor* is applied to the indexation of cover it's the last change that occurred three months before the *policy anniversary date* of the policy.
involuntary unemployment/ involuntarily unemployed	Loss of permanent full-time employment as a result of being terminated or made redundant by an employer for reasons other than disability or misconduct, where such loss of employment is not of a voluntary nature. While the person is unemployed they must be actively seeking employment and be either in receipt of unemployment benefits from the Australian Government or, if they are ineligible to receive such benefits, registered as unemployed with a recognised employment agency. If the person is ineligible to receive unemployment benefits and they intend to register as unemployed with a recognised employment agency, they must do so within 30 days of first becoming unemployed. The person isn't involuntarily unemployed if they were self-employed immediately before their unemployment.
loan/s	A home loan, investment home loan, line of credit facility, business loan, personal loan or margin loan which is funded by the *bank*.

Income protection and Business Overheads Cover definitions

This term…	means…
maternity leave	Maternity leave means: • the *life insured* is employed by an employer and • they take temporary leave from employment for the care of a new born or new adopted child for a predetermined period and • the leave is approved by the *life insured's* employer as being on 'maternity' leave and • the leave is taken by the *life insured* while they are still employed by the employer that approved the leave, or • the *life insured* is *self-employed* • they take temporary leave from their *self-employment* for the care of a new born or new adopted child and, had they been employed by an employer, they would have been considered by us to be on maternity leave and • they have been *self-employed* for a continuous period of six months before the leave started.
minimum monthly repayment/s	The minimum amount the *life insured* must pay under a *loan* for the month commencing on the first day from which the benefit for the relevant *unemployment* accrues. If the relevant *unemployment* continues beyond that month, the minimum monthly repayment will, for each subsequent month during which the relevant *unemployment* continues, be the minimum amount the *life insured* must pay under their *loan* for that month. When calculating the *minimum monthly repayment*, we apply the following rules: • the lowest rate of interest payable under the *loan* applies • we disregard any overdue payment or interest on such a payment or any fees, charges, expenses, taxes, duties or other imposts payable under the *loan* as a result of the overdue payment • we won't take into account any more than the amount required to discharge the *life insured's* liability under the *loan* when they first became aware of their impending *unemployment*.
monthly benefit	**Guaranteed agreed value** For a *guaranteed agreed value policy*, the *monthly benefit* is the amount shown as such in the policy schedule as increased or decreased under the policy. **Agreed value or indemnity** For an *agreed value policy* or *indemnity policy*, the *monthly benefit* is the lesser of the following amounts: • the amount shown as such in the policy schedule as increased or decreased under the policy • 75% of the *life insured's pre-disability income* but, for an *agreed value policy*, this amount only applies if the *life insured's* average *monthly income* in the 12 months before the present level of cover was applied for was insufficient for us to have accepted the *life insured* for that level of cover. **Daily benefit** If benefits are payable for part of a month, the *monthly benefit* is divided by 30 to arrive at a daily benefit.

This term…	means…
monthly income	**For a life insured who is self-employed, a working director or partner in a partnership** The monthly income generated by the business or practice directly due to the *life insured's* personal exertion or activities, excluding superannuation contributions, less the *life insured's* monthly share of *business expenses*. **For a life insured who is not self employed, a working director or partner in a partnership** The total monthly value of remuneration paid by the *life insured's* employer including salary, fees, commission, bonuses, regular overtime and fringe benefits, excluding superannuation contributions. Bonuses are averaged over the previous three years. **Superannuation contributions** If the Super Continuance option applies, *monthly income* includes 1/12th of the amount by which total superannuation contributions made for the *life insured's* benefit by the *life insured* or their employer exceeds 15% of the *life insured's* annual income or remuneration, as applicable and as described above, in the relevant 12 month period. If the Super Continuance option doesn't apply but the words 'monthly income includes superannuation' appear in the policy schedule, *monthly income* includes 1/12th of the total superannuation contributions made by the *life insured* for their benefit in the relevant 12 month period.
occupation group	The group in which the *life insured's* occupation is listed under our standard occupation categories. The *life insured's* occupation group when cover first started for them is shown in the policy schedule.
partial disability/ partially disabled	The *life insured* is not *totally disabled* but, because of *sickness* or *injury*: • they are unable to work in their own occupation at full capacity • they are working in their own occupation in a reduced capacity or working in another occupation • their *monthly income* is less than their *pre-disability income* and • they are under *regular medical care*. If the *life insured* becomes unemployed or goes on leave without pay while a Partial Disability benefit is payable, *partial disability/partially disabled* changes to mean that the *life insured* is not *totally disabled* but, because of *sickness* or *injury*: • they are only capable of working in their own occupation in a reduced capacity or working in another occupation • their *monthly income* would be less than their *pre-disability income* and • they are under *regular medical care*.
permanent disablement/ permanently disabled	The *life insured* has suffered: • a *work ending condition* or • a *serious medical condition* or • *loss of limbs or sight* or • *loss of independent existence*.

Income protection and Business Overheads Cover definitions

This term…	means…
Permanent Disablement benefit	The lesser of the following amounts: • $3 million • the amount which is A x the *annualised monthly benefit*, where A is: - 15, if the *life insured's relevant age* is less than 40 years - 13, if the *life insured's relevant age* is 40 years or more but less than 45 years - 11, if the *life insured's relevant age* is 45 years or more but less than 50 years - 9, if the *life insured's relevant age* is 50 years or more but less than 56 years - 65 minus the *life insured's relevant age*, if the *life insured's relevant age* is more than 55 years. If the lesser of the above amounts is a nil or negative amount, the Permanent Disablement benefit is nil.
permanent employment/ permanently employed	At least 20 hours per week of continual, permanent and regular employment for salary or wages, where such employment: • is with an employer who employs at least five employees and • is not temporary, seasonal, casual or under a contract based on a specified period or completion of specified work.
pre-disability income	**Agreed value or guaranteed agreed value** For an *agreed value policy* or *guaranteed agreed value policy*, the *life insured's* pre-disability income is the greater of the following amounts: • the *life insured's* highest average *monthly income* in any consecutive 12 month period in the three years before the *life insured's* most recent period of *disability* (or, if applicable, before the *injury* or condition which resulted in the Specific Injuries benefit, Crisis benefit or Death benefit becoming payable) • the average *monthly income* the *life insured* received during the 12 months before the present level of cover was applied for. If benefits continue to be paid for more than 12 months, this amount is increased by the *indexation factor* every 12 months on the anniversary of the date benefits started. If there is an indexed increase, the most recent indexed amount will be the minimum pre-disability income for future claims. **Indemnity** For an *indemnity policy*, the *life insured's* pre-disability income is the average *monthly income* the *life insured* received during the 12 months before their most recent period of *disability* (or, if applicable, before the *injury* or condition which resulted in the Specific Injuries benefit, Crisis benefit or Death benefit becoming payable). If the *life insured* has been on unpaid employer-approved maternity leave, paternity leave or study leave that commenced at any time in the 12 months before the *life insured's* most recent period of *disability* (or, if applicable, before the *injury* or condition which resulted in the Specific Injuries benefit, Crisis benefit or Death benefit becoming payable), the *life insured's* pre-disability income is the average *monthly income* the *life insured* received during the 12 months before the unpaid leave commenced. If the *life insured* returns to work from leave on a reduced income, we reduce the *life insured's* average *monthly income* by the same proportion by which their income decreased compared to what it was immediately before the *life insured* commenced leave. If benefits continue to be paid for more than 12 months, this amount is increased by the *indexation factor* every 12 months on the anniversary of the date benefits started.

This term…	means…
regular medical care	The person is under the regular treatment, and/or following the advice, of a *medical practitioner* with whom the person has personally consulted, including: • following all reasonable measures as advised by the *medical practitioner* to avert or minimise any *injury* or *sickness* and • undergoing review by the *medical practitioner* on at least a monthly basis, unless the *medical practitioner* reasonably specifies otherwise.
relevant age	If the *permanent disablement* for which the *Permanent Disablement benefit* is claimed is *serious medical condition*, *loss of limbs or sight* or *loss of independent existence*, the *relevant age* is the age in years the *life insured* will reach on their next birthday after the Permanent Disablement benefit payment date. If the *permanent disablement* for which the *Permanent Disablement benefit* is claimed is a *work ending condition*, the *relevant age* is the age in years the *life insured* will reach on their next birthday after the later of the following dates: • the Permanent Disablement benefit payment date • the date which is X months after the first day of the period of three consecutive months which the *life insured* satisfied to meet the definition of *work ending condition*. Under this definition: • X is the number of months in the *waiting period* applying to the *life insured* as set out in the policy schedule • the Permanent Disablement benefit payment date is the date the *Permanent Disablement benefit* first becomes payable for the *life insured*. This can't be a date earlier than the date on which we're satisfied the *life insured* is *permanently disabled* and we have been asked to pay the *Permanent Disablement benefit*.
self-employed/self-employment	The *life insured*: • is working in a business or an enterprise for at least 20 hours per week • has power or control over the business or enterprise because they own it or are a shareholder in the company that owns it or are a partner in the partnership that owns it and • is working for payment or reward and they aren't an employee.
serious medical condition	The *life insured*: • has been absent from active employment as a result of a *day one condition* and • continues to be incapacitated to such an extent that they will be unlikely to ever again engage in the full-time gainful occupation they were engaged in immediately before their *disability* or *permanent disablement*, as applicable, and • is under the regular treatment, and following the advice, of a *medical practitioner*. If the *life insured* has been engaged in full time *domestic duties* at the time of the *sickness* or *injury* that causes their *disability* or *permanent disablement*, as applicable, then *serious medical condition* means the *life insured*: • has, due to a *day one condition,* been unable to perform *domestic duties* and has been confined to the home and • continues to be so incapacitated to the extent that they are unable to engage in (whether or not for reward) any occupation for which they are reasonably suited by education, training or experience and are likely to be so disabled for life and • is under the regular treatment, and following the advice, of a *medical practitioner*.

Income protection and Business Overheads Cover definitions

This term…	means…
super continuance monthly benefit	The lesser of the following amounts: • the amount shown as such in the policy schedule as increased or decreased under the policy • 1/12th of the amount of total superannuation contributions made for the *life insured's* benefit by them or their employer in the 12 months immediately before their most recent period of *disability* (or, if applicable, before the *injury* or condition which resulted in the Specific Injuries benefit, Crisis benefit or Death benefit becoming payable). If benefits are payable for part of a month, the *super continuance monthly benefit* is divided by 30 to arrive at a daily benefit.
total disability/totally disabled	The *life insured* is, because of *sickness* or *injury*: • unable to perform an *income producing duty* and • under *regular medical care* and • not working. **Changes to this definition** If: • the *life insured's occupation group* is H, X or Y in the policy schedule and • the *life insured's benefit period* is greater than two years and • the *life insured* has been *totally disabled* for two years the definition changes to mean that the *life insured* is, because of *sickness* or *injury*: • unable to perform any occupation for which they are reasonably suited by education, training or experience and • under *regular medical care* and • not working. If: • the *life insured's occupation group* is A in the policy schedule and • the *life insured* is an eligible commercial airline pilot or flight engineer within that *occupation group* and • the *life insured* is aged 55 or more then, for the *life insured*, *total disability/totally disabled* means the *life insured* is, because of *sickness* or *injury*: • unable to perform any occupation for which they are reasonably suited by education, training or experience and • under *regular medical care* and • not working. If, for 12 months or more immediately before a claim, the *life insured* has been: • unemployed (excluding sabbatical leave) or • on maternity, paternity or long service leave then, for the *life insured*, *total disability/totally disabled* means the *life insured* is, because of *sickness* or *injury*: • unable to perform any occupation for which they are reasonably suited by education, training or experience and • under *regular medical care* and • not working. **Business Overheads Cover** For Business Overheads Cover, *total disability/totally disabled* means that, because of *sickness* or *injury*, the *life insured* is: • unable to perform at least one *income producing duty* and under *regular medical care* and • not working for more than ten hours per week. If the *life insured* works for more than ten hours per week, whether or not they're working for reward or working in the *business*, we don't consider them to be *totally disabled*.

This term…	means…
unemployed/unemployment	• if *permanently employed*, loss of employment as a result of being terminated or made redundant by one's employer, where such loss is not of a voluntary basis • if employed on a *fixed term contract*, loss of employment before the expiry date of the contract as a result of being terminated or made redundant by one's employer, where such loss is not of a voluntary nature In either case, this definition isn't met if the person's loss of employment was immediately preceded by a period of self-employment.
Unemployment benefit	The lesser of the following amounts: • the amount shown as the *monthly benefit* in the policy schedule, as increased or decreased under the policy • the *minimum monthly repayment.* If there is no *minimum monthly repayment*, the *Unemployment benefit* is nil. If benefits are payable for part of a month, the *Unemployment benefit* is divided by 30 to arrive at a daily benefit.
waiting period	The period shown as such in the policy schedule.
work ending condition	The *life insured* meets all of the following: • they have been absent from active employment as a result of *sickness* or *injury* for a period of three consecutive months and • at the end of the three months, they continue to be incapacitated to such an extent that they will be unlikely to ever again engage in the full time gainful occupation they were engaged in immediately before ceasing active employment and • they are under the regular treatment, and following the advice, of a *medical practitioner*. If, however, the *life insured* has been engaged in full time *domestic duties* at the time of the *sickness* or *injury* that gives rise to the claim, *work ending condition* means the *life insured*: • has been, through *sickness* or *injury*, unable to perform *domestic duties* and • has been confined to the home for a period of three consecutive months and • is under the regular treatment, and following the advice, of a *medical practitioner* and • continues to be so incapacitated to the extent that they are unable to engage in (whether or not for reward) any occupation for which they are reasonably suited by education, training or experience and • is likely to be so disabled for life.

Medical definitions

This term…	means…
activities of daily living	Dressing – putting on and taking off clothing. Toileting – using the toilet, including 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.
advanced diabetes	Severe diabetes mellitus (either insulin or non-insulin dependent) as certified by a consultant endocrinologist and resulting in at least two of the following criteria: • Severe Diabetic Retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes • Severe Diabetic Neuropathy causing motor and/or autonomic impairment • Severe Diabetic Nephropathy causing chronic irreversible renal impairment (as measured by a corrected creatinine clearance below the laboratory/ies measured normal range) • Diabetic Gangrene leading to surgical intervention. *Diabetes complications* is excluded.
aplastic anaemia	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 resulting in a neurological deficit causing permanent and significant functional impairment. The bacterial meningitis must be caused by a proven organism.
benign brain tumour	A non-cancerous tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment as confirmed by a *medical practitioner* who is a consultant neurologist. The tumour must result in permanent neurological deficit: • causing at least a permanent 25% impairment of whole person function (as defined in the edition of the American Medical Association's publication 'Guides to the Evaluation of Permanent Impairment' current as at the preparation date of the CommInsure Protection PDS) or • requiring cranial surgery for its removal. The presence of the underlying tumours 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 or spine are excluded.
blindness	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.

This term…	means…
cancer	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 • Melanoma with a depth of invasion classified as Clark Level II or less, or a Breslow thickness of 1.5mm or less • Chronic Lymphocytic Leukaemia with a classification equivalent to Rai Stage 1 or less.
cardiomyopathy	Condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment, i.e. Class 3 on the New York Heart Association classification of cardiac impairment.
chronic kidney failure	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.
chronic liver disease	Permanent liver failure resulting in permanent jaundice, ascites and/or encephalopathy.
chronic lung disease	Permanent end stage respiratory failure with FEV1 test results of consistently less than one litre, requiring continuous permanent oxygen therapy.
coma	A state of unconsciousness with no reaction to external stimuli or internal needs, resulting in a documented Glasgow Coma Scale score of 6 or less, with continuous assisted ventilation required for at least 72 consecutive hours. Medically induced coma is excluded.
coronary artery disease requiring bypass surgery	The actual undergoing of bypass surgery (including saphenous vein or internal mammary graft(s)) for the treatment of coronary artery disease. Any other operations are specifically excluded from this definition.
coronary artery angioplasty	The undergoing of coronary artery angioplasty that is considered necessary by a cardiologist to treat coronary artery disease. The cardiologist's opinion that the procedure is necessary must be supported by angiographic evidence.
coronary artery angioplasty – triple vessel	Undergoing in the same procedure coronary artery angioplasty to three or more coronary arteries, where the procedure is considered necessary by a cardiologist to treat coronary artery disease.
critical care	A *sickness* or *injury* that has for the first time resulted in the person 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.
dementia and Alzheimer's disease	Clinical diagnosis of dementia (including Alzheimer's disease) as confirmed by a consultant neurologist, psycho-geriatrician, psychiatrist or geriatrician. 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 means a deterioration in the person's Mini-Mental State Examination scores to 24 or less and deterioration would continue but for any effective treatments. Dementia related to alcohol, drug abuse or AIDS is excluded.

Medical definitions

This term…	means…
diabetes complications	Diagnosis of Type 1 insulin dependent diabetes mellitus as certified by a consultant endocrinologist and resulting in at least two of the following criteria: • urinary protein excretion of more than 300mg per day • diabetic retinopathy with a minimum severity of at least exudates and/or dot-blot haemorrhages • persistent sensory neuropathy.
diplegia	The total loss of function of both sides of the body due to *sickness* or *injury* where such loss of function is permanent.
early-stage breast cancer	Diagnosis of carcinoma in situ of the breast.
early-stage cancer of the cervix uteri	The diagnosis of Cervical Intraepithelial Neoplasia (CIN) of the cervix uteri, with a classification of at least CIN 2/3 (not including CIN 2 or less).
early-stage cancer of the fallopian tubes	Diagnosis of carcinoma in situ (limited to tubal mucosa) of a fallopian tube.
early-stage cancer of the vagina	The diagnosis of a carcinoma in situ (or intraepithelial neoplasia) of the vagina.
early-stage cancer of the vulva or perineum	Any tumour described by a histopathologist as carcinoma in situ of the vulva or perineum, which meets the criteria for classification as FIGO Stage I (including Stages IA and IB).
early-stage chronic lymphocytic leukaemia	The diagnosis of Chronic Lymphocytic Leukaemia (CLL) classified as Rai Stage 1 or less.
early-stage melanoma	The diagnosis of a malignant melanoma on biopsy, but excluding melanoma in situ.
early-stage ovarian cancer	Diagnosis of carcinoma in situ of an ovary.
early-stage penile cancer	Diagnosis of carcinoma in situ of the penis.
early-stage prostate cancer	The diagnosis of prostate cancer classified as TNM T1a or T1b, with a Gleason Score of 5 or less.
encephalitis	The severe inflammation of brain substance which results in significant neurological sequelae causing either: • a permanent loss of at least 25% whole person function (as defined in the 6th edition of the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment') or • the permanent and irreversible inability to perform without the assistance of another person any one of the *activities of daily living* as certified by a consultant neurologist. Encephalitis as a result of HIV infection is excluded.
heart attack of specified severity	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: - elevation of cardiac enzyme CK-MB or - 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 - confirmatory new electrocardiogram (ECG) changes or - 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.

This term…	means…
hemiplegia	The total loss of function of one side of the body due to *sickness* or *injury*, where such loss of function is permanent.
loss of hearing	Complete and irrecoverable loss of hearing from both ears as a result of *sickness* or *injury*, as certified by a specialist we consider appropriate. This definition isn't met if the person's hearing has been restored through any natural or assisted means, unless the assisted means is a device implanted in the cochlea.
loss of independent existence	As a result of *sickness* or *injury*: • there is permanent and irreversible inability to perform without the assistance of another person any two of the *activities of daily living* or • the person suffers cognitive impairment that results in them requiring permanent and constant supervision for a continuous period of at least six months. The person's impairment must be established by a *medical practitioner* we nominate. Loss of independent existence due to alcohol or drug abuse or AIDS is excluded.
loss of limbs or sight	The person has sustained, as a direct result of *sickness* or *injury*: • the complete and irrecoverable loss of use of both hands or • the complete and irrecoverable loss of use of both feet or • the complete and irrecoverable loss of use of one hand and one foot or • *blindness* or the *loss of one hand or one foot* and *partial blindness*.
loss of one hand or one foot	The person has sustained, as a direct result of *injury* or *sickness*, the complete and irrecoverable loss of use of one hand or one foot.
loss of speech	The total and irrecoverable loss of the ability to produce intelligible speech as a result of *sickness* or *injury* which causes permanent damage to the larynx or its nerve supply or the speech centres of the brain. An appropriate medical specialist must certify the loss.
major head trauma	*Injury* to the head resulting in neurological deficit causing either: • a permanent loss of at least 25% whole person function (as defined in the edition of the American Medical Association's publication 'Guides to the Evaluation of Permanent Impairment' current as at the preparation date of the CommInsure Protection PDS) or • the permanent and irreversible inability to perform without the assistance of another person any one of the *activities of daily living* as certified by a consultant neurologist.
major organ or bone marrow transplant	The human to human transplant from a donor to the *life insured/insured child* of: • one or more of the following organs: - kidney - lung - pancreas - heart - liver - small bowel or • bone marrow. The transplantation of all other organs or parts of organs or any other tissue is excluded.

Medical definitions

This term…	means…
medically acquired HIV	Accidental infection with Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medically necessary events: • a blood transfusion • transfusion with blood products • organ transplant to the person • assisted reproductive techniques, or • a procedure or operation performed by a medical/paramedical practitioner or dentist where the relevant event occurred to the person in Australia by a recognised and registered health professional. Access to all blood samples taken is required for independent tests, with the right to take additional samples as necessary. We won't pay a benefit for *medically acquired HIV* if, before the accidental infection occurred, the Australian government approved a medical treatment which if applied to the person would: • render their HIV inactive and non-infectious to others • prevent them from developing AIDS or • where they have developed AIDS, cure the AIDS.
mental illness	Any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, published by the American Psychiatric Association (APA) or such successor or replacement publication (or, if none, such comparable publication selected by us) current at the time the *disability* or condition, to which the relevant claim relates, first became apparent. It includes, but isn't limited to, mood and anxiety disorders, depressive illness, eating disorders and disorders related to substance abuse or dependency. It doesn't include Alzheimer's disease or dementia or any illness or disorders caused by head injuries (except where the dementia or head injury is related to any substance abuse or dependency).
motor neurone disease	Motor neurone disease diagnosed by a consultant neurologist.
multiple sclerosis	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.
multiple sclerosis of limited extent	The unequivocal diagnosis of *multiple sclerosis* but without the existence of persisting neurological abnormalities.
muscular dystrophy	The unequivocal diagnosis of muscular dystrophy by a consultant neurologist.

This term…	means…
occupationally acquired HIV	Infection with Human Immunodeficiency Virus (HIV) where all of the following are satisfied: • the HIV was acquired as a result of an accident, which accident occurred while the person was carrying out their normal occupational duties and while *Trauma Cover* applied to them • an HIV antibody test was taken by the person within seven days after the accident and the test was reported to us in writing within 30 days of the accident • the HIV antibody test produced negative results • sero-conversion indicating HIV infection occurred within six months of the accident. Payment of a benefit for *occupationally acquired HIV* is subject to: • us having access to all blood samples taken by the person for the purpose of enabling us to conduct independent testing and • the person providing us with such additional samples as we consider necessary. We won't pay a benefit for *occupationally acquired HIV* if: • the infection with HIV is caused directly or indirectly by sexual activity or recreational intravenous drug use or • before the accident occurred, the Australian government recommended an HIV vaccine for use in the occupation of the person, which vaccine the person had not taken or • before the accident occurred, the Australian government approved a treatment which renders the HIV virus inactive and non-infectious to others.
open heart surgery	Open heart surgery for treatment of cardiac defect(s), cardiac aneurysm or benign cardiac tumour(s).
out of hospital cardiac arrest	Cardiac arrest which isn't associated with any medical procedure and is documented by an electrocardiogram, occurs out of hospital and is due to: • cardiac asystole or • ventricular fibrillation with or without ventricular tachycardia.
paraplegia	The permanent loss of use of both legs or both arms, resulting from spinal cord *sickness* or *injury*.
Parkinson's disease	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 and • has caused significant progressive physical impairment, likely to continue progressing but for any treatment benefit. The person must be under the established care and following the advice and treatment of a specialist neurologist.
partial blindness	The permanent loss of sight in one eye due to *sickness* or *injury* to the extent that: • visual acuity is 6/60 or less in one eye or • the visual field is reduced to 20 degrees or less of arc whether aided or unaided, and all as certified by an ophthalmologist.
partial loss of hearing	Complete and irrecoverable loss of hearing from one ear as a result of *sickness* or *injury*, as certified by a specialist we consider appropriate. This definition isn't met if the person's hearing has been restored through any natural or assisted means, unless the assisted means is a device implanted in the cochlea.

Medical definitions

This term…	means…
placement on a waiting list for major organ transplant	The person must: • be diagnosed with a *sickness* or *injury* which necessitates a *major organ or bone marrow transplant* • meet the Recipient Suitability Criteria of an Organ Allocation Protocol of the Transplantation Society of Australia and New Zealand and • be on a waiting list for the transplant of the relevant organ for at least six months where 'waiting list' means the waiting list of a Transplantation Society of Australia and New Zealand recognised transplant unit. The diagnosis, suitability and placement on a waiting list must be certified by an appropriate medical specialist.
pneumonectomy	The medically necessary and appropriate removal of an entire lung on the recommendation of a specialist physician.
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.
quadriplegia	The permanent loss of use of both arms and both legs resulting from spinal cord *sickness* or *injury*.
repair and replacement of a heart valve	Surgery to replace or repair heart valves, but doesn't include percutaneous valvuloplasty, trans-arterial procedures or other non-surgical techniques.
serious injury	An *injury* that has for the first time resulted in the person being confined to an acute care hospital for a period of 30 consecutive days (24 hours per day) under the full time care of a *medical practitioner*. Injury as a result of alcohol or non-prescribed drug intake or other self-inflicted means is 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 and Browder Body Surface Chart or • both hands, requiring surgical debridement and/or grafting or • the face, requiring surgical debridement and/or grafting.
severe osteoporosis	The person suffers at least two vertebral body fractures or a fracture of the neck of femur due to osteoporosis and has a bone mineral density reading with a T-score of –2.5 or worse (i.e. 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA). The person must suffer from this condition before they reach their 50th birthday and must at the time be covered for this condition.

This term…	means…
severe rheumatoid arthritis	The unequivocal diagnosis of severe rheumatoid arthritis by a rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria: • at least a six week history of severe rheumatoid arthritis which involves three or more of the following joint areas: - proximal interphalangeal joints in the hands - metacarpophalangeal joints in the hands - metatarsophalangeal joints in the foot, wrist, elbow, knee or ankle • simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone) • typical rheumatoid joint deformity and at least two of the following criteria: - morning stiffness - rheumatoid nodules - erosions seen on x-ray imaging - the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis. Degenerative osteoarthritis and all other arthritides are excluded.
stroke	A cerebrovascular accident or incident producing 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 or - migraine. • Cerebral injury resulting from: - trauma - hypoxaemia or - vascular disease affecting the eye, optic nerve or vestibular function.
subacute sclerosing panencephalitis	The unequivocal diagnosis of subacute sclerosing panencephalitis.
surgery of the aorta	Surgery to correct a narrowing, dissection or aneurysm of the thoracic or abdominal aorta but not its branches.
surgical removal of a hydatidiform mole	Surgical removal of a hydatidiform mole.
tetraplegia	The total and permanent loss of use of both arms and both legs, together with loss of head movement, due to brain *sickness* or *injury* or spinal cord *sickness* or *injury*.

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Interim Accident Cover Certificate

CommInsure Protection
Income Care, Income Care Plus and Business Overheads Cover

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

Application date
/ /

Name of life to be insured 1

Name of life to be insured 2

Name of policy owner 1

Name of policy owner 2

We provide interim accident cover (cover) while we are considering your application for Income Care, Income Care Plus or Business Overheads Cover.

Cover is provided on the terms and conditions set out in this Interim Accident Cover Certificate. You do not have to pay an extra premium for this cover. To the extent that they are relevant, the conditions relating to payment of a claim in the Income Care, Income Care Plus or Business Overheads Cover policy you applied for, apply to your cover.

This cover does not apply to you:

- if the Income Care, Income Care Plus or Business Overheads Cover policy you are applying for is intended to replace another policy you have with CMLA, or
- if, at the time this certificate is issued, cover of the same type exists in respect of the life to be insured and that cover relates to an application for a policy which is the same as, or similar to, the policy the subject of the application to which this cover relates.

1 Commencement of cover

Cover commences on the date CMLA receives at its office your fully completed application and a cheque in payment of the first premium or, if premium payment is not by cheque, an effective direct debit request/credit card authority. Cover is subject to your premium payment being credited to CMLA by the relevant financial institution.

2 Period of cover

Your cover will automatically end on the earliest of the following dates:

- 90 days from the date this cover commences
- the date we accept your application on standard or special terms
- the date we decline your application
- the date your application is withdrawn, and
- the date we advise you that this cover is cancelled.

3 Monthly accident benefit

Income Care/Income Care Plus

If your application is for Income Care or Income Care Plus, we will, on a monthly basis, pay you a monthly accident benefit if the life to be insured suffers total disability as a result of an accident. We will start paying the monthly accident benefit if total disability as a result of the same accident continues after the waiting period selected in your application for the relevant policy, and the benefit will only be paid for the period of total disability or six months, whichever is the lesser. The monthly accident benefit is payable for only one period of total disability and is not payable for any subsequent period.

The monthly accident benefit in this case is the lesser of the following amounts:

- $5,000
- the total of the monthly benefit and any super continuance monthly benefit you applied for in your application for the relevant policy in respect of the life to be insured
- the total of the monthly benefit and any super continuance monthly benefit which would normally be offered by us based on underwriting rules.

Business Overheads Cover

If your application is for Business Overheads Cover, we will, on a monthly basis, pay you a monthly accident benefit if the life to be insured suffers total disability as a result of an accident. We will start paying the monthly accident benefit if total disability as a result of the same accident continues after the waiting period selected in your Business Overheads Cover application, and the benefit will only be paid for the period of total disability or six months, whichever is the lesser. The monthly accident benefit is payable for only one period of total disability and is not payable for any subsequent period.

Continued overleaf.

This certificate must be retained by the applicant/life to be insured.

Please fold along perforation to assist in detaching form.

The monthly accident benefit in this case is the lesser of the following amounts:

- $5,000
- the business overheads monthly benefit you applied for in your application for the policy in respect of the life to be insured
- the business overheads monthly benefit which would normally be offered by us based on underwriting rules.

We will pay the monthly accident benefit in the month immediately following the month during which you became entitled to it. Where the benefit is payable for part of a month, the monthly accident benefit is divided by 30 to arrive at a daily benefit.

4 Definitions

For the purposes of this cover:

- 'accident' means bodily injury caused solely and directly by accidental and visible means, independent of any other cause and which occurs while this cover applies
- 'total disability' has, to the extent relevant, the meaning set out in the policy you applied for, but must be the result of an accident
- 'waiting period' is the waiting period you selected in your application for the relevant policy and otherwise has, to the extent relevant, the meaning set out in that policy.

5 Exclusions

A monthly accident benefit will not be paid under this cover if the total disability is caused directly or indirectly by:

- suicide or any attempt at suicide
- self-inflicted injury or infection
- the taking of drugs other than prescribed by a medical practitioner
- the taking of alcohol
- an injury the life to be insured suffers while outside of Australia
- a physical condition which you knew about before this cover commenced
- engaging in any pursuit or occupation that we would not normally cover on standard terms
- participation in criminal activity
- an act of war (whether declared or not).

6 Application for insurance

If you are eligible to make a claim under this cover, it may not prevent your application from being accepted. However, we will take into account the change in the health of the life to be insured when assessing your application and we may decline your application or apply special loadings, conditions and exclusions.

Name of adviser

Signature of adviser

Date

/ /

Interim Accident Cover Certificate

CommInsure Protection
Total Care Plan and
Total Care Plan Super (including Income Care Super)

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

Application date
/ /

Name of life to be insured 1

Name of life to be insured 2

Name of policy owner 1

Name of policy owner 2

Name of child life to be insured 1

Name of child life to be insured 2

We provide interim accident cover (cover) while we are considering your application for Total Care Plan and/or Total Care Plan Super.

The circumstances in which we will pay a benefit under this cover and the amount of the benefit vary according to the benefits you applied for in your application.

Cover is provided on the terms and conditions set out in this Interim Accident Cover Certificate. You do not have to pay an extra premium for this cover. To the extent that they are relevant, the conditions in the Total Care Plan and/or Total Care Plan Super policy you applied for relating to payment of a claim apply to your cover.

This cover does not apply to you if the cover you are applying for is intended to replace other cover you have with CMLA.

Also, the income protection cover set out in paragraph 4 of this certificate does not apply to you if, at the time this certificate is issued, cover of the same type exists in the respect of life to be insured and that cover relates to an application for income protection cover which is the same as, or similar to, Income Care Super cover.

A lump sum benefit is payable only once under this cover.

1 Commencement of cover

Cover commences on the date CMLA receives at its office your fully completed application and a cheque in payment of the first premium or, if premium payment is not by cheque, an effective direct debit request/credit card authority or rollover authority. Cover is subject to your premium payment being credited to CMLA by the relevant financial institution or superannuation fund.

2 Period of cover

Your cover will automatically end on the earliest of the following dates:

- 90 days from the date this cover commences
- the date we accept your application on standard or special terms or decline your application
- the date your application is withdrawn, and
- the date we advise you that this cover is cancelled.

3 Lump sum benefits

Life Care

If you applied for Life Care, we will pay a benefit if the life to be insured dies as a result of an accident. Death must occur within 90 days of the accident.

The amount of the benefit is the lesser of:

- $1,000,000, and
- the amount of Life Care you applied for.

Trauma Cover

If you applied for Trauma Cover, we will pay a benefit if the life to be insured survives for 14 days after suffering one of the following medical conditions as a result of an accident:

- Major Head Trauma
- Tetraplegia
- Paraplegia
- Blindness
- Quadriplegia
- Severe Burns
- Hemiplegia
- Loss of Limbs or Sight
- Diplegia.

These medical conditions have the meanings set out in the Total Care Plan policy you applied for, but the medical condition must be the result of an accident.

The amount of the benefit payable is the lesser of:

- $1,000,000, and
- the amount of Trauma Cover you applied for.

Total and Permanent Disablement (TPD) Cover

If you applied for TPD Cover, we will pay a benefit if the life to be insured is totally and permanently disabled as a result of an accident. The TPD definition that applies is either 'own occupation' or 'any occupation', as you applied for in your application, but TPD must be the result of an accident.

The amount of the benefit payable is the lesser of:

- $1,000,000, and
- the amount of TPD Cover you applied for.

Continued overleaf.

This certificate must be retained by the applicant/life to be insured.

Child Cover

If you applied for Child Cover, we will pay a benefit if the child life to be insured dies as a result of an accident or suffers one of the following medical conditions as a result of an accident:

- Major Head Trauma
- Tetraplegia
- Paraplegia
- Blindness
- Quadriplegia
- Severe Burns
- Hemiplegia
- Loss of Limbs or Sight
- Diplegia.

These medical conditions have the meanings set out in the Total Care Plan policy you applied for, but the medical condition must be the result of an accident.

In the event the child life to be insured dies, the death must occur within 90 days of the accident for a benefit to be payable under this cover.

If we pay a benefit for death, we will not pay a benefit for any of the medical conditions and if we pay a benefit for one of the medical conditions, we will not pay the benefit for death or any other medical condition.

The amount of the benefit payable is the lesser of:

- $100,000, and
- the amount of the Child Cover you applied for.

4 Income Protection

If you applied for Income Care Super within Total Care Plan Super, we will, on a monthly basis, pay you a monthly accident benefit if you, as the life to be insured, suffers total disability as a result of an accident.

We will start paying the monthly accident benefit if total disability as a result of the same accident continues after the waiting period selected in your application, and the benefit will only be paid for the period of total disability or six months, whichever is the lesser. The monthly accident benefit is payable for only one period of total disability and is not payable for any subsequent period.

The monthly accident benefit in this case is the lesser of the following amounts:

- $5,000
- the total of the monthly benefit you applied for in your application
- the total of the monthly benefit which would normally be offered by us based on underwriting rules.

5 Definitions

For the purposes of this cover:

- 'accident' means bodily injury caused solely and directly by accidental and visible means, independent of any other cause and which occurs while this cover applies
- 'total disability' has, to the extent relevant, the meaning set out in the Income Care Super cover you applied for, but must be the result of an accident
- 'waiting period' is the waiting period you selected in your application and otherwise has, to the extent relevant, the meaning set out in the Income Care Super cover you applied for.

6 Exclusions

A benefit will not be paid if death, a medical condition, total and permanent disablement or total disability is caused directly or indirectly by:

- suicide or any attempt at suicide
- self-inflicted injury or infection
- the taking of drugs other than prescribed by a medical practitioner
- the taking of alcohol
- an injury the life to be insured or child life to be insured suffers while outside Australia
- a physical condition which the policy owner/s or the life to be insured knew about before this cover commenced
- engaging in any pursuit or occupation that we would not normally cover on standard terms
- participation in criminal activity
- an act of war (whether declared or not).

Nor will we pay a benefit under this cover if the child life to be insured's death or medical condition is caused directly or indirectly by an injury or infection inflicted on a child life to be insured by you or a life to be insured or by the child life to be insured's parent or legal guardian or by any other person who has responsibility for the care of the child life to be insured or who resides with the child life to be insured.

7 Application for insurance

If you are eligible to make a claim under this cover, it will not prevent your application from being accepted. However, we will take into account the change in the health of the life to be insured when assessing your application and we may decline your application or apply special loadings, conditions and exclusions. If you are eligible to make a claim under this cover in respect of a child life to be insured, we will not accept your application for Child Cover.

Name of adviser

Signature of adviser

Date

/ /