

SIMPLE LIFE

**INSURANCE FOR
LIFE-CHANGING EVENTS,
MADE SIMPLE.**

Product Disclosure Statement (PDS)
and Policy Document.
Preparation Date: 25 April 2014



SUPPLEMENTARY PRODUCT DISCLOSURE STATEMENT (SPDS)

Preparation date: 16 June 2016

This Supplementary Product Disclosure Statement (SPDS) is dated 16 June 2016 and supplements the Simple Life Combined Product Disclosure Statement (PDS) and Policy Document issued on dated 25 April 2014. This SPDS outlines the changes to the product and is to be read together with the PDS. When reading the PDS you should replace the sections outlined with the wording contained in this document. Terms defined in the PDS have the same meaning in this SPDS.

Additional copies of the PDS, Policy Document and SPDS are available at commbank.com.au or by calling **13 3982**.

Page 28. Medical definitions for Critical Illness – the medical definition for Critical Illness for *heart attack* has been replaced with the following definition:

heart attack

The death of part of the heart muscle (myocardium) as a result of inadequate blood supply to the relevant area. The diagnosis must be confirmed by a cardiologist and evidenced by a typical rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit and at least one of the following:

- signs and symptoms of ischaemia consistent with a myocardial infarction;
- confirmatory new (or presumed new) electrocardiogram (ECG) changes associated with myocardial infarction; or
- imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

If the above evidence is inconclusive or superseded by technological advances, we will consider other appropriate and medically recognised tests that unequivocally diagnose a myocardial infarction of the degree of severity or greater as outlined above has occurred.

Acute coronary syndromes including but not limited to angina pectoris, unstable angina, and acute coronary insufficiency are excluded as part of this definition.



LIFE INSURANCE MADE SIMPLE.

About this document

This PDS is designed to help you decide whether to buy Simple Life.

The information it contains does not take into account your personal objectives, financial situation or needs and you should consider its appropriateness before acting.

All examples are only intended to demonstrate how certain benefits are calculated. All benefits will be determined in accordance with the relevant policy terms.

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

This whole document is the PDS for Simple Life, however, page 8 onwards is also the policy document. CMLA & CIL are responsible for the entirety of this PDS.

The policy is governed by the laws of the State of New South Wales.

The information in this PDS is current as at the date stated on the cover, however it is subject to change. If **we** make a change that is materially adverse, it will be communicated to existing **policyholders**, in writing, by way of a Supplementary Product Disclosure Statement (SPDS) or a new PDS. Where a change in information is not materially adverse we will not notify existing policyholders or issue a new PDS or SPDS. However you will be able to find information about any changes at commbank.com.au or you can contact us to request details of the changes in writing which we will send you free of charge.

Meaning of words

Some words in this document have a particular meaning. To help you read this document we have **bolded** many of the important terms and have included them in one section. See *What the words mean* on page 26.

About us

The issuer and insurer for Life Cover, Total and Permanent Disability Cover and Critical Illness Cover is The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809, AFSL 235035 (CMLA) and all premiums are paid to and benefits are paid from CMLA's Statutory Fund No.5. The issuer and insurer for Bill Protection is Commonwealth Insurance Limited ABN 96 067 524 216, AFSL 235030 (CIL).

CMLA and CIL are wholly owned subsidiaries of the Commonwealth Bank of Australia ABN 48 123 123 124. The Commonwealth Bank of Australia and its subsidiaries (other than CMLA in respect of Life Cover, Total & Permanent Disability Cover and Critical Illness Cover or CIL in respect of Bill Protection) do not guarantee the obligations or performance of CMLA or CIL or the products CMLA or CIL offers. CommInsure is a registered business name of CMLA and CIL.

In this document
We/Us/Our – refers to CIL or CMLA or both as is appropriate.

You – depending on the context, means either:

- The person applying for cover, before Simple Life is purchased; or
- The policy owner and person insured who are the same, after Simple Life is purchased.

Our principal office of administration is
Level 1, 11 Harbour Street, Sydney NSW 2000.

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WELCOME TO SIMPLE LIFE

WHAT YOU CAN COVER AND HOW TO APPLY.

Applying for Simple Life

Simple Life is available to **permanent Australian residents** aged between 18 and 50. Applications from outside Australia will not be accepted.

You cannot apply for another policy under Simple Life if you already have an existing Simple Life policy – see *One Simple Life policy* on page 8.

To be eligible for Bill Protection benefits you must be **employed**, see page 18 for what we mean by this.

How to apply

You can find out how to apply online by visiting commbank.com.au/simplelife or you can call us on **13 39 82**. Simple Life offers a range of covers that can be taken in any combination or individually (see page 7).

When you apply, all we ask you is your age, gender and **smoker** status. If you're taking out Bill Protection, we also ask for your **occupation class**.

It's important that you're truthful and accurate when answering these questions. Your answers help us determine what you pay – see *Changes to your premium rates* on page 21 for more information.

Overview of policy limitations

We've called out some of the important limitations so you also understand when you're not covered.

Things we don't cover

Simple Life does not cover you for a **pre-existing condition** (see page 13) and other circumstances like suicide. See pages 13–20 for full exclusions.

A no claim period applies to Critical Illness Cover and Bill Protection within 90 days of their **cover start date** – see page 13 for more information.

You are not covered if your claim arises from working in **hazardous conditions** – see page 26.

Not all types of employment are eligible for Bill Protection benefits – for example casual or self-employed are not eligible.

You must be **disabled** or **involuntarily unemployed** for at least 30 days before we pay your Bill Protection benefit – see page 18.

What you can get

| Choose one of these covers or take together with other cover ... | 1 Life Cover | 2 Critical Illness Cover | 3 Total & Permanent Disability (TPD) Cover | 4 Bill Protection |
|--|--|--|--|---|
| Pays a benefit when ... | You die or become terminally ill . | You suffer a critical illness (cancer, stroke, heart attack or coronary artery disease). | You become permanently disabled , like becoming a paraplegic. | You're disabled or involuntarily unemployed and can't work. |
| You can choose cover from ... | \$100,000 - \$1,000,000 in \$25,000 increments. | \$30,000 - \$200,000 in \$10,000 increments. | \$100,000 - \$500,000 in \$25,000 increments. | \$1,000 - \$5,000 in \$1,000 increments. |
| Designed to help cover ... | Debt, assist dependents through school and provide financial support for your partner. | Out-of-pocket expenses such as medical bills and lifestyle costs e.g. relocating family during care. | Loss of income, immediate medical treatment and ongoing lifestyle changes. | Important short-term expenses such as your bills or rent when you can't work. |
| For more details on each cover ... | See pages 13 and 14. | See pages 13 and 15. | See pages 13 and 16–17. | See pages 13 and 18–20. |

HOW A SIMPLE LIFE POLICY WORKS

WHEN COVER STARTS
AND ENDS, THE COOLING-
OFF PERIOD, AND WHAT
HAPPENS IF YOU MISS
A PAYMENT.

Individual policy

For Simple Life, you are both the policy owner and insured person. All benefits will be paid to you or on your death to your legal representative or estate as applicable. You cannot have cover for more than one person per Simple Life policy.

One Simple Life policy

You can only ever have one Simple Life policy with us at any one time.

When cover starts

Cover starts when we accept your application as stated by your **cover start date**. When this happens, we'll send you a **policy schedule** stating:

- Your **cover start date**
- Your cover
- Your premium.

Together, your application, the **policy schedule** and this policy document are your insurance contract (your 'policy') with us.

Cooling-off period

If you change your mind about Simple Life within one calendar month, we'll give you back any premium paid. This is your cooling-off period and it starts on the earlier of:

- You receiving the **policy schedule**; or
- The end of the fifth day after the policy start date.

Paying for your policy

Your first premium will be deducted on the date we have agreed with you and will be deducted in advance each month from this date.

Typically as you get older your premium will increase. This premium increase occurs each year on the same date your policy started and is referred to as your policy anniversary. See *How your premium is calculated* on page 21 to better understand this and other factors that impact how your premium is calculated.

Payments must be made by direct debit from a bank account or credit card accepted by us. It is your responsibility to ensure we have the correct account details and that your policy premiums are paid in full (we do not accept partial payments of premium).

Renewal of cover

Life Cover, Total and Permanent Disability Cover and Critical Illness Cover continue provided you pay your premiums and your cover or your policy has not ended – see *When your policy ends* on this page.

For Bill Protection, your cover is usually renewable each year at your policy anniversary date. When we offer to renew this cover we will send you a notice before the end of the cover period stating the terms of the renewal, including your monthly premium instalment – see *Annual notification* on page 29.

Cancellation when you don't pay your premiums

When your premium is overdue for more than one calendar month from the due date, we can choose to cancel your policy after this period. We will notify you when we do this.

Claims for events that occur after the date the policy is cancelled will not be accepted.

Reinstating your policy due to non-payment

If we cancel your policy when you don't pay your premiums, you can apply to reinstate your policy provided you:

- Let us know within one calendar month of us cancelling your policy (this is the reinstatement period); and
- Pay all outstanding premiums.

We will notify you if we have reinstated your policy. After the reinstatement period has expired, you must apply for a new policy again.

Cancelling your policy

You can cancel your policy at any time. The policy and all cover under it will end on the day we process the cancellation request.

Simple Life has no cash or surrender value.

When your policy ends

Your policy ends on the earliest of the following:

- You cancel your policy
- We cancel your policy
- You die
- We pay a death or terminal illness benefit
- All your covers come to an end
- Your policy anniversary after you turn 65
- If you have Bill Protection only and cover is not renewed.

Changing your policy

As your insurance needs change, you can change your policy to suit these needs by varying what cover you have or the level of cover. Changes to your lifestyle, such as becoming a **smoker** or a change in your **occupation class**, also impact your policy and you must keep us informed of these changes.

Below describes how these changes affect your policy.

| Change scenario | How this affects your policy | Limitations |
|------------------------------------|---|---|
| Increasing cover or adding cover | <p>When you increase existing cover or add cover we apply this from the date we accept your request.</p> <p>Your premium for the increased amount or added cover is calculated using your current age and a new premium applies from the date cover was increased or added.</p> <p>Your next payment will include the cost of covering you for the increased cover or added cover from the date we process your request to your next payment date.</p> <p>As an example, if you increase your cover from the 1st of the month and we accept your request, we will increase cover from this date. To continue this example, if your payment date is on the 7th of each month, then your next payment will be your new monthly premium plus 6 days of cover for the increased amount.</p> <p>The cover period for the increased amount or added cover will be aligned with your existing policy.</p> <p>We'll send you a notification confirming these details.</p> | <p>We will decline to increase or add cover when:</p> <ul style="list-style-type: none">• You apply to increase or add cover after you turn 51• You request to increase cover above the maximum cover levels stated on page 13 <i>Cover limits</i>• You request to add cover where we have previously paid you a benefit, except for Bill Protection• You request to add Bill Protection, where we haven't offered to renew this cover• You request to add cover where we no longer offer this cover through Simple Life. |
| Decreasing cover or removing cover | <p>When you decrease existing cover or remove cover we apply this from the date we process your request.</p> <p>Your new monthly premium will be calculated as your current premium less the cost of the cover you have reduced or removed and applies from the date of the decrease or removal of cover.</p> <p>Your next payment will be reduced by the cost of decreasing or removing cover from the date we process your request to your next payment date.</p> <p>As an example, if you decrease your cover from the 1st of the month and we accept your request, we will decrease cover from this date. To continue this example, if your payment date is on the 7th of each month, then your next payment will be your new monthly premium less 6 days of cover for the decreased amount.</p> <p>We'll send you a notification confirming these details.</p> | <p>We will decline to decrease cover when your request is below the minimum cover levels stated in the <i>Cover limits</i> on page 13.</p> <p>You may remove cover on your policy at any time, however, if you remove all cover your policy ends.</p> |

| Change scenario | How this affects your policy | Limitations |
|--|---|--|
| Changing smoker status | <p>Your smoker status affects the premium that you pay – see page 27 for the definition of smoker.</p> <p>If you have not smoked any substance, including cigarettes or tobacco and/or used chewing tobacco in the last 12 months, you can change your status to a non-smoker.</p> <p>Your premium rate will decrease from the date you're no longer a smoker (provided you tell us when this occurs) or increase when you become a smoker.</p> | <p>You must let us know when a change in smoker status occurs.</p> |
| Changing occupation class or becoming self-employed (Bill Protection only) | <p>Your occupation class affects the premium you pay for Bill Protection.</p> <p>Generally, working in a blue collar occupation means you'll pay higher premium rates than working in a white collar occupation – see page 27 for what these words mean.</p> <p>Your premium rate will change from the date you change your occupation class.</p> | <p>You must let us know when a change in your occupation class occurs.</p> <p>You should check if your new employment is eligible for Bill Protection benefits – see page 18.</p> |
| You're no longer a permanent Australian resident | <p>You must notify us when you intend to live outside Australia for more than 12 consecutive months.</p> <p>By living outside Australia for more than 12 consecutive months you will stop being a permanent Australian resident and we will not pay a benefit for a claim event that occurs after this date.</p> | <p>You must be a permanent Australian resident to have Simple Life.</p> |

Cover changes to Simple Life

We may change or remove the covers that we offer through Simple Life from time to time. This means if you take out individual cover, for example Life Cover only and you do not add other types of cover to your policy, we may later choose not to offer other covers found in this PDS (see page 7) and you will be unable to add this to your Simple Life policy. We will tell you should we decide to do this.

UNDER- STAND YOUR COVER

WHAT YOU'RE COVERED FOR,
WHAT YOU'RE NOT, AND
WHAT WE PAY YOU.

Cover limits

Simple Life has minimum and maximum amounts for each cover type – you cannot have less than the minimum cover limit or more than the maximum cover limit stated in the table below.

| Cover type | Minimum cover limit | Maximum cover limit | Cover must be taken in these increments |
|--|---------------------|---------------------|---|
| Life Cover | \$100,000 | \$1,000,000 | \$25,000 |
| Critical Illness Cover | \$30,000 | \$200,000 | \$10,000 |
| Total and Permanent Disability Cover (TPD) | \$100,000 | \$500,000 | \$25,000 |
| Bill Protection | \$1,000 | \$5,000 | \$1,000 |

Pre-existing condition exclusion

Simple Life does not cover you for a **pre-existing condition**. This means we won't pay a benefit if your death, **terminal illness**, **permanent disablement**, **critical illness** or **disablement** is caused directly or indirectly by an illness, injury, medical condition or related symptom:

- a) of which you first became aware; or
- b) for which you sought or intended to seek **medical help**; or
- c) for which a reasonable person in your circumstances should have been aware or would have sought **medical help** at any time during the five years before your **cover start date**.

Medical help means medical consultation, treatment, care or services which includes tests, other diagnostic measures or referral to a specialist.

Having other insurance

Simple Life can complement other life insurance you may have, for example with other providers.

The benefit we pay you for Bill Protection is not reduced by other insurance benefits you may receive. However, any other income protection insurance you have may be reduced by the benefit we pay you for Bill Protection.

No claim period

Critical Illness Cover and Bill Protection have a 90 day no claim period from their **cover start date**. This means we will not pay a benefit for a **critical illness**, **disablement**, **involuntary unemployment** or related event (such as becoming aware you would soon be unemployed or have symptoms of an illness or injury) that occurs in this time.

An example of how the no claim period works

Michael becomes involuntarily unemployed three weeks after taking out Bill Protection. Because this happened in the no claim period, we do not pay the Bill Protection benefit.

LIFE COVER

Life Cover applies when your **policy schedule** shows the words 'Life Cover'.

What we cover

Life Cover pays the following benefits:

- A death benefit paid to your estate or legal representative when you die; or
- A terminal illness benefit paid to you when you become **terminally ill**.

Terminal illness or **terminally ill** means an illness or injury which, in the opinion of a **medical practitioner**, will lead to death within 12 months. The medical practitioner must certify that the **terminal illness** has occurred. Until we receive these certifications, **terminal illness** will not have occurred for the purpose of this definition.

What we pay

The Life Cover benefit we pay is the Life Cover amount stated on your **policy schedule**. We will only pay this lump sum benefit once to you, i.e. if you die or become **terminally ill**.

An example of how Life Cover works

Troy has a Simple Life policy with \$300,000 of Life Cover. A year later, he becomes aware of symptoms and is subsequently diagnosed with terminal cancer – doctors give him less than 10 months to live. Troy contacts us to claim and we pay him a \$300,000 terminal illness benefit. His policy ends as we have paid the Life Cover benefit.

What we don't cover

We don't pay a Life Cover benefit if your death or **terminal illness** arises directly or indirectly from any of the following:

- A **pre-existing condition** (see *Pre-existing condition exclusion* on page 13)
- Suicide, attempted suicide or self-inflicted injury, whether you are sane or not
- As a result of war (whether declared or not)
- Substance use or dependency which includes alcohol, drug, chemical or the improper use of medication. This also includes where substance use or dependency or improper use of medication has contributed to your claim
- Participation in an illegal activity
- You have been living outside Australia for more than 12 consecutive months
- Working in **hazardous conditions** (see *Hazardous conditions* on page 26).

When does cover start and end

Life Cover starts from the **cover start date** stated in your **policy schedule**. A new **cover start date** applies from the date we accept any increase to Life Cover, but only to the increased amount.

Life Cover ends on the earliest of the following:

- We pay a Life Cover benefit
- You remove Life Cover from your policy – see *Changing your policy* on page 10
- You or we cancel your policy – see *Cancellation when you don't pay your premiums* and *Cancelling your policy* on page 9
- When your policy ends – see *When your policy ends* on page 9.

CRITICAL ILLNESS COVER

Critical Illness Cover applies when your **policy schedule** shows the words 'Critical Illness Cover'.

What we cover

Critical Illness Cover pays a lump sum benefit to you when you are diagnosed with or suffer a **critical illness** and survive 30 days after diagnosis or the event occurring.

Critical illness means you are certified by a **medical practitioner** as meeting any one of the four medical conditions: **cancer, coronary artery disease requiring by-pass surgery, heart attack** and **stroke**. Please see *Medical definitions for Critical Illness* on page 26 for detailed definitions of these conditions.

What we pay

The Critical Illness Cover benefit we pay is the Critical Illness Cover amount stated on your **policy schedule**. We will only pay this lump sum benefit once to you, i.e. if you meet any one of the **critical illness** medical conditions.

An example of how Critical Illness Cover works

Monique takes out \$100,000 of Critical Illness Cover under Simple Life. Six years later, she notices a lump in her left breast and is diagnosed with breast cancer. To prevent spreading, doctors remove her whole breast. Simple Life pays her a Critical Illness Cover benefit of \$100,000 which she uses to help cover treatment costs and her Critical Illness Cover ends.

What we don't cover

We don't pay a Critical Illness Cover benefit if your critical illness arises directly or indirectly from any of the following:

- A **pre-existing condition** (see *Pre-existing condition exclusion* on page 13)
- Attempted suicide or self-inflicted injury, whether you are sane or not
- As a result of war (whether declared or not)
- Substance use or dependency which includes alcohol, drug, chemical or the improper use of medication. This also includes where substance use or dependency or improper use of medication has contributed to your claim
- Participation in an illegal activity
- After you have been living outside Australia for more than 12 consecutive months
- Working in **hazardous conditions** (see *Hazardous conditions* on page 26)
- If you die within 30 days of being diagnosed with or suffering a critical illness.

The Critical Illness Cover benefit is also not paid for claims that arise or occur during the *No claim period* – see page 13.

When does cover start and end

Critical Illness Cover starts from the **cover start date** stated in your **policy schedule**.

A new **cover start date** applies from the date we accept any increase to Critical Illness Cover, but only to the increased amount.

Critical Illness Cover ends on the earliest of the following:

- We pay a Critical Illness Cover benefit
- You remove Critical Illness Cover – see *Changing your policy* on page 10
- You or we cancel your policy – see *Cancellation when you don't pay your premiums* and *Cancelling your policy* on page 9
- When your policy ends – see *When your policy ends* on page 9.

TOTAL AND PERMANENT DISABILITY (TPD) COVER

Total and Permanent Disability (TPD) Cover applies when your **policy schedule** shows the words 'Total and Permanent Disability Cover'.

What we cover

TPD Cover pays a lump sum benefit to you when you become **permanently disabled**.

Permanently disabled or **permanent disablement** means you are certified by a **medical practitioner** as meeting one of the criteria on the opposite page.

What we pay

The TPD Cover benefit we pay is the TPD Cover amount stated on your **policy schedule**. We will only pay this lump sum benefit once to you, i.e. if you meet any one of the **permanently disabled** criteria.

An example of how TPD Cover works

Sharon is a working mother of three and takes out Simple Life, including \$250,000 of TPD Cover and Life Cover. When a severe car accident leaves her paralysed from the waist down, medical evidence confirms her permanently paraplegic. We pay Sharon's claim as she has met the TPD loss of function criteria and Sharon uses the \$250,000 to help with medical costs and lifestyle adjustments. Her TPD Cover ends while her Life Cover continues.

What we don't cover

We don't pay the TPD Cover benefit if your **permanent disablement** arises directly or indirectly from any of the following:

- A **pre-existing condition** (see *Pre-existing condition exclusion* on page 13)
- Attempted suicide or self-inflicted injury, whether you are sane or not
- As a result of war (whether declared or not)
- Substance use or dependency which includes alcohol, drug, chemical or the improper use of medication. This also includes where substance use or dependency or improper use of medication has contributed to your claim
- Participation in an illegal activity
- You have been living outside Australia for more than 12 consecutive months
- Working in **hazardous conditions** (see *Hazardous conditions* on page 26).

When does cover start and end

TPD Cover starts from the **cover start date** stated in your **policy schedule**. A new **cover start date** applies from the date we accept any increase to TPD Cover, but only to the increased amount.

TPD Cover ends on the earliest of the following:

- We pay a TPD Cover benefit
- You remove TPD Cover from your policy – see *Changing your policy* on page 10
- You or we cancel your policy – see *Cancellation when you don't pay your premiums* and *Cancelling your policy* on page 9
- When your policy ends – see *When your policy ends* on page 9.

| Criteria | This means ... | Additional information |
|--------------------------------------|--|--|
| Loss of function | <p>The complete and irrecoverable loss of use of function due to illness or injury of:</p> <ul style="list-style-type: none"> • Two or more of the following: <ul style="list-style-type: none"> – A hand – A foot – Loss of sight in an eye, Or • Loss of hearing in both ears. <p>This may include quadriplegia, paraplegia, diplegia and hemiplegia – see <i>What the words mean</i> on page 26.</p> | <p>Where:</p> <ul style="list-style-type: none"> • The hand means the whole hand below the wrist • The foot means the whole foot below the ankle • Loss of sight (in one eye or both eyes as applicable) is defined as: <ul style="list-style-type: none"> – Corrected visual acuity is 6/60 or less, or – Irrespective of corrected visual field, a constriction within 10 degrees or less of arc of central fixation. • Loss of hearing in both ears is defined as complete and irrecoverable loss of hearing from both ears as a result of illness or injury, as certified by a medical practitioner. 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 independent existence | <p>Due to injury or illness, you are permanently and irreversibly unable to perform any two of the following activities unassisted by another person:</p> <ul style="list-style-type: none"> • Feeding – to get food and drink to the mouth • Mobility – to get in and out of bed or a chair • Washing – to bathe and shower • Dressing – to dress and undress • Continence – to have good control of bowel and bladder function. | Not applicable. |
| Unable to work | <p>As a result of illness or injury, a state of physical incapacity which:</p> <ul style="list-style-type: none"> • Results in you being unable to work in any capacity (regardless of whether you receive remuneration, gain or reward), for at least six consecutive months; and • In our opinion, after considering medical evidence and/or other evidence, results in you being unable to ever again perform any occupation for which you are reasonably qualified by education, training or experience. | <ul style="list-style-type: none"> • You must have been employed for at least 180 consecutive days before you became permanently disabled to meet this criteria • You cannot be employed and performing home duties at the same time. <p>See page 26 and 27 for what we mean by employed and performing home duties.</p> |
| Unable to perform home duties | <p>As a result of illness or injury, a state of physical incapacity which:</p> <ul style="list-style-type: none"> • Results in you being unable to perform home duties for at least six consecutive months; and • In our opinion, after considering medical evidence and/or other evidence, results in you being unable to perform home duties ever again. | <ul style="list-style-type: none"> • You must have been performing home duties before you became permanently disabled to meet this criteria. • You cannot be employed and performing home duties at the same time. <p>See page 26 and 27 for what we mean by employed and performing home duties.</p> |

BILL PROTECTION

Bill Protection applies when your policy schedule shows the words 'Bill Protection'.

What we cover

Bill Protection pays:

- A short-term disability benefit, when you're **disabled**; or
- An unemployment benefit when you're **involuntarily unemployed**.

You must be employed

You must be **employed** to be eligible for Bill Protection benefits.

Employed means you are:

- Working in one of the **eligible types of employment** explained in the box below and you carry out identifiable duties in relation to these **eligible types of employment**; and
- Actually performing or capable of performing those duties; and
- In our opinion, not restricted by illness or injury, from performing those duties on a full-time basis, where full-time basis means 20 hours per week.

Eligible types of employment

Permanently employed

You've been working for at least 20 hours per week in a continuous, permanent and regular employment that is not seasonal in nature and for at least 180 consecutive days.

Working under a fixed term contract

You're working under one or more contracts providing at least 20 hours per week of continual and regular employment, where the contract or contracts is or are:

- For salary or wages; and
- For a specified period; and
- With the same employer; and
- For a combined period of at least 180 consecutive days.

Types of employment not eligible

Types of employment not listed in the box below such as casual or self-employed work or where you have been working for a short period of time (i.e. less than 180 consecutive days) are not eligible for Bill Protection benefits.

When we'll pay a short-term disability benefit

We'll pay you a short-term disability benefit when:

- You've been continuously **employed** for the 180 consecutive day period before you became **disabled**; and
- You're **disabled** for at least 30 consecutive days; and
- You remain **disabled** after this waiting period.

Disabled or **disablement** means that due to injury or illness you are:

- Unable to return to work as certified by a **medical practitioner** due to that injury or illness; and
- Following that **medical practitioner's** advice and recommended treatment; and
- Not working.

When we'll pay an unemployment benefit

We'll pay you an unemployment benefit when:

- You've been continuously **employed** for the 180 consecutive day period before you became **involuntarily unemployed** as described in the box below; and
- You're unemployed for at least 30 consecutive days and are **actively seeking employment** in Australia; and
- You remain unemployed after this waiting period.

Definition of involuntarily unemployed or involuntary unemployment

If permanently employed

You lose your employment because your employer terminated your employment or you are made redundant.

If your loss of employment is of a voluntary nature (e.g. you resign or take a voluntary redundancy) you don't qualify as being **involuntarily unemployed** – see *What we don't cover* on page 20.

If working under a fixed term contract

You stop work before the end date of the contract because your employer terminated the contract or made you redundant.

If you voluntarily terminate the contract you don't qualify as being involuntarily unemployed.

Actively seeking employment means you are actively engaged in the pursuit of returning to paid work in Australia. Examples of this may include:

- Receiving government benefits such as Newstart or Youth Allowance, or
- Being registered and attending interviews with an employment agency, or
- Looking for suitable paid work, including the submission of job applications, attendance of job interviews and accepting all suitable offers.

What we pay

The Bill Protection benefit we pay is the Bill Protection amount stated on your **policy schedule**. We will only pay this lump sum benefit once at a time, i.e. if you're **disabled** or **involuntarily unemployed** even if you are both disabled and involuntarily unemployed at the same time.

An example of how short-term disability works

Kevin recently moved out of home and took out \$3,000 of Bill Protection. As a teacher at the local high school, he's permanently employed and works more than 20 hours a week. A year later, he severely injures his leg and wrist playing soccer and is forced to recover on crutches – doctors confirm he is unable to return to work for at least 30 days. After his 30 day waiting period, Simple Life pays Kevin a \$3,000 short-term disability benefit.

An example of how involuntary unemployment works

Leanne is a sales contact centre manager, having worked with her current employer full-time for more than 3 years. She also has Bill Protection for \$2,000. Six months later, she's advised of a company restructure and is made involuntarily unemployed. Leanne actively looks for work and is unable to find work for at least 30 days. We pay her an unemployment benefit of \$2,000 after the 30 day waiting period.

BILL PROTECTION (CONT.)

Return to work

After we have paid you a short-term disability or unemployment benefit, you must be **employed** for another 180 consecutive day period before you are eligible for further Bill Protection benefits.

Renewal

When Bill Protection is renewed, the 90 day no claim period does not start again.

If renewal occurs while you are **disabled** or **involuntarily unemployed**, the 30 consecutive day waiting period does not start again.

What we don't cover

We don't pay a Bill Protection benefit if your claim arises directly or indirectly from any of the following:

- A **pre-existing condition** (see *Pre-existing condition exclusion* on page 13)
- Attempted suicide or self-inflicted injury, whether you are sane or not
- As a result of war (whether declared or not)
- Substance use or dependency which includes alcohol, drug, chemical or the improper use of medication. This also includes where substance use or dependency or improper use of medication has contributed to your claim
- Participation in an illegal activity
- You have been living outside Australia for more than 12 consecutive months
- Working in **hazardous conditions** (see *Hazardous conditions* on page 26)
- In respect of an unemployment benefit when your unemployment is voluntary – this includes, if you resign; accept voluntary redundancy or take early retirement; abandon your employment; if you've been suspended from working, for example because you have lost your driving licence; or if you voluntarily terminate your contract as a contractor
- In respect of an unemployment benefit if you became aware you would soon be unemployed before your **cover start date**.

The Bill Protection benefit is also not paid for claims that arise or occur during the *No claim period* – see page 13.

When does cover start and end

Bill Protection starts from the **cover start date** stated in your **policy schedule**.

Bill Protection ends on the earliest of the following:

- We pay a TPD benefit
- You remove Bill Protection – see *Changing your policy* on page 10
- You or we cancel your policy – see *Cancellation when you don't pay your premiums and Cancelling your policy* on page 9
- When your policy ends – see *When your policy ends* on page 9
- Your policy anniversary date, when Bill Protection is not renewed.

Financial Claims Scheme

Bill Protection is a protected product under the Financial Claims Scheme (FCS). The FCS protects certain individuals in the event of an insurer becoming insolvent. In the unlikely event of CIL becoming insolvent you may be entitled to access the FCS, provided you satisfy the eligibility criteria. More information about the FCS and eligibility criteria is available from APRA by visiting www.apra.gov.au or calling 1300 558 849.

YOUR PREMIUMS

HOW WE CALCULATE YOUR PREMIUM.

How your premium is calculated

Your monthly premium is stated in your **policy schedule**. All premiums are inclusive of stamp duty. Your premium will never be less than our minimum premium for the policy.

The following significant factors also affect how much you pay for Simple Life:

Nominated cover

Generally, the greater your level of cover, the higher your premium.

Your premium will be higher the more types of cover you have.

Age

Your current age affects your premium. As you get older, your premium will typically increase.

The annual notice we send you before your policy anniversary will state your new premium – see *Annual notification* on page 29.

Individual factors

Your gender and whether you're a **smoker** affect your premium.

If you're a **smoker** you can typically expect to pay a higher premium than if not.

Refer to page 27 for our definition of **smoker**.

Additional factors for Bill Protection

Bill Protection premiums, less any stamp duty, are subject to Goods and Services Tax (GST).

Your **occupation class – blue collar** occupations typically pay a higher premium compared to **white collar** occupations.

Changes to your premium rates

If we become aware that you have incorrectly stated your age, **smoker** status or **occupation class** we may vary your premium to take into account your correct status, notwithstanding any other rights we may have in law.

There may also be times when we change premium rates. When this happens we will change the premium for all policies issued on the same terms, i.e. we won't single you out, and give you notice as required by the law.

Taxation

Generally, premiums for the Life, TPD and Critical Illness Covers and Bill Protection are not tax deductible and in most situations, benefits paid to you or your estate are not subject to personal tax.

This information on taxation is of a general nature only and is based on the continuance of present taxation laws, rulings and their interpretation. As individual circumstances differ, you should seek assistance from your tax adviser.

CLAIMS

WHAT WE MAY REQUIRE TO ASSESS YOUR CLAIM.

You or your representative should contact us as soon as reasonably possible after your death; diagnosis of **terminal illness**; you become **permanently disabled, disabled** or **involuntarily unemployed** or you suffer a **critical illness**.

Medical evidence

We rely on the information provided during a claim. We must receive sufficient evidence and in some circumstances support from our medical officer, before we pay a benefit. You must provide the medical evidence required at your own expense except where we ask for a medical examination or other tests.

If overseas, we may require you to return to Australia at your expense for assessment of a claim. When you return, you must be under the immediate care of a **medical practitioner**. Payment of any benefit under this policy is conditional on you returning for such an assessment, if required.

Independent assessment

When necessary, we may require access to your medical records and test results so we can independently verify the existence and the extent of an illness, injury or other event. We can make any reasonable enquiries about the claim and we may require you to have a medical examination by a doctor we nominate. See *Privacy* on page 23 to understand why we collect and how we use customer information.

Employment and unemployment evidence

When necessary, in order to prove your claim we may require the following evidence:

- An Employer statement
- An Employment Separation Certificate
- Receipt of Newstart Allowance, Registration with Centrelink and/or employment agency, or applications for jobs and interviews for positions.

Paying claims

Once we've received all the necessary documents and assessed the validity of your claim, we'll pay your claim as soon as possible.

PRIVACY OF YOUR PERSONAL INFORMATION

Collecting information

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

How we collect it

We can collect and verify customer information in different ways and we will advise you of the most acceptable ways to do this.

The law may require 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. Collecting and verifying information helps to protect against identity theft, money-laundering and other illegal activities. We may disclose your customer information in carrying out verification e.g. we may refer to public records to verify information and documentation, or we may verify with an employer that the information you have given us is accurate.

What we collect

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

Accuracy

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

How do we use your personal information?

We collect, use and exchange your personal information so that we can:

- establish your identity and assess applications for our products and services;
- price and design our products and services;
- administer our products and services;
- manage our relationship with you;
- manage our risks and help identify and investigate illegal activity, such as fraud;
- contact you, for example if we need to tell you something important;
- conduct and improve our businesses and improve the customer experience;
- comply with our legal obligations and assist government and law enforcement agencies or regulators; or
- identify and tell you about other products or services that we think may be of interest to you.

We may also collect, use and exchange your information in other ways where permitted by law.

Electronic Communication

If we have your email or mobile phone details we may contact you electronically including by SMS. You may also receive information on the Commonwealth Bank group's products and services electronically.

Direct marketing

If you don't want to receive direct marketing from us, you can tell us by calling 1800 003 040.

Gathering and combining data to get insights

Improvements in technology enable organisations, like us, to collect and use information to get a more integrated view of customers and provide better products and services.

PRIVACY OF YOUR PERSONAL INFORMATION

The Commonwealth Bank group may combine customer information it has with information available from a wide variety of external sources (for example census or Australian Bureau of Statistics data). Group members are able to analyse the data in order to gain useful insights which can be used for any of the purposes mentioned above.

In addition, Commonwealth Bank group members may provide data insights or related reports to others, for example to help them understand their customers better. These are based on aggregated information and do not contain any information that identifies you.

Protecting your personal information

We comply with the Australian Privacy Principles as incorporated into the Privacy Act 1988 (Cth).

The Privacy Act protects your sensitive information, such as health information. When we need to obtain this type of information, we will ask for your consent, except where otherwise permitted by law.

Who do we exchange your personal information with?

We exchange your personal information with other members of the Commonwealth Bank group, so that the group may adopt an integrated approach to its customers.

Commonwealth Bank group members may use this information for any of the purposes mentioned under 'How do we use your personal information' above.

Third parties

We may exchange your information with third parties where this is permitted by law or for any of the purposes mentioned under 'How do we use your personal information' above. These third parties include:

- service providers or those to whom we outsource certain functions, for example, direct marketing, statement production, debt recovery and information technology support;
- your employer;
- brokers and agents who refer your business to us;
- any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- claims-related providers, such as assessors and investigators, who help us with claims;
- auditors and reinsurers;
- government and law enforcement agencies or regulators; or
- entities established to help identify illegal activities and prevent fraud.

In all circumstances where our contractors and outsourced service providers become aware of customer information, confidentiality arrangements apply.

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.

Sending information overseas

From time to time we may send your personal information overseas, including to overseas Commonwealth Bank group members and to service providers or other third parties who operate or hold data outside Australia. This can include from time to time sending personal information to reinsurers that we may have (as at the date of this PDS this could include sending information to Netherlands, United States of America and United Kingdom). Where we do this, we make sure that appropriate data handling and security arrangements are in place. Please note that Australian law may not apply to some of these entities.

We may also send information overseas to complete a particular transaction or where this is required by laws and regulations of Australia or another country.

For more information about which countries your information may be sent to, see the Commonwealth Bank group privacy policy available at commbank.com.au

Viewing your information

You can (subject to permitted exceptions) request access to your personal information by contacting Customer Relations (see page 29 for contact details).

We may charge you for providing access. For more information about our privacy and information handling practices, please refer to the Commonwealth Bank group Privacy Policy, which is available through commbank.com.au or on request from any Commonwealth Bank branch.

Making a privacy complaint

We accept that sometimes we can get things wrong. If you have a concern about your privacy you have a right to make a complaint and we'll do everything we can to put matters right.

To lodge a complaint, please contact Customer Relations (see page 29 for contact details). We'll review your situation and try to resolve it straight away.

We acknowledge every complaint we receive and provide our name, a reference number and contact details of the investigating officer. We keep you updated on the progress we're making towards fixing the problem.

Usually, it takes only a few days to resolve a complaint. However, if we're unable to provide a final response within 45 days we'll contact you to explain why and discuss a timeframe to resolve the complaint.

GLOSSARY

What the words mean

Actively seeking employment

– see page 19

Cover start date – the date we accept your application for cover, including requests to add and/or increase cover. This date is stated in your **policy schedule**. A new **cover start date** applies when you add cover or increase cover, but only in respect of the added cover or increased cover.

Critical illness – any one of the four medical conditions, including **cancer**, **coronary artery disease requiring by-pass surgery**, **heart attack** and **stroke** as defined on page 28.

Diplegia – the total loss of function of both sides of the body due to sickness or injury, where such loss of function is permanent.

Disabled, disablement – see page 18

Employed – means you are:

- Working in one of the **eligible types of employment** explained in the box below and you carry out identifiable duties in relation to that employment; and
- Actually performing or capable of performing those duties; and
- In our opinion, not restricted by illness or injury, from performing those duties on a full-time basis, where full-time basis means 20 hours per week.

Eligible types of employment**Permanently employed**

– You've been working for at least 20 hours per week in a continuous, permanent and regular employment that is not seasonal in nature and for at least 180 consecutive days.

Working under a fixed term contract

– You're working under one or more contracts providing at least 20 hours per week of continual and regular employment, where the contract or contracts is or are:

- For salary or wages;
- For a specified period;
- With the same employer; and
- For a combined period of at least 180 consecutive days.

Hazardous conditions – this means we won't pay a benefit if you die, become **terminally ill**, are **disabled** or **permanently disabled** or suffer a **critical illness** directly or indirectly from working in these hazardous conditions:

Hazardous conditions and occupation examples not covered

- Working above heights of 15m outside of a building or above 15m in a building under construction. **Examples include pilots, tree loppers, window cleaners, construction workers**
- Working below the surface, either underground, underwater or outside of a building or in a building under construction. **Examples include miners, construction workers, divers**
- Work requiring the handling or transport of explosives or firearms. **Examples include Police officers, armed security work, on-site construction workers**
- Working offshore. **Examples include work on offshore oil, gas platforms or ships, commercial fishing.**

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

Home duties – this means your main occupation is to maintain your family home which includes performing 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 dependent family members (where applicable).

If also in paid employment, you must be working less than 20 hours per week, otherwise we will not consider you performing **home duties** for the purpose of this definition.

Home duties do not include duties performed outside the person's family home for salary, reward or profit.

Involuntarily unemployed/involuntary unemployment – see page 19

Medical help – see page 13

Medical practitioner – this means a current **medical practitioner** who is not you, a relative, a de facto partner or spouse of yours, and

- If practising in Australia, is a currently registered medical practitioner whose credentials have been accepted by the medical authority of the Australian state or territory in which they are practising; or
- If practising other than in Australia, has equivalent qualifications to a **medical practitioner** registered in Australia and be registered with an appropriate medical authority in the country they are practising.

We must be satisfied with the **medical practitioner's** qualifications.

Occupation class – the type of occupation you work in and the duties you perform. Occupations are classed as either blue collar or white collar occupations:

- **Blue collar** – are occupations that involve manual work, supervision of manual workers and/or working outside of an office environment for more than 20% of your time
- **White collar** – are occupations limited to professional, managerial, administrative, clerical, secretarial or similar tasks which do not involve manual work and are undertaken entirely within an office or retail environment (excluding travel time from one office environment to another).

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

Permanent Australian resident

– means you have been living in Australia for at least 12 months and are an Australian resident for tax purposes. For the purpose of this definition, you will stop being a **permanent Australian resident** when you live outside Australia for more than 12 consecutive months.

Permanently disabled, permanent disablement – see page 17

Policy schedule – the document we send you confirming your cover and cover start date, and any subsequent endorsements.

Pre-existing condition – see page 13

Quadriplegia – the permanent loss of use of both arms and both legs, resulting from spinal cord sickness or injury.

Smoker – you are a smoker if you have smoked any substance including cigarettes or tobacco and/or used chewing tobacco in the last 12 months.

Terminal illness – see page 14

GLOSSARY

Medical definitions for Critical Illness

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.

Coronary artery disease requiring

by-pass surgery – The actual undergoing of by-pass surgery (including saphenous vein or internal mammary graft) for the treatment of coronary artery disease. Any other operations are specifically excluded from this definition.

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

- the following medical evidence
 - i) elevation of cardiac enzyme CK-MB; or
 - ii) elevation in levels of Troponin I greater than 2.0mcg/L or Troponin T greater than 0.6mcg/L or their equivalent; and
 - iii) confirmatory new electrocardiogram (ECG) changes; or
 - iv) medical evidence satisfactory to us that the heart attack reduced the Left Ventricular Ejection Fraction to below 50 per cent 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.

Stroke – A cerebrovascular accident or incident producing neurological sequelae. This includes infarction of brain tissue, intracranial and/or subarachnoid haemorrhage, or embolization 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.

OUR ONGOING RELATIONSHIP

WE'RE HERE TO HELP YOU. LEARN ABOUT HOW TO REACH US, WHAT TO DO IF YOU NEED TO CLAIM OR HAVE A COMPLAINT.

Contact us

Whether you need something clarified, would like to update your personal or policy details or adjust your billing, we're happy to help.

You can always get in contact with us in one of the following ways:

Email us

simplelife@cba.com.au

Call us

13 39 82 between 8.00am and 8.00pm (Sydney time).

Write to us

CommInsure Life. Insurance Services.
PO Box 328, Silverwater NSW 2128

National Relay Service

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

- TTY/Voice: 133 677
 - SSR: 1300 555 727
- www.relayservice.com.au

Electronic notices

You can choose to receive notices for your policy electronically. When you do this we will send you important notices (for example your annual notification and any cancellation of cover) to the email address we have recorded as your nominated email address.

It's therefore important to keep us informed of any changes to your email address and mobile number to ensure you're aware of all notices relating to your policy.

All notices are said to be sent by us and deemed to be received by you when our system shows that the email has left our system for delivery to your email address.

Annual notification

We'll send you a notification each year before your policy anniversary to confirm your latest policy details, including your cover and premium. When we offer to renew your Bill Protection, this is also your renewal notice for Bill Protection.

If you have not already, you should advise us of any lifestyle changes that may affect your policy – see *Changing your policy* on page 10.

What to do if you need to claim

When the unexpected happens, we're here to help. Simply call us on **13 39 82** between 8.00am and 8.00pm (Sydney time), Monday to Friday and we'll explain what is needed to assess your claim.

Once you've returned the claim forms we send you together with the required supporting evidence, we'll keep you updated through the assessment process.

What to do if you have a complaint

We accept sometimes we get things wrong and when we do, we're determined to help make them right again. Most problems can be resolved quickly by simply talking with us on **13 39 82**.

For further assistance, contact Customer Relations on **1800 805 605** or email to CustomerRelations@cba.com.au or by writing to CBA Group Customer Relations, Reply Paid 41, Sydney NSW 2001.

External dispute resolution

If you are not happy with the response we provide, you may refer your complaint to Financial Ombudsman Services (FOS). FOS offers a free, independent dispute resolution service for the Australian banking, insurance and investment industries.

You can contact FOS on **1300 780 808**, online at www.fos.org.au or by writing to: Financial Ombudsman Services, GPO Box 3, Melbourne VIC 3001

NOTES

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You can always get in contact with us in one of the following ways:

Email us

simplelife@cba.com.au

Call us

13 39 82 between 8.00am and 8.00pm
(Sydney time).

Write to us

CommInsure Life Insurance Services.
PO Box 328 Silverwater, NSW 2128

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