

Life Protection

Policy Addendum
Dated 10 November 2008



Policy Addendum for Life Protection

Please read this document and keep it in a safe place with your Life Protection Policy Document. It is important that you read this document in conjunction with your Policy Document and any Policy Addenda (together called 'the Policy') or policy notices issued by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA) (the Insurer).

This Policy Addendum applies from 10 November 2008 and the improved conditions it provides are only effective on and from this date.

Note

The improved conditions must be read subject to, and in conjunction with, your existing policy terms and conditions. Any pre-existing condition at the time this improvement is offered may be excluded from being eligible for payment under any improved conditions.

Important information

This document is an amendment to an agreement between you and The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA).

This document is issued by The Colonial Mutual Life Assurance Society Limited, Level 7, 39 Martin Place, Sydney NSW 2000.

Feature / Benefit	Change	New Policy Wording
The information about ‘Enquiries and complaints’ that is detailed in the adjacent ‘New Policy Wording’ column has been amended All other parts of the wording not referred to in the New Policy Wording column continue to apply.	The independent service that handles complaints involving life insurance companies has been changed from the Financial Industry Complaints Service Limited to the Financial Ombudsman Service Limited (FOS).	Enquiries and complaints ... If you would prefer to put your complaint in writing, you can either email us on customerrelations@cba.com.au or you can write to: Complaints Manager Customer Relations Commonwealth Bank Group GPO Box 41 Sydney NSW 2001 3. Upon receipt of your complaint, the Complaints Manager will investigate the cause of your concern and respond to you as quickly as possible. If the matter cannot be resolved quickly you will be kept informed of its progress. If you are not satisfied with the handling of your complaint or a decision of CMLA you may have the right to lodge a complaint with the Financial Ombudsman Service Limited (FOS). Before FOS has jurisdiction to deal with the matter, it must be satisfied that the same complaint was previously made to an appropriate person under our internal enquiries and complaints procedures and the complaint was not resolved to the satisfaction of the complainant within 45 days. The FOS can only deal with complaints which concern a particular policyholder. It cannot deal with complaints about management as a whole. If FOS accepts your complaint it will attempt to resolve the matter through conciliation, which involves assisting both parties to come to a mutual agreement. If conciliation is unsuccessful, the complaint is referred to FOS for a determination which is binding. You can contact FOS by phoning 1300 780 808 between 9am and 5pm (Melbourne time) Monday to Friday from anywhere in Australia. Alternatively, visit their website at www.fos.org.au

Feature / Benefit	Change	New Policy Wording
The wording of the Terminal Illness Benefit that is detailed in the adjacent ‘New Policy Wording’ column has been amended All other parts of the wording not referred to in the New Policy Wording column continue to apply.	The maximum limit on the Terminal Illness Benefit (previously \$2,000,000) has been removed. For the wording of the Terminal Illness Benefit that applied to you before 10 November 2008, please refer to your Policy Document.	Terminal Illness Benefit The Terminal Illness Benefit applies where the words ‘Life Care’ appear under the ‘Plan Benefits’ section in the Policy Schedule. In the event of the Life Insured becoming Terminally Ill we will provide a cash advance against the Life Care benefit of 100% of the Life Care benefit (excluding the Life Care Loyalty Bonus Benefit and the Life Care Severe Hardship Booster Benefit). It will not, however, be available after the Life Care benefit ceases. ...
The wording of the Guaranteed Insurability Option (Personal Events) that is detailed in the adjacent ‘New Policy Wording’ column has been amended All other parts of the wording not referred to in the New Policy Wording column continue to apply.	An increase in cover under the Guaranteed Insurability Option (Personal Events) will take effect sooner, to within a month of the relevant requirements being satisfied, instead of commencing from the next premium due date. For the wording of the Guaranteed Insurability Option (Personal Events) that applied to you before 10 November 2008, please refer to your Policy Document.	Requirements You can only exercise a right under this option by giving us written notice within 30 days before or after the relevant event. We must be given proof satisfactory to us that the relevant event has taken place and of the date of the event if we request it. The increase in cover will take effect from the date we notify you of in writing, which date will be no later than 30 days from the date you satisfied our requirements.
The wording of the Child Cover Option that is detailed in the adjacent ‘New Policy Wording’ column has been amended All other parts of the wording not referred to in the New Policy Wording column continue to apply.	One of the exclusions on the Child Cover Option has been changed so that only malicious acts are excluded and not genuine accidents. For the wording of the Child Cover Option that applied to you before 10 November 2008, please refer to your Policy Document.	Exclusions No Child Cover benefit is payable under this Policy when: - the Child Trauma Cover condition is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide or - the Child Life Insured’s death or Child Trauma Cover condition is caused by a malicious act of the Child Life Insured’s parent or guardian or by a malicious act of someone who lives with or supervises the Child Life Insured and who is acting in collusion with the Child Life Insured’s parent or guardian. ...

Feature / Benefit	Change	New Policy Wording
The wording of the Total and Permanent Disablement – Own Occupation definition that is detailed in the adjacent ‘New Policy Wording’ column has been amended	The Total and Permanent Disablement ‘own’ occupation definition has been extended so that it continues to apply even if you are unemployed or on leave without pay for 12 months or more. For the wording of the Total and Permanent Disablement – Own Occupation definition that applied to you before 10 November 2008, please refer to your Policy Document.	Total and Permanent Disablement – Own Occupation If the words ‘Own Occupation’ appear on your Policy Schedule then Total and Permanent Disablement means that: - the Life Insured has 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, the Life Insured continues to be incapacitated to such an extent that he or she will be unlikely to engage in his or her own Occupation ever again, and is under regular treatment, and following the advice, of a Medical Practitioner - the Life Insured has been absent from active employment as a result of 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 (as these conditions are defined under the Policy) and the Life Insured continues to be incapacitated to such an extent that he or she will be unlikely to engage in his or her own Occupation ever again and is under the regular treatment, and following the advice, of a Medical Practitioner - the Life Insured has suffered Loss of Limbs or Sight (as defined under the Policy), or - the Life Insured has suffered Loss of Independent Existence (as defined under the Policy).

Feature / Benefit	Change	New Policy Wording
The wording of the Total and Permanent Disablement – Own Occupation definition that is detailed in the adjacent ‘New Policy Wording’ column has been amended (continued)		If the Life Insured has been engaged in full-time domestic duties or child rearing at the time of the Sickness or Injury that causes Total and Permanent Disablement, then we will only pay a TPD Cover benefit if the Life Insured: • has been, through Sickness or Injury, unable to perform domestic duties or child rearing 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 he or she is unable to engage in (whether or not for reward) any occupation for which he or she is reasonably suited by education, training or experience and is likely to be so disabled for life • has been unable to perform domestic duties or child rearing and confined to the home as a result of 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 (as these conditions are defined under the Policy) and is under the regular treatment, and following the advice, of a Medical Practitioner, and continues to be so incapacitated to the extent that he or she is unable to engage in (whether or not for reward) any occupation for which he or she is reasonably suited by education, training or experience and is likely to be so disabled for life • has suffered Loss of Limbs or Sight (as defined under the Policy), or • has suffered Loss of Independent Existence (as defined under the Policy). Despite the above, if the TPD Cover benefit still applies on the Policy Anniversary Date preceding a Life Insured’s 65th birthday then from that date we will only pay a TPD Cover benefit if the Life Insured suffers from Loss of Independent Existence (as defined under the Policy).

Feature / Benefit	Change	New Policy Wording
The wording of the Total and Permanent Disablement – Any Occupation definition that is detailed in the adjacent ‘New Policy Wording’ column has been amended All other parts of the wording not referred to in the New Policy Wording column continue to apply.	The Total and Permanent Disablement ‘any’ occupation definition has been updated to make it clear that occupations which would only pay you 25% or less of your last 12 months earnings will be disregarded in determining whether you are Totally and Permanently Disabled. For the wording of the Total and Permanent Disablement – Any Occupation definition that applied to you before 10 November 2008, please refer to your Policy Document.	Total and Permanent Disablement – Any Occupation Where the words ‘Any Occupation’ appear on your Policy Schedule, then Total and Permanent Disablement means the Life Insured: • has been absent from active employment as a result of Sickness or Injury for a period of three consecutive months and has throughout that time been unable to engage in any occupation: – for which he or she is reasonably suited by education, training or experience; and – which would pay remuneration at a rate greater than 25% of the Life Insured’s earnings during his or her last consecutive 12 months of work, and is under the regular treatment, and following the advice, of a Medical Practitioner and is likely to be so disabled for life • has been absent from active employment as a result of 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 (as these conditions are defined under the Policy) and is unable to engage in (whether or not for reward) any occupation for which he or she is reasonably suited by education, training or experience and is under the regular treatment, and following the advice, of a Medical Practitioner and is likely to be so disabled for life • has suffered Loss of Limbs or Sight (as defined under the Policy), or • has suffered Loss of Independent Existence (as defined under the Policy). ...

Feature / Benefit	Change	New Policy Wording
The wording of the Plan Protection Option (waiver of premium whilst disabled) that is detailed in the adjacent 'New Policy Wording' column has been amended All other parts of the wording not referred to in the New Policy Wording column continue to apply.	The requirement under this option that you be under age 60 when totally disabled has been removed. For the wording of the Plan Protection Option (waiver of premium whilst disabled) that applied to you before 10 November 2008, please refer to your Policy Document.	Plan Protection Option (waiver of premium whilst disabled) The Plan Protection Option applies when the words 'Plan Protection Option' appear under the 'Additional Options' section in the Policy Schedule. The Plan Protection Option is only available if a Life Care benefit applies to the Policy. Subject to the conditions of this Policy, where the Plan Protection Option applies, in the event the Life Insured suffers Total Disability prior to the Cover Expiry Date, if any, we will waive all premiums payable under this Policy while Total Disability continues beyond three months but such waiver will only apply while the Life Insured is Totally Disabled and up to the earlier of the Cover Expiry Date, if any, and the Policy Anniversary Date preceding the attainment of age 65 of the Life Insured. ...
The definition of Cancer that is detailed in the adjacent 'New Policy Wording' column has been amended	The definition of Cancer has been made simpler and easier to understand. For the definition of Cancer that applied to you before 10 November 2008, please refer to your Policy Document.	Cancer Cancer means any one of the following seven conditions, provided the condition is not AIDS-related: 1. Any malignant (severe and progressively worsening) neoplastic disease characterised by the uncontrolled growth in number and spread of malignant cells that has progressed to a stage that either: • requires major interventionist treatment such as surgery, radiotherapy, chemotherapy or biological response modifiers, or • cannot be treated with curative intent;

Feature / Benefit	Change	New Policy Wording
The definition of Cancer that is detailed in the adjacent 'New policy wording' column has been amended (continued)		but excluding: • conditions classified by their clinical features, cytopathology and/or histopathology as tumours showing the malignant changes of 'carcinoma in situ' or which are histopathologically described as premalignant. Uterine cervical intraepithelial lesions, cervical dysplasias and cervical intraepithelial neoplasias, including those classified as CIN1, CIN2 and CIN3 are examples of tumours categorised as either being carcinoma in situ and/or premalignant and are excluded. • all non-melanoma skin tumours and cancers originating in skin, unless there has been evidence of metastatic spread • prostatic cancers which remain histopathologically classified as TNM (Tumour, Nodes, Metastases) Stage T1a or T1b or are of another equivalent or lower classification • prostatic cancers which remain histopathologically classified as TNM Stage T1c unless curative intent therapy has been administered in connection with such cancer • tumours treated by endoscopic procedures alone • melanomas which have a depth of invasion of less than Clark Level 3 or less than 1.5mm in Breslow thickness • Chronic Lymphocytic Leukaemia diagnosed as RAI Stage 0 or 1, which is defined to be in the blood and bone marrow and/or lymph nodes only 2. Leukaemia that is not Chronic Lymphocytic Leukaemia diagnosed as RAI Stage 0 or 1, which is defined to be in the blood and bone marrow and/or lymph nodes only 3. Malignant bone marrow disorder that is not Chronic Lymphocytic Leukaemia diagnosed as RAI Stage 0 or 1, which is defined to be in the blood and bone marrow and/or lymph nodes only 4. Hodgkin's Disease 5. Malignant lymphoma except where treated by endoscopic procedures alone 6. Melanomas which have a depth of invasion of Clark Level 3 or 1.5mm or more in Breslow thickness 7. Carcinoma in situ of the breast requiring removal of all breast tissue from the breast.

Notes

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8 am–8 pm (Sydney time)

Monday to Friday

comminsure.com.au

Write to: Manager, Customer Communication, CommInsure
Life Insurance, PO Box 320, Silverwater NSW 2128.

