# Income Protection

Policy Addendum Dated 20 November 2011





## Policy Addendum for Income Protection

Please read this document and keep it in a safe place with your Income Protection Policy Document. It is important to read this document in conjunction with your Policy Document and any other Policy Addenda or policy notices issued by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809.

This Policy Addendum applies from 20 November 2011. The improved conditions outlined are effective 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 medical conditions which exist before 20th November 2011 are ineligible for payment on the improved benefits.

#### Important information

This document is 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 1, 11 Harbour Street, Sydney NSW 2000.

## Policy Addendum for Income Protection

Feature / benefit	Change	New policy wording
Boosted Total Disability benefit for Serious Medical Conditions	New benefit – If you suffer a Serious Medical Condition, the monthly total disability benefit will be increased to more closely reflect 100% of your Monthly benefit.	<ul> <li>Insert at the end of the definition of 'Monthly Benefit' the following:</li> <li><i>Boosted benefit for Serious Medical Condition Total Disability</i></li> <li>Despite the above, if:</li> <li>we agree to pay a claim for Total Disability under this Policy; and</li> <li>your Total Disability is such that we are satisfied you also meet the definition of Serious Medical Condition;</li> <li>the Monthly Benefit is, for the purposes of calculating the Total Disability Benefit payable, the following amount: <ul> <li>X times (1+1/3)</li> </ul> </li> <li>where X is the amount of Monthly Benefit determined above under '<i>Guaranteed Agreed Value</i>' or '<i>Agreed Value or Indemnity</i>', as applicable.</li> <li>To avoid doubt, this calculation of the Monthly Benefit only applies for the purpose of calculating the Permanent Disablement Benefit, the Super Continuance Monthly Benefit or any other benefit under this Policy.</li> <li>Where benefits are payable for part of a month, the Monthly Benefit is divided by 30 to arrive at a daily benefit.</li> </ul>

## Policy Addendum for Income Protection

Feature / benefit	Change	New policy wording
The definitions of the following conditions have been amended as detailed in the adjacent new policy wording column		
Blindness	The definition of Blindness now includes reference to whether the visual acuity or visual field is aided or unaided.	<ul> <li>Blindness</li> <li>The permanent loss of sight in both eyes due to Sickness or Injury to the extent that:</li> <li>visual acuity is 6/60 or less in both eyes or</li> <li>the visual field is reduced to 20 degrees or less of arc whether aided or unaided, and all as certified by an ophthalmologist.</li> </ul>
Loss of Hearing	The definition of Loss of Hearing now includes reference to cochlea implants.	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 is not 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 Limbs or Sight	We have simplified the definition of Loss of Limbs or Sight.	<ul> <li>Loss of Limbs or Sight</li> <li>The Insured Person has sustained, as a direct result of Injury or Sickness:</li> <li>the complete and irrecoverable loss of use of both hands</li> <li>the complete and irrecoverable loss of use of both feet</li> <li>the complete and irrecoverable loss of use of one hand and one foot</li> <li>Blindness</li> <li>the complete and irrecoverable loss of use of one foot and Partial Blindness</li> <li>or</li> <li>the complete and irrecoverable loss of use of one hand and Partial Blindness.</li> </ul>

## **13 1056** 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.