COMMINSURE PROTECTION.

Combined Product Disclosure Statement (PDS) and Policy.

Issue date: 13 November 2016

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, the trustee of the Colonial Super Retirement Fund ABN 40 328 908 469 (the 'Fund', 'CSRF'), (referred to as 'the trustee of the CSRF').

This PDS describes two separate financial products:

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

CMLA and the trustee of the CSRF 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 of the CSRF are wholly owned but non-guaranteed subsidiaries of Commonwealth Bank of Australia ABN 48 123 123 124 (CBA). Apart from CMLA and the trustee of the CSRF, 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 of the CSRF, 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 in this document, as outlined on page 6. Also, for Total Care Plan Super, the rules in the Fund's trust deed apply.

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 24. 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 25.

Contents.

Overview.

This part contains

Why CommInsure?

CommInsure is one of the largest insurance providers in Australia with over four million customers. With roots dating back over 140 years, we have a history of financial strength, security and reliability. We provide quality insurance products and pay all legitimate claims.

Claims

In 2015, CommInsure paid more than $850 million in claims. That's over $16 million in claims paid each week.

We paid these claims under our Retail, Direct and Group insurance policies.

Awards

Life Company of the Year
Plan for Life & Association of Financial Advisers 2013 and 2010

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

National Contact Centre of the Year
Australian Teleservices Association (ATA) Awards 2013 and 2012

Life Insurance Company of the Year
Awarded by the Australian and New Zealand Institute of Insurance and Finance 2014, 2011, 2010 and 2007

Getting started.

How to use this document

This is a combined PDS and Policy document. 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 if a policy is issued, are in parts A, B, C and the Definitions section of this document.

This document has eight 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, total and permanent disability (TPD) and trauma cover works. It also sets out the policy terms for these types of cover. Refer page 26.
- **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 64.
- **Part C** tells you about the policy terms common to all our insurance products. Refer page 96.
- **Part D** tells you about other things you need to know, such as taxation, risks and so on. Refer page 106.
- **Part E** provides additional information on Total Care Plan Super. Refer page 114.
- **Part F** explains important considerations in taking your insurance inside super. Refer page 122.
- **Definitions** sets out our meanings of certain words and expressions used in this combined PDS and Policy document. Refer page 126.

Follow the colours

We've colour coded the different types of insurance described in this document to help you find what's relevant to you. (See opposite page)

If you already know what type of insurance you need, and you want to get straight into the details, the colour code will help you find the information you're looking for.

Need some help?

Your financial adviser will 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 am to 8 pm (Sydney time), Monday to Friday or visit **commbank.com.au** to arrange for a financial adviser to contact you.

Our insurance summary.

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 if you die or are terminally ill and likely to die within 24 months. On death, we provide an advance in some circumstances to help cover funeral expenses.

You can also take out Accidental Death Cover, which pays a lump sum if you die due to an accident.

If you have children you can take out Child Cover. Child Cover pays a lump sum if your child dies or is diagnosed with a child trauma condition (see page 61 for child trauma conditions).

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.

Life Care	
Entry age (next birthday)	
Stepped premium	16 to 71
Level premium	18 to 55
Expires on the policy anniversary before you turn	
Total Care Plan	99
Total Care Plan Super	80
SMSF Plan	99
Amount of cover	
Minimum	No minimum
Maximum	No maximum
Included benefits and features	
Life Care benefit	Page 31
Terminal Illness benefit	Page 31
Advance Payment benefit	Page 31
Severe Hardship Booster benefit	Page 32
Life Care Buy Back benefit	Page 32
Financial Planning benefit	Page 32
Accommodation benefit	Page 33
Loyalty Bonus benefit	Page 33
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Life Care	
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Plan Protection	Page 36
Guaranteed Insurability (personal events)	Page 36
Guaranteed Insurability (business events)	Page 38
Business Safe Cover	Page 38
Child Cover	Page 60

Accidental Death Cover

Accidental Death Cover	
Entry age (next birthday)	
Stepped premium	16 to 71
Level premium	18 to 55
Expires on the policy anniversary before you turn	
Total Care Plan	99
Total Care Plan Super	80
SMSF Plan	99
Amount of cover In super, Accidental Death Cover must be taken with Life Care and it can't exceed the amount of Life Care. Indexation may cause cover to exceed the maximum.	
Minimum	$10,000
Maximum	$1 million

Child Cover

Child Cover	
Entry age (next birthday)	
3 to 17	
Expires on the policy anniversary before the child turns	
18	
Amount of cover Must be the same amount of cover for each child. Indexation may cause cover to exceed the maximum.	
Minimum	$10,000
Maximum	$250,000

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 totally and permanently 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 definitions starting on page 130.

TPD Cover	
Entry age (next birthday)	
Stepped premium	16 to 61
Level premium	18 to 55
Expires on the policy anniversary before you turn	
◆ Total Care Plan	99
◆ Total Care Plan Super	75
◆ SMSF Plan	99
From the policy anniversary before you turn 65	
◆ TPD only covers loss of independent existence. Please refer to the definition of loss of independent existence on page 144.	
◆ TPD Cover under a split TPD policy outside super ends (see page 18 for an explanation of split TPD).	
Amount of cover If TPD Cover is a rider to Life Care it can't exceed the amount of Life Care. Indexation may result in cover exceeding the maximum.	
Minimum	No minimum
Maximum	$5 million
Work eligibility for TPD Cover	
You must be working full time or part time outside the home for at least 20 hours per week, although we'll consider you if you're in full time home duties.	
Available definitions	
◆ Own occupation	
◆ Any occupation	
Included benefits and features	
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◆ Death benefit	Page 45
◆ Severe Hardship Booster benefit	Page 47
◆ Financial Planning benefit	Page 47
◆ Loyalty Bonus benefit	Page 47
◆ Accommodation benefit	Page 48
◆ Automatic indexation	Page 48
◆ Continuation option	Page 48
◆ Option to convert	Page 49
Available options	
◆ Plan Protection	Page 49
◆ Guaranteed Insurability (business events)	Page 49
◆ Business Safe Cover	Page 49

Trauma Cover – health is everything

Trauma Cover pays a lump sum if you are diagnosed with any one of our defined trauma conditions such as cancer, heart attack or stroke. Trauma Cover and Child Cover are not available inside super.

For the full range of trauma conditions covered and their specific meanings please refer to the 'Medical definitions' starting on page 141.

Trauma Cover	
Entry age (next birthday)	
Stepped premium	16 to 66
Level premium	18 to 55
Expires on the policy anniversary before you turn	
80	
From the policy anniversary before you turn 70	
Trauma only covers loss of independent existence. Please refer to the definition of loss of independent existence on page 144.	
Amount of cover If Trauma Cover is a rider to Life Care, it can't exceed the amount of Life Care. Indexation may result in cover exceeding the maximum.	
Minimum	$10,000
Maximum	$2 million
Included benefits and features	
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◆ Guaranteed Insurability (business events)	Page 60
◆ Business Safe Cover	Page 60
◆ Child Cover	Page 60

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 sickness or injury.

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 sickness). It's also generally a cheaper income protection option. Refer to page 76.

Income Protection

Entry age (next birthday)	
Stepped premium	
for expiry at policy anniversary before age 60	18 to 55
for expiry at policy anniversary before age 65	18 to 61
for expiry at policy anniversary before age 70	18 to 64
Level premium	18 to 55
Aviation	20 to 55
Specialist risk	18 to 50
Depending on the benefit period you have chosen, expires on the policy anniversary before you turn	
60, 65 or 70	

Monthly cover (based on occupational group)

Maximum cover includes any cover for super contributions. Indexation may cause cover to exceed these maximums. For more information on IP with a benefit period to age 70 please see page 20.

Occupation group	Minimum	Maximum
Most occupations	$1,500	$30,000
Specialist risk – medium		$10,000
Specialist risk – high		$7,000
Heavy risk		$7,000

Income Protection

Work eligibility

You must be working full time or permanent 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.

Benefit period to age 70 isn't available for occupations we classify as light manual, manual, heavy risk, aviation, specialist risk – medium and specialist risk – high.

Cover type

Inside super (aligned to superannuation law)

- Indemnity
- Agreed value

Outside super

- Indemnity
- Extended indemnity
- Agreed value
- Guaranteed agreed value

Waiting periods available

A choice of:

- 14 days
- 1 month
- 2 months
- 3 months
- 6 months
- 1 year
- 2 years

Benefit periods available

Most occupations

- 2 years
- 5 years
- to age 60, 65 or 70

Aviation

- 2 years
- 5 years
- to age 60

Heavy or Specialist risk

- 2 years
- 5 years

Income Protection

Income Care – included benefits and features	
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Income Care Plus – included benefits and features	
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Business Overheads Cover – keeps your business up when you're down

If you run your own business, taking time off because you're sick or injured can be disastrous.

Business Overheads Cover keeps things ticking over by helping to pay your business' regular fixed operating expenses while you're unable to work.

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

Business Overheads

Entry age (next birthday)		
Stepped premium		18 to 61
Level premium		18 to 55
Expires on the policy anniversary before you turn		
60 or 65		
Monthly cover		
Minimum		$1,500
Maximum		$40,000
Policy types		
Business Overheads Cover (not available in super)		
Work eligibility		
You must: ◆ be a self-employed business owner ◆ not be working from home and ◆ be responsible for the payment of eligible business expenses Business Overheads Cover isn't available for occupations we classify as heavy risk or specialist risk.		
Waiting periods available		
A choice of:	1 month	3 months
14 days	2 months	6 months
Benefit period		
Not applicable		
Maximum payable		
Up to twelve times the monthly benefit		
Included benefits and features		
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Reward Cover		Page 95
Waiving premiums		Page 95
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Available options		
Cash Back		Page 95

Choosing the insurance that's right for you.

When deciding which insurance is right for you, ask yourself these questions:

1. What type(s) of insurance do I need right now?
2. Should I hold insurance inside or outside of the superannuation environment?
3. Does a stepped or level premium structure suit me?
4. Would I like optional extras?
5. Have my circumstances and needs changed since I took out my current insurance?

1. What types of insurance do I need right now?

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

Consider the following with your adviser:

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. Should I hold insurance inside or outside of the superannuation environment?

You have the option to buy insurance inside or outside of super.

If you buy insurance outside of super, the policy is held by you in your name. If, on the other hand, you buy insurance inside super, the policy is held by a trustee of a super fund and you are a member of the fund and a life insured under the policy. Insurance inside super is governed by super law and the rules of the super fund.

The following table helps explain the different structures.

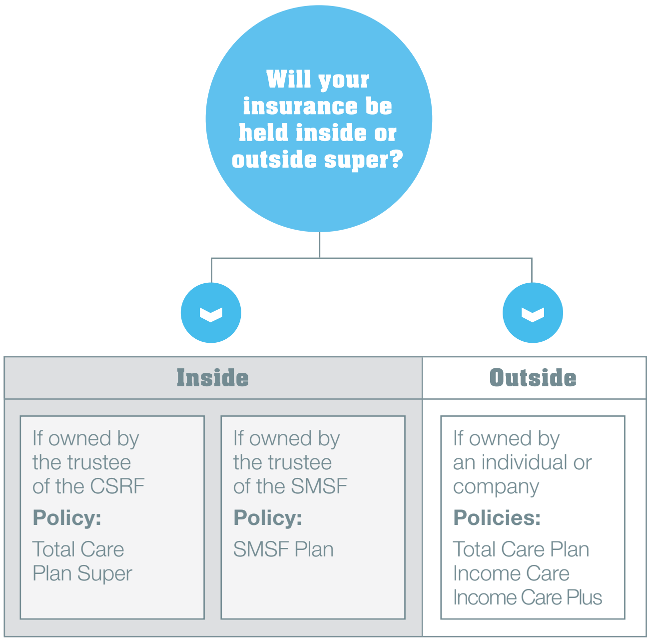
What 'policy' applies?	Who is the policy owner?	Who is the life insured?
Outside super		
Total Care Plan Income Care Income Care Plus	An individual or company that is not a super fund trustee	An individual, whether the policy owner or another person
Inside super		
SMSF Plan	The trustee of a self-managed super fund (SMSF)	A member of the SMSF
Total Care Plan Super	Colonial Mutual Superannuation Pty Ltd, the trustee of the Colonial Super Retirement Fund (CSRF)	A member of the CSRF

If you want to buy insurance inside super, you have two options:

a) You can choose insurance through our super fund and you become a member of the Protection category of the Colonial Super Retirement Fund and the trustee of the CSRF holds the Total Care Plan Super insurance policy on your behalf. Your membership of the CSRF provides insurance cover only and has no savings component.

b) Have your SMSF purchase our SMSF Plan. The trustee of your SMSF buys the insurance policy from CommInsure and holds the policy on your behalf. The payment of premiums for the SMSF Plan must be sourced from super and it's the SMSF trustee's responsibility to ensure this happens.

The diagram below explains the insurance outcomes you can access inside and outside super



Differences in the cover available inside super

Due to super law, we can't offer Trauma Cover, Child Cover, Business Overheads Cover and some of the features of our other cover types inside super. We explain the differences in more detail in Part F starting on page 122.

Why hold insurance 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. If you are taking out the SMSF Plan, premiums must be paid by the SMSF out of the fund's super moneys.

Your financial adviser can help you decide whether to take all or part of your cover inside super. In the meantime, we've put all the information about this in the one place, so before making a decision please read Part F on page 122.

Our Total Care Plan Super renewal reward

If you have insurance under Total Care Plan Super and you pay your annual premium with money rolled over from a complying super fund, you may qualify for a renewal reward of up to 15% (see page 115).

3. Does a stepped or level premium structure suit me?

You can choose between paying stepped or level premium rates.

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 because you get older. Level premium rates can change if you change your cover or if we adjust our premium rates for all customers.

Making a choice

Whether you choose a stepped or level premium rate is a matter of preference.

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 insurance summary' on page 8).

For more information on your premium, please refer to page 97.

4. Would I like optional extras?

You can add a wide range of optional benefits to your CommInsure Protection insurance. These options usually cost more but some don't. There are other options that reduce your premiums. You can find the optional benefits listed in the cover summary tables in this Part A and Part B. For example, Plan Protection option is listed on page 30. Your financial adviser can help you understand which options suit your needs.

5. Have my circumstances and needs changed since I took out my current insurance?

When life changes, so can your insurance needs. A significant life event like changing jobs, starting a business, getting married, having a child, buying property or retiring is usually a good time to review your insurance needs. This may result in a change in the amount or type of protection that best supports you. To review your insurance needs, please speak to your financial adviser.

How our insurance works.

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

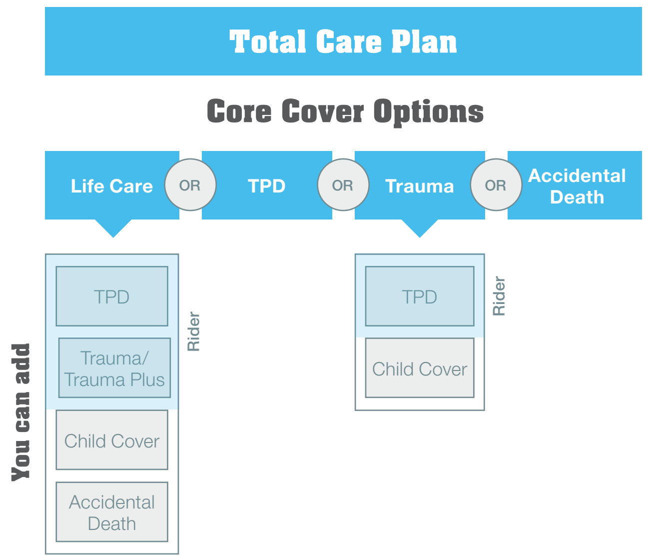
To help you get the right combination of benefits, options and features, we've grouped our various types of insurance into five separate and distinct policies which each have their own policy terms. If you take out two or more policies we'll provide you with a policy schedule for each policy.

The diagrams below describe the combinations of cover available under our policies.

Your financial adviser can help

Your adviser can help you work out how best to structure your cover and the number of policies you need to protect your financial wellbeing.

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

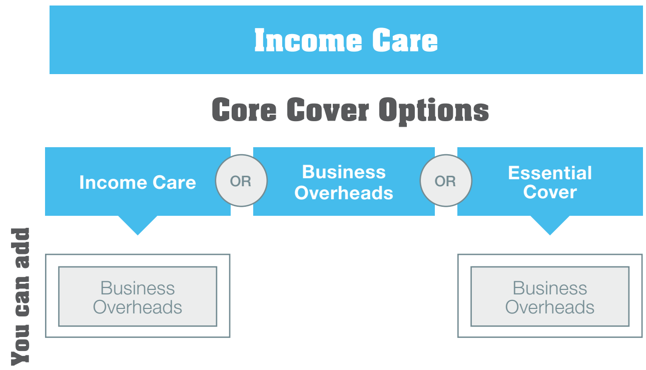
If you want both Life Care and TPD Cover each on a stand-alone basis, we'll issue you with two Total Care Plan policies – one for the Life Care and the other for the TPD Cover.

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

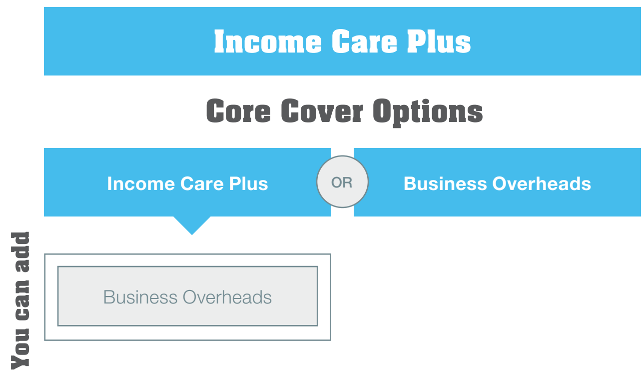
If, on the other hand, you want Life Care and TPD Cover together we'll issue you with one Total Care Plan policy.

> **Note**: if you add TPD or Trauma Cover to Life Care under the one Total Care Plan policy, the amount of TPD and/or Trauma Cover can't be greater than your amount of Life Care. If we pay a TPD or Trauma Cover claim, Life Care is reduced by the amount paid. See Setting up your policy on page 16 for an explanation of how rider cover works.

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.

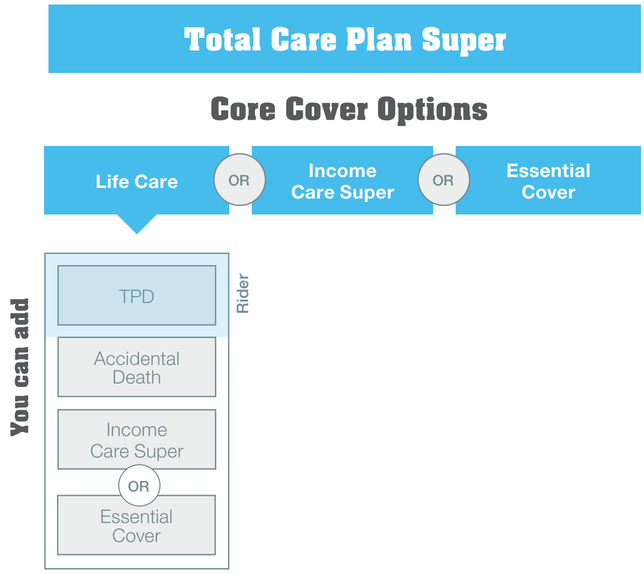
You can take Business Overheads Cover either alone or with Income Care or Income Care Plus. If you choose it with Income Care/Plus, you receive a 10% discount on the Business Overheads Cover premiums.

Income Care, Income Care Plus and Business Overheads Cover provide cover outside of super.

You can take Essential Cover under an Income Care policy or inside super under Total Care Plan Super or the SMSF Plan. Essential Cover is useful if you're on a tight budget or your health prevents you from qualifying for our comprehensive income protection cover.

If you would like income protection inside super, Total Care Plan Super or the SMSF Plan may be for you.

Total Care Plan Super

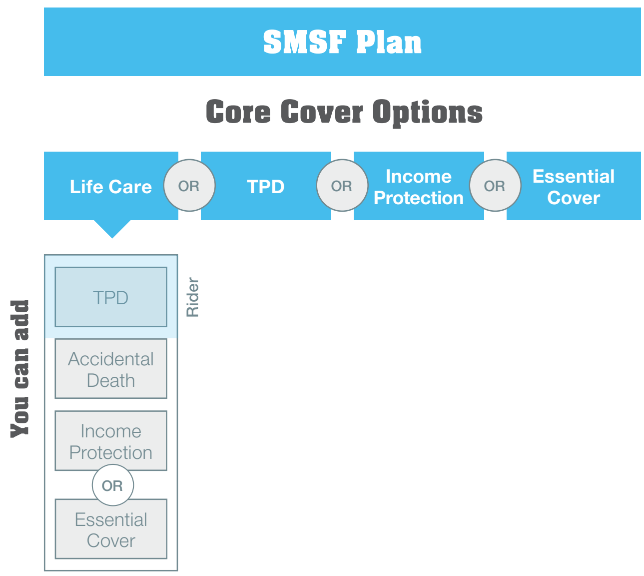


Total Care Plan Super is the policy, owned by the trustee of the CSRF, that provides Life Care, TPD Cover, Accidental Death Cover and Income Care Super.

Due to super law, Total Care Plan Super doesn't include Trauma Cover, Child Cover, Business Overheads Cover and some of the features of our other cover types available outside super.

You can add income protection to Total Care Plan Super in combination with Life Care or without Life Care.

The SMSF Plan



The SMSF Plan provides insurance cover to an SMSF with the SMSF trustee(s) as the policy owner. As the policy provides insurance inside the super environment, like Total Care Plan Super, the core benefits under the SMSF Plan are limited to Life Care, TPD Cover, Accidental Death Cover and income protection cover. The SMSF Plan also offers TPD Cover on a stand-alone basis (if you are considering stand-alone TPD Cover you need to ensure the cover satisfies the sole purpose test under super legislation).

Setting up your policy.

Ways to structure your cover

We offer different ways to structure your 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. Similarly, when a benefit is paid under the cover inside super, the cover under the policy outside super reduces by the amount paid. For more information about flexi-linking please read 'Understanding flexi-linking' on page 17 and page 102.
Split TPD	Lets you split TPD Cover inside and outside super across two separate policies. The policy a TPD benefit is paid under depends on whether the definition of 'any occupation' or 'own occupation' TPD is met. If a full TPD benefit is paid under one of the policies, no TPD benefit will be payable under the other. For more information about split TPD please read 'How split TPD works' on page 18 and page 102.
Split Income Protection (IP)	Lets you split income protection cover inside and outside super across two separate policies. At time of claim we first pay as much as possible from the policy inside super. We pay benefits from the policy outside super if: ◆ you don't qualify for a payment inside super due to super law restrictions (for example if you are unemployed at time of disability) but qualify for the payment outside super or ◆ they do not exist inside super due to super law restrictions but exist outside super, for example the Unemployment Cover for CBA Group loans benefit or ◆ they are more generous in amount if paid outside super, in which case we first pay the benefit inside super and then pay a top up outside super. With a split IP arrangement, the total benefits paid under both policies will be the same as the total benefits that would have been paid under the policy outside super had it been taken out alone. For more information about split IP please read 'How split income protection (split IP) works' on page 22 and page 103.

Setting up your Life Care, TPD and Trauma policy:

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

- the people you want the policy to cover
- who will own the policy
- will the policy be held inside or outside super or will a flexi-linking or split TPD arrangement apply
- 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, or a split TPD arrangement
- any options you want (e.g. Child Cover) and the cover amounts
- the type of premium (stepped or level) you want to pay

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

Policy ownership

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

The table below helps you understand who is the policy owner for each policy type.

Who can be the policy owner	Who can contact us
Total Care Plan	
The person covered under the policy, another person, a company. 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.	The policy owner.
Total Care Plan Super	
The trustee of the CSRF.	The member covered under the policy.
SMSF Plan	
The trustee(s) of the SMSF.	The policy owner.

Generally, we pay benefits to the person who owned the policy when the insured event occurred.

Understanding flexi-linking

Flexi-linking lets you link Life Care under:

- Total Care Plan Super or
- SMSF Plan

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 will be two policies (one in the super fund's name for Life Care and one in your name or another person's for the TPD Cover), flexi-linking lets you link the TPD Cover to 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 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 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:

- if a benefit is paid under the flexi-linked rider cover, the amount of Life Care inside super is, along with any other cover linked to the Life Care, reduced 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 from time to time 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. You can read more about them in the section below 'Some important things to consider about flexi-linking' 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 about flexi-linking

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 generally apply for the life insured under both policies. For example, 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 cover for a life insured 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.

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.

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.

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

For more information (including the difference between 'any occupation' and 'own occupation'), please refer to the definition of total and permanent disablement on page 130.

How split TPD works

While certain TPD definitions, such as the 'own occupation' definition are not available under Total Care Plan Super or the SMSF Plan, our split TPD arrangement allows you to link these definitions to the TPD 'any occupation' definition available inside super. Split TPD is structured so that you enjoy the benefits of having TPD Cover both inside and outside super at the same price you would pay for the same amount of 'own occupation' cover outside super.

Although there is separate TPD Cover under two different policies, the linking of the cover across the two policies means we only ever pay a full TPD benefit under one of the policies and never both. The policy we pay a TPD benefit on depends on whether you're assessed as TPD under the policy inside super or the policy outside super. For example, if you're assessed as 'own occupation', but not 'any occupation' TPD, we will pay the TPD benefit outside super. If, on the other hand, you're assessed as 'any occupation' TPD (which by definition means you're also 'own occupation' TPD) the benefit we pay will be inside super.

> **Note**: We always assess a TPD claim under the TPD definitions inside super first. If one of these definitions is met, the benefit must be paid from inside super and will be subject to super taxation rules. You should seek taxation advice from your tax adviser as to the appropriate tax treatment of TPD benefits.

Example

Olivia wants to enjoy the benefits of having TPD Cover inside super but also wants the extra protection offered by having 'own occupation' TPD Cover, which is available only outside super.

Split TPD allows Olivia to achieve this, as two policies are issued – one in the super fund's name for $200,000 of 'any occupation' TPD Cover and one in Olivia's name for the same amount of 'own occupation' TPD Cover.

If Olivia makes a TPD claim, we first assess her claim under the 'any occupation' TPD definition. If Olivia satisfies this definition and we accept the claim, the $200,000 TPD benefit is paid under the policy inside super to the super fund trustee (who will then deal with that payment under the rules of the super fund and subject to super and tax laws). If this happens, the $200,000 of 'own occupation' TPD Cover under the policy in Olivia's name ends and no benefit is ever payable for that cover.

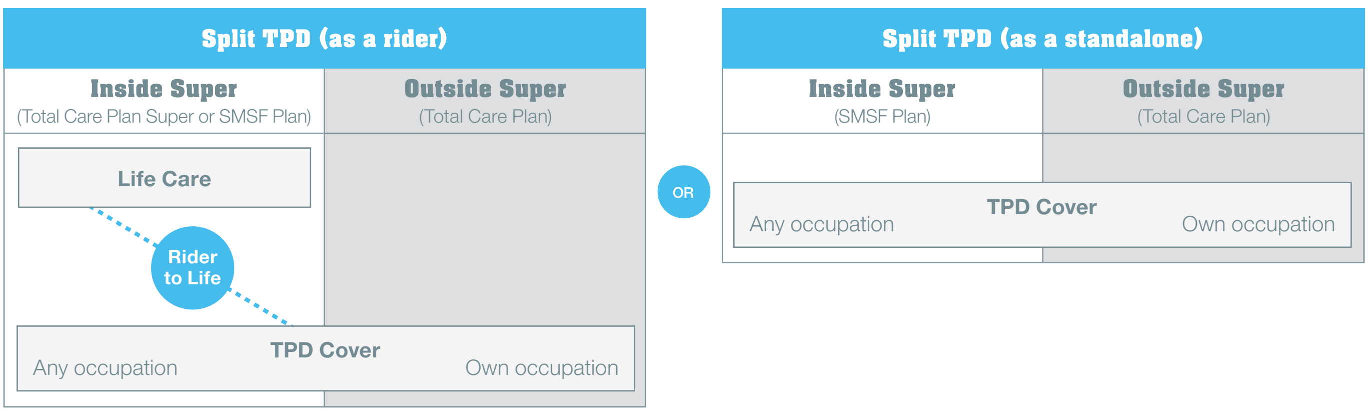
If, however, Olivia does not satisfy the 'any occupation' TPD definition, we then assess her claim under the 'own occupation' TPD definition. If Olivia satisfies this definition and we accept the claim, the $200,000 TPD benefit is paid directly to Olivia under the policy in her name outside super. If this happens, the $200,000 of 'any occupation' TPD Cover under the policy in the super fund's name ends and no benefit is ever payable for that cover.

If Olivia does not satisfy the 'own occupation' TPD definition, no benefit is payable under either policy and the TPD Cover under each policy continues as if Olivia had not made a claim. If Olivia makes another TPD claim in the future, the steps above are repeated in assessing Olivia's claim.

If, in this example, Life Care applied under the policy in the super fund's name, a payment of the TPD benefit under either policy reduces the amount of the Life Care (and any other cover linked to the Life Care) by the amount paid.

Split TPD – two policies, one easy package

The diagrams below show how split TPD works and how TPD cover can apply across a super policy and a non-super policy.



TPD inside super

The TPD Cover under a Total Care Plan Super policy must always be a rider to Life Care under that policy.

The TPD Cover under an SMSF Plan can be held as a:

- rider to Life Care under the same SMSF Plan, or
- standalone benefit.

If the TPD Cover is a rider to Life Care under a split TPD arrangement, any payment of a TPD benefit will reduce the amount of Life Care under the super policy, even if the TPD benefit is paid under the non-super policy.

How can split TPD help me?

Split TPD provides the extra protection of 'own occupation' TPD Cover that is not available inside super while still allowing you to enjoy the benefits of having TPD Cover inside super.

Split TPD can also save you money because:

- you'll only pay one policy fee (i.e. on the policy inside super), rather than two separate policy fees on the policy inside super and the one outside super
- the cost of cover is the same as just having 'own occupation' TPD Cover outside super.

How does split TPD affect my policies?

Instead of having all your TPD Cover under one policy, we issue two separate policies i.e. one in the super fund's name for the TPD Cover inside super and one in your or another person's name for the TPD Cover outside super.

Important: If split TPD Cover is held under an SMSF Plan, premiums for the cover outside super (under the Total Care Plan policy) must not be paid from SMSF monies. Please consult your financial adviser if you require advice in relation to the payment of premiums for split TPD.

Some important things to consider about split TPD

One split TPD arrangement per life insured

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

Same life insured and only split TPD cover

The life insured under the policy providing 'any occupation' TPD Cover inside super must be the life insured under the policy providing own occupation TPD Cover outside super.

If Life Care applies to the life insured under the policy inside super, it can't apply to the life insured under the policy outside super to which split TPD applies.

Premium rate type

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

Amount of cover

While split TPD is in place, the amount of TPD Cover for a life insured under one split TPD policy can never be higher than the amount of TPD Cover which applies to them under the other split TPD policy. This cap may prevent the split TPD Cover under a policy from increasing to the full extent it would have had a split TPD arrangement not been in place.

> In the previous example, where Olivia chooses not to have indexation applied to her TPD Cover inside super, then indexation can't apply on the TPD Cover outside super.

When the split TPD arrangement ends

As split TPD Cover under a Total Care Plan policy ends on the policy anniversary date before the life insured's 65th birthday, the split TPD arrangement can't continue after that date.

Plan Protection option

This option is only available where split TPD Cover is held as a rider to Life Care on a super policy. If this option is selected on the super policy, it also applies to the split TPD Cover under the policy outside super.

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

None of these options can apply for a life insured where a split TPD arrangement is chosen.

Additional information on split TPD

- While split TPD applies, the amount of TPD Cover under each policy must be exactly the same.
- Under split TPD, we only ever pay the full TPD benefit under one of the two policies, even if you satisfy both the 'own' and 'any' occupation TPD definitions. The maximum TPD benefit we pay is the amount of TPD Cover that applies under the relevant policy when the TPD occurs. Once we pay the full TPD benefit, the split TPD arrangement ends, as does the TPD Cover under each policy.
- If the amount of TPD Cover under one of the policies reduces for any reason, the TPD Cover under the other policy automatically reduces to the same amount.

- On payment of a TPD claim where the split TPD Cover under the policy inside super is a rider to Life Care, the amount of Life Care (together with any other cover linked to the Life Care) is reduced by the amount paid.
- If the TPD Cover under the policy inside super ends for any reason, the TPD Cover under the policy outside super automatically ends.
- If the TPD Cover under the policy outside super is cancelled by you or lapses due to non-payment of premiums, the TPD Cover under the policy inside super still continues.
- If indexation applies to TPD Cover under one of the policies, it must also apply to the TPD Cover under the other policy. Also, if indexation ceases to apply to the TPD Cover under one policy it automatically ceases to apply to the TPD Cover under the other policy.

There are other important impacts on how cover works across the two policies where split TPD applies. It's important you fully understand all of the impacts of this arrangement. You can read more about them in the policy terms throughout Parts A and C and the Definitions.

Your financial adviser can help you work out whether split TPD suits your needs.

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
- will the policy be held inside or outside super or will a split IP arrangement apply
- monthly benefit
- waiting period
- cover expiry date
- benefit period
- policy type
- any options you want
- the type of premium (stepped or level) you want to pay
- occupation group
- who will own the policy

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.

Waiting period

This is the length of time you have to wait before you become eligible to receive a benefit. Following the waiting period, benefits are paid monthly in arrears. The shorter the waiting period, the more your cover costs.

Waiting period	Income Protection	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 aviation, a heavy risk or specialist risk occupation.

Cover expiry date

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

- 60th birthday,
- 65th birthday, or
- 70th 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 which applies i.e. the policy anniversary before your 60th, 65th or 70th birthday.

Benefit periods of two years and five years are not available if you want your cover to expire on the policy anniversary before your 70th birthday.

Also, if you work in certain occupations 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
- light manual or manual – all benefit periods except to the policy anniversary before your 70th birthday.

If you are 60 or older, you can only apply for a benefit period to policy anniversary before your 70th birthday if:

- your occupation is classified as S,K,J or P; and

- you're holding income protection cover with CommInsure or another insurer and you provide us with evidence of the cover.

Also, your monthly benefits are capped at $30,000.

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
- extended indemnity (not available for cover inside super).
- agreed value or
- guaranteed agreed value (not available for cover inside super).

You don't need to choose a policy type for Business Overheads Cover. Refer to page 94 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).

Extended indemnity policy

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

- 75% of your highest average monthly income in any consecutive 12 month period in the 36 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. If, however, the cover is inside super, the Total or Partial Disability Benefit we pay (excluding indexation increases under the Increasing Claim Option) won't ever exceed 100% of your average monthly income in the 12 months before the claim.

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.

Guaranteed agreed value policy

If you provide us with the required evidence of your income or if 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 chosen 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 financial adviser.

* Eligible medical graduates are registered, full time degree qualified medical practitioners (with unrestricted registration), dentists and dental surgeons who graduated within the last three years.

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:

Occupation Groups	
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 make 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 however allow the policy owner to be a company, trust or SMSF. For a company or trust, the person who is to be covered under the policy must have a controlling interest in the company or trust that is satisfactory to us. For an SMSF, the person who is to be covered under the policy must be a member of the fund.

For income protection under Total Care Plan Super, the policy owner is the trustee of the CSRF. You become a member of the CSRF and the life insured under the policy.

How split income protection (split IP) works

As the benefits on offer inside super are restricted by super law, certain income protection benefits aren't available under Total Care Plan Super or the SMSF Plan or are not as generous as those under Income Care and Income Care Plus.

Our split IP arrangement allows you to structure your income protection cover so you enjoy the benefits of having cover both inside and outside super. Under split IP you can access benefits otherwise not available inside super, while still paying part of your premiums from super.

Under a split IP arrangement we issue two policies. A policy inside super, owned by a super trustee, and a policy outside super, owned by an individual or company.

Although the income protection cover is split across two different policies, the total benefits we pay are the same as what we would pay under the policy outside super if it alone existed. At time of claim, a benefit that isn't payable under the policy inside super, but is payable under the policy outside of super, will be paid under the policy outside super.

Split IP is IP cover that is split over 2 policies:

Your Split IP Cover

Inside Super Policy	Outside Super Policy
Owner: Policy owner is the trustee of a super fund	**Owner:** Policy owner is an individual or company
Benefits: Pays policy benefits aligned with superannuation law	**Benefits:** Pays benefits as per the policy terms less any benefits payable under the super policy

For example, if a total disability benefit isn't payable under the policy inside super because you were unemployed when you became totally disabled, we'll pay the benefit under the policy outside super, as long as the conditions of that policy are fully met. If, on the other hand, you were gainfully employed when you became totally disabled, we'll pay the benefit under the policy inside super and a total disability benefit won't be payable under the policy outside super, or if a larger total disability benefit is payable under the policy outside super, we'll pay the difference outside super.

Note: Under split IP, we always assess a claim under the policy inside super first. If the claim is payable under the policy inside super, the benefit must be paid from inside super and will be subject to super taxation rules. You should seek taxation advice from your tax adviser as to the appropriate tax treatment of income protection benefits.

If the policy outside super ends for any reason (eg lapses due to non-payment of premium or is cancelled), the policy inside super continues to provide income protection cover (as a 'non-split' Income Care Super or SMSF Plan policy only) until it ends. If, on the other hand, the income protection cover inside super ends for any reason, the cover outside super also ends.

Example

Peter wants to enjoy the benefits of having income protection cover inside super but also wants the extra protection offered by having cover outside super.

Split IP offers Peter the best of both worlds in a cost effective way. Two policies are issued – an SMSF Plan in Peter's self-managed super fund's name for 'Agreed Value' cover of $5,000 per month and an Income Care policy in Peter's name for the same amount of cover but on a 'Guaranteed Agreed Value' basis.

If Peter's income remains the same

If a claim is made for the total disability benefit, we first assess the claim under the SMSF Plan. If we accept the claim, the total disability benefit (say, $5,000, in this example) is paid under the SMSF Plan to the trustee of Peter's SMSF (who will then deal with that payment under the rules of the super fund and subject to super and tax laws). As the same amount of total disability benefit would've been payable under the Income Care policy, that benefit is not payable under the Income Care policy.

If Peter's income has reduced

If, however, Peter's monthly income had decreased to $4,000 a month between taking out the income protection cover and making the claim, we would not be able to pay $5,000 a month under the SMSF Plan because, under super law, insurance inside super cannot pay more than Peter's pre-disability income (in this example, $4,000 a month). So, in this case, we would pay Peter's SMSF a total disability benefit of $4,000 a month under the SMSF Plan (i.e. Peter's pre-disability income of $4,000) and pay Peter a separate total disability benefit of $1,000 a month under the Income Care policy (representing the difference between the 'Guaranteed Agreed Value' benefit under the Income Care policy (i.e. $5,000) and the 'Agreed Value' benefit payable under the SMSF Plan (i.e. $4,000)).

When we waive premiums

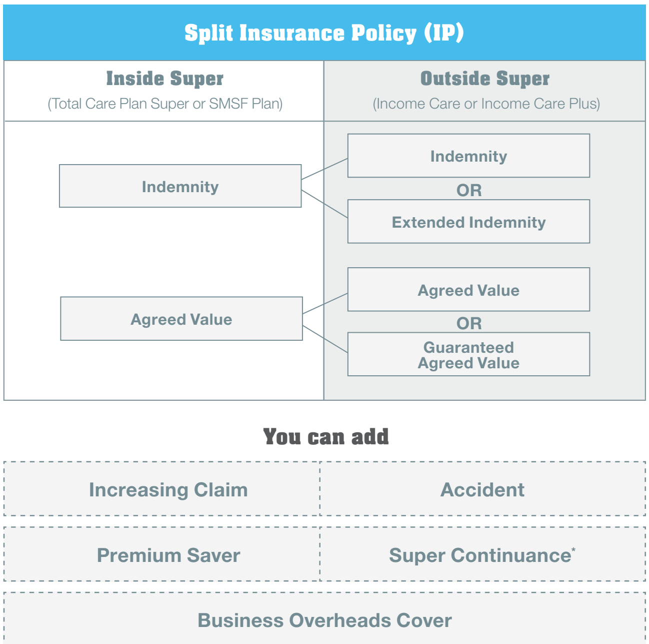
While we're paying the total disability benefits for Peter, we waive premiums for the income protection cover under both the SMSF Plan and the Income Care policy.

Split IP – Two polices, one easy package

When you use split IP, both policies must have the same policy structure. For example, they will have the same monthly benefit, waiting period, benefit period, cover expiry date, premium frequency and policy anniversary date.

With split IP, the policy inside super will be either a Total Care Plan Super (Income Care Super) policy or an SMSF Plan policy. The policy outside super will be either an Income Care policy or an Income Care Plus policy. If you require Essential Cover only, then the policy inside super and the policy outside super will be Essential Cover.

The diagram below shows what policy combinations can be selected for a split IP arrangement:



* available on the split IP ordinary policy only

If the policy outside super is agreed value or guaranteed agreed value, the policy inside super must be agreed value. If the policy outside super is indemnity or extended indemnity, the policy inside super must be indemnity.

Important: If split IP is held under an SMSF Plan, premiums for the cover outside super (under the Income Care or Income Care Plus policy) must not be paid from SMSF monies. Please consult your financial adviser if you require advice in relation to the payment of premiums for split IP.

Some important things to consider about split IP

One split IP arrangement per life insured

The income protection cover applying to a life insured under a policy can only be subject to one split IP arrangement across two policies. In other words, the income protection cover applying to a life insured under one policy can't be linked to cover under more than one other policy.

Same life insured and only split IP cover

The life insured under the policy inside super must be the life insured under the policy outside super.

Premium rate type

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

Amount of cover

- The monthly benefit under the two policies (inside and outside super) must be the same. The policy outside super may also have a super continuance monthly benefit.
- If indexation applies to income protection cover under one of the policies, it must also apply to the cover under the other policy. Also, if indexation ceases to apply to the cover under one policy it automatically ceases to apply to the cover under the other policy.

In the previous example, where Peter chooses not to have indexation applied to his income protection cover inside super, then indexation can't apply on the cover outside super.

When the split IP arrangement ends

The split IP arrangement ends when a policy, to which the arrangement applies, ends for any reason, including:

- the policy lapses for non-payment of premiums
- the policy reaches its cover expiry date (at policy anniversary before age 60, 65 or 70)
- we cancel the policy on written request
- the death of the life insured

Death benefits

If a benefit is payable on the death of the life insured under each of the policies to which split IP applies, we'll pay the death benefit in full under each policy.

If, however, the Reward Cover (accidental death) benefit is payable under the policies, we only pay it under the policy inside super and not separately for each policy.

Options

These options can't apply for a life insured where a split IP arrangement is chosen:

- Permanent disablement cover
- Cashback option

Additional information on split IP

- The premium waiver we provide while we're paying benefits applies to both split IP policies, even if benefits are not being paid under one of the policies. For example, if the life insured is unemployed at the time of disability and we are only paying benefits under the policy outside super, the premium waiver also applies under the policy inside super.
- The maximum disability benefit we'll pay under the combined split IP policies is the amount that would have been payable for the benefit under the policy outside super had split IP not applied to it.
- If the monthly benefit under one of the policies reduces for any reason, the monthly benefit under the other policy automatically reduces to the same amount.
- If the income protection cover under the policy inside super ends for any reason, the cover under the policy outside super automatically ends.
- If the income protection cover under the policy outside super ends for any reason, the cover under the policy inside super continues on a non-split IP basis.

There are other important aspects of split IP and its impact on the cover applying across the two policies. It's important you fully understand all the implications of this arrangement. You can read more about them in the policy terms throughout Parts B and C and the Definitions.

Your financial adviser can help you work out whether split IP suits your needs.

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).

If you don't have a financial adviser, simply call **1800 241 996** between 8am to 8pm (Sydney time), Monday to Friday or visit **commbank.com.au** to arrange for a financial adviser to contact you.

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 to 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 flexi-linking, split TPD or split IP applies
- 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 29 and 67) 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 51 apply:

- Trauma Cover benefit
- Severe Hardship Booster benefit
- Trauma 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, you'll need to provide us with a Confirmation of Electronic Application and Personal Statement.

Please make sure you provide us with the Confirmation within 30 days of your policy commencing. If you don't, your policy will end.

Duty of disclosure.

Before a person enters into a life insurance contract (i.e. the applicant) in respect of their life or the life of another person (i.e. the life to be insured), they have a duty to tell the insurer anything that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty of disclosure until the insurance is provided.

The person who has entered into the contract has the same duty before they extend, vary or reinstate the contract.

The person entering into the contract does not need to tell the insurer anything that:

- reduces the risk of the insurance; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives the duty to tell the insurer about.

If the insurance is for the life of another person and that person does not tell the insurer something that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to comply with their duty of disclosure.

If the person entering into the contract or the life to be insured does not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If the insurer does, it may apply the following rights separately to each type of cover.

If the person entering into the contract or the life to be insured does not tell the insurer anything they are required to, and the insurer would not have provided the insurance if they had been told, the insurer may avoid the contract within three years of entering into it.

If the insurer chooses not to avoid the contract, it may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if the person entering the contract had told the insurer everything they should have. However, if the contract provides cover on death, the insurer may only exercise this right within three years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, it may, at any time, vary the contract in a way that places the insurer in the same position it would have been in if the person entering the contract had told the insurer everything they should have. However, this right does not apply if the contract provides cover on death only.

If the failure to comply with the duty of disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Interim Accident Cover while you wait

While we're considering your application for cover, or for an increase in cover, we'll insure you against accidents, free of charge, for up to 90 days. Please see the relevant Interim Accident Cover Certificate at the back of this document for details.

Interim accident cover begins when we receive your fully completed application with valid payment 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. Your duty of disclosure continues up to that date.

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 in the case of Total Care Plan Super, subject to super laws).

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 105.

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 126.

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 *super policy*, the trustee of the super fund is always the policy owner and the fund member is always the *life insured*. So, for Total Care Plan Super, 'you' means the trustee of the CSRF and for the SMSF Plan, 'you' means the trustee of the SMSF. 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*.

Split TPD

If this policy is a *split TPD policy* and it refers to a term, expression or feature under the other *split TPD policy*, then that term, expression or feature has the meaning it has under the other policy.

Leave something behind with Life Care.

Life Care

Life Care pays a lump sum if you die or are diagnosed with a terminal illness and are likely to die from the illness within 24 months.

On death we provide an advance in some circumstances to help cover funeral expenses.

You can also take out Accidental Death Cover, which pays a lump sum if you die due to an accident.

If you have children you can insure them with Child Cover. Child Cover pays a lump sum if your child dies or is diagnosed with a child trauma condition.

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.

In Summary

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

Included benefits

		Outside super	Inside super		
Benefit	**A brief explanation…**	**Total Care Plan**	**Total Care Plan Super**	**SMSF Plan**	**For full details see page…**
Life Care benefit	A lump sum on death	✔	✔	✔	31
Terminal Illness benefit	A lump sum if you are terminally ill and likely to die from the illness within 24 months	✔	✔	✔	31
Advance Payment benefit	An advance of up to $30,000 to help with the cost of funeral expenses.	✔	–	–	31
Severe Hardship Booster benefit	Doubles the lump sum if you die, or are likely to die within 24 months, from meningococcal disease, legionnaires' disease or motor neurone disease	✔	✔	✔	32
Life Care Buy Back benefit	Automatically reinstates Life Care 12 months after we pay a TPD or Trauma claim	✔	✔	✔	32
Financial Planning benefit	Up to $5,000 to help cover the costs of financial advice	✔	–	–	32
Accommodation benefit	Helps cover the accommodation costs of an immediate family member who needs to stay nearby if you are terminally ill and confined to bed a long way from home	✔	–	–	33
Loyalty Bonus benefit	Once cover is held for five years, automatically increases payment of the Life Care or Terminal Illness benefit by 5%, at no extra cost	✔	✔	✔	33

Included features

Feature	A brief explanation...	Outside super	Inside super		For full details see page...
		Total Care Plan	Total Care Plan Super	SMSF Plan	
Automatic indexation	Automatically increases Life Care each year to help keep pace with inflation	✔	✔	✔	33
Continuation option	Lets you continue Life Care outside super without having to provide further health evidence	–	✔	–	35
Nominating beneficiaries	Allows you to nominate who will receive benefits on your death	✔	✔*	^	35

* Refer to page 117 for information about nominating beneficiaries in Total Care Plan Super.

^ Beneficiary nominations are not accepted by CommInsure. Please refer to the trustee of your SMSF.

Optional extras (at an additional cost)

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

Option	A brief explanation...	Outside super	Inside super		For full details see page...
		Total Care Plan	Total Care Plan Super	SMSF Plan	
Accidental Death Cover	A lump sum if you die due to an accident	✔	✔ *Life Care* is a pre-requisite	✔ *Life Care* is a pre-requisite	35
Plan Protection	You don't pay premiums while you are totally and temporarily disabled	✔	✔	✔	36
Guaranteed Insurability (personal events)	Lets you increase cover without providing more health information if you experience certain personal events	✔	–	✔	36
Guaranteed Insurability (business events)	Lets you increase cover without providing more health information if certain business events occur	✔	–	–	38
Business Safe Cover	When assessing your application we'll allow for future increases in cover. So, if certain business events occur, you can increase your cover without having to provide more health information	✔	–	–	38
Child Cover	A lump sum if your child dies or suffers a specified trauma	✔	–	–	60

Life Care benefit

A lump sum on death.

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

In this situation, we only apply the *Life Care* suicide exclusion if the suicide occurs during the period that is one year minus the expired period of the suicide exclusion which applied under 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 birthday for Total Care Plan Super)
- the *cover expiry date*, if any
- we pay the Terminal Illness benefit
- when this policy ends.

Terminal Illness benefit

A lump sum if you are terminally ill and likely to die from the illness within 24 months.

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.

Advance Payment benefit

An advance of up to $30,000 to help with the cost of funeral expenses.

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

Doubles the lump sum if you die, or are likely to die within 24 months, from meningococcal disease, legionnaires' disease or motor neurone disease.

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.

Life Care Buy Back benefit

Automatically reinstates Life Care 12 months after we pay a TPD or Trauma claim.

Effect of the benefit

If we make one of the payments referred to below then, one year after the date we make the payment, your *Life Care*, including any *primary Life Care*, is reinstated to the amount it was before the payment reduced your *Life Care*.

The payments we refer to are as follows:

- we pay a *Trauma Cover* or *TPD Cover benefit* and your *Life Care* is reduced by the amount we paid
- if this policy is a *primary policy*, a claim is paid under *flexi-linked rider cover* and your *primary Life Care* is reduced by the amount we paid under the *flexi-linked rider cover*
- If this policy is a *split TPD super policy*, your *Life Care* for the *split TPD life insured* is reduced by a *split TPD Cover benefit* we pay under the Total Care Plan policy.

If *primary Life Care* is reinstated and *flexi-linking* still applies, the *primary Life Care* remains *primary Life Care* on reinstatement.

Premiums during the Life Care buy back period

To be eligible for this benefit, you must continue to pay premiums, policy fees and frequency charges during the one year period which begins on the date we paid the relevant benefit and ends on the first anniversary of that date (the 'buy back period'). You must continue to pay policy fees and frequency charges even if your cover is reduced to nil by the claim. If you don't, your policy will be cancelled.

Indexation during the Life Care buy back period

Automatic indexation applies during the buy back period. This is based on the amount of *Life Care* in force on the *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 Life Care 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.

When it doesn't apply

This benefit doesn't apply if:

- the *Life Care benefit* is reduced because a *TPD Cover benefit* has been paid for *partial and permanent disability* under this policy or a *flexi-linked policy* or
- the *Life Care benefit* is reduced under a *split TPD super policy* because a *split TPD Cover benefit* has been paid for *partial and permanent disability* under the Total Care Plan policy or
- the policy, under which the *Life Care* applied, ends for any reason before the *Life Care* is due to be reinstated

Financial Planning benefit

Up to $5,000 to help cover the costs of financial advice.

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 pay up to $5,000 for each *life insured*. 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*.

Accommodation benefit

Helps cover the accommodation costs of an immediate family member who needs to stay nearby if you are terminally ill and confined to bed a long way from home.

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.

Loyalty Bonus benefit

Once cover is held for five years, automatically increases payment of the Life Care or Terminal Illness benefit by 5%, at no extra cost.

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.

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

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.

Automatic indexation

Automatically increases Life Care each year to help it keep pace with inflation.

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.

Continuation option – converting a Total Care Plan Super policy

Lets you continue Life Care outside super without having to provide further health evidence.

You can, without providing evidence of the *life insured's* health, convert *Life Care* under a Total Care Plan Super 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 the Total Care Plan Super policy if the *life insured* had died on the date the continuation option is exercised.

After converting the *Life Care*, the Total Care Plan Super policy ceases.

For other conditions that apply please refer to 'General conditions for Continuation options' on page 104.

Nominating beneficiaries under Total Care Plan

Allows you to nominate who will receive benefits on your death.

Under Total Care Plan, 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 *life insured* or an *insured child* can't be the *nominated beneficiary* unless the policy is issued on or after 1 July 2014
- 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.

Notes:

- For information about nominating beneficiaries under Total Care Plan Super, please refer to page 117.
- Nominations cannot be made under the SMSF Plan.

Accidental Death Cover option

A lump sum if you die due to an accident.

Note: If taking this option under a *super policy*, this cover must be taken with *Life Care* and must not be greater than the amount of *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 33.

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 (80th birthday for 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.

Plan Protection option

You don't pay premiums while you are totally and temporarily disabled.

Notes:

- This option is only available if *Life Care* applies to the *life insured* or if the *life insured* is a *split TPD life insured* under a Total Care Plan policy and *Life Care* applies to them under the *split TPD super policy*.
- 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 and any TPD, Trauma Cover or Child Cover premiums for the policy that fall due after the first three months of *total and temporary disability*. If the *life insured* is a *split TPD life insured* under a Total Care Plan policy, we'll only waive the premiums for the *split TPD Cover* under that policy.

If you have income protection under the same policy we continue to charge premiums for that cover (unless an income protection waiver applies to the cover, see page 85).

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 85 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)

Lets you increase cover without providing more health information if you experience certain personal events.

Effect of the Guaranteed Insurability 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.

How much can I increase my cover by using this option?

Personal event	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 97.

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. Medical loadings are specified the Policy Schedule (refer to the Provisional Offer we provided).

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 (for special conditions or exclusions, please refer to your policy schedule).
- *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
- 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.

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*.

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

Guaranteed Insurability option (business events) – Lets you increase cover without providing more health information if certain business events occur.

Business Safe Cover option – When assessing your application, we'll allow for future increases in cover. So, if certain business events occur you can increase your cover without providing more health information.

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.

When you can increase your cover using these options
Guaranteed Insurability option (business events)
You can increase your *Life Care, TPD Cover* or *Trauma 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*).
Business Safe Cover option
You can increase your *Life Care*, *TPD Cover* or *Trauma Cover* once every 12 months before the earlier of: - the *cover expiry date*, if any, - the *policy anniversary date* after the *life insured's* 60th birthday (*Trauma and TPD Cover*) or 70th birthday (*Life Care*).

The business events are explained below:

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.

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.

> **Note:** If *flexi-linking* applies to this policy, neither Guaranteed Insurability (business events) or Business Safe Cover option can apply to the *flexi-linked life insured*. Also, if this policy is a *split TPD policy*, neither of these options can apply to the *split TPD Cover*.

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

$10 million is the maximum amount of *Life Care* which can apply for a *life insured* before we require medical evidence for an increase.

For *TPD* and *Trauma*, there is no limit on increases as long as you don't exceed the maximum cover set out on page 9.

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, the new amount of cover after the increase can't be more than the original amount of cover when measured as a percentage of the total value or amount of the loan as at the relevant time the respective amounts of cover were put in place.

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.

Because sickness and accidents happen.

TPD Cover

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 and you are unlikely to ever work again.

In Summary

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

Included benefits

		Outside super	Inside super		
Benefit	A brief explanation...	Total Care Plan	Total Care Plan Super	SMSF Plan	For full details see page...
TPD Cover benefit	A lump sum if you're totally and permanently disabled and unlikely to ever work again	✔	✔	✔	44
Death benefit	Under a stand-alone TPD policy, we pay a $10,000 lump sum if you die	✔	–	✔	45
Severe Hardship Booster benefit	Doubles the TPD lump sum if you suffer a specified disability due to an accident	✔	✔	✔	47
Financial Planning benefit	Up to $5,000 to help cover the costs of financial advice	✔	–	–	47
Loyalty Bonus benefit	Once cover is held for five years, automatically increases payment of the TPD Cover benefit by 5%, at no extra cost	✔	✔	✔	47
Accommodation benefit	Helps cover the accommodation costs of an immediate family member who needs to stay nearby if, because of your total and permanent disability, you are confined to bed a long way from home	✔	–	–	48

Included features

Feature	A brief explanation…	Outside super: Total Care Plan	Inside super: Total Care Plan Super	Inside super: SMSF Plan	For full details see page…
Automatic indexation	Automatically increases the TPD Cover each year to help keep pace with inflation	✔	✔	✔	48
Continuation option	Lets you continue TPD Cover outside super without providing further health evidence	–	✔	–	48
Option to convert	If you have a stand-alone TPD policy, Life Care can be obtained under another policy without providing health evidence	✔	–	✔	49

Optional extras (at an additional cost)

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

Option	A brief explanation…	Outside super: Total Care Plan	Inside super: Total Care Plan Super	Inside super: SMSF Plan	For full details see page…
Plan Protection	You don't pay TPD premiums while you are totally and temporarily disabled	✔	✔	✔	49
Guaranteed Insurability (business event)	Lets you increase TPD Cover without providing health information, if certain business events occur	✔	–	–	49
Business Safe Cover	On assessing your application we'll allow for three times the chosen amount of TPD Cover so, when specific business events occur, you can increase the cover without providing more health information	✔	–	–	49

Split TPD

Our *split TPD* arrangement allows you to link *TPD Cover* which is not available inside super (e.g. own occupation *TPD Cover*) with *TPD Cover* which is available inside super (e.g. any occupation *TPD Cover*). Refer to 'How split TPD works' on page 18 for more information.

TPD Cover benefit

A lump sum if you're totally and permanently disabled and unlikely to ever work again.

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.

It is important you understand that 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*. For a *super policy*, the *life insured* must also meet the additional requirements that apply under the relevant TPD definition relating to *loss of independent existence.*

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 is neither a *flexi-linked life insured* nor a *split TPD life insured* to whom *Life Care* applies under the *split super policy.*
- 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*
- we pay any *Life Care benefit,* including the Terminal Illness 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
- if the *TPD Cover* is *split TPD Cover* under a Total Care Plan policy, when any *Life Care for the split TPD life insured* under the *split TPD super policy* ends for any reason
- the *policy anniversary date* before the *life insured's* 99th birthday (75th birthday for Total Care Plan Super)
- if the *TPD Cover* is *split TPD Cover* under a Total Care Plan policy, the *policy anniversary date* before the *life insured's* 65th birthday
- if the *TPD Cover* is *split TPD Cover* under a Total Care Plan policy, when the *TPD Cover for the split TPD life insured* under the *split TPD super policy* ends for any reason
- the *cover expiry date*, if any
- when this policy ends
- if the *TPD Cover* is *split TPD Cover*, when we pay a *TPD Cover benefit* for the *split TPD life insured* under the other *split TPD policy* other than for *partial and permanent disability.*

Partial and Permanent Disability

Note: We don't pay a *TPD Cover benefit* for *partial and permanent disability* under a *super policy*.

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 54), 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*. For a *super policy*, the *life insured* must also meet the additional requirements that apply under the relevant TPD definition relating to *loss of independent existence*.

If flexi-linking or split TPD apply to a policy

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.

If *split TPD Cover* applies to a *life insured* under this policy, the amount of that cover reduces from time to time so it's no greater than the amount of the *split TPD Cover* applying to the *split TPD life insured* under the other *split TPD policy*. If, as a result of this reduction, the *TPD Cover* would be less than $10,000 the cover ends.

If *split TPD Cover* applies to a *life insured* under a policy, it can't increase unless the *split TPD Cover* applying under the other *split TPD policy* is increased to the same amount.

Effect on other benefits

If:

- we pay a *TPD Cover benefit* or
- this policy is a *split TPD super policy* and we pay a *split TPD Cover benefit* under the Total Care Plan policy,

we reduce:

- any *Life Care* by the amount we pay and the Life Care Buy Back benefit may apply (see 'Life Care Buy Back benefit' on page 32)
- 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

Under a stand-alone TPD policy, we pay a $10,000 lump sum if you die.

When it applies

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

However, the benefit doesn't apply for:

- a *flexi-linked life insured* or
- a *split TPD life insured* to whom *Life Care* applies under the *super policy*

TPD 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

Doubles the TPD lump sum if you suffer a specified disability due to an accident.

When we pay it

We pay this benefit if we pay you a *TPD Cover benefit* because, amongst other things, 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*.

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
- if the *TPD Cover* is *split TPD Cover* under a Total Care Plan policy, the difference between that cover and any *Life Care* applying to the *split TPD life insured* under the *super policy* when the *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 payable under this policy or, if the *life insured* is a *flexi-linked life insured* or *split TPD life insured*, under the other policy to which *flexi-linking* or *split TPD* applies.

Financial Planning benefit

Up to $5,000 to help cover the costs of financial advice.

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*.

Loyalty Bonus benefit

Once cover is held for five years, automatically increases payment of the TPD Cover benefit by 5%, at no extra cost.

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 payable under this policy or, if the *life insured* is a *flexi-linked life insured* or *split TPD life insured*, under the other policy to which *flexi-linking* or *split TPD* applies.

Accommodation benefit

Helps cover the accommodation costs of an immediate family member who needs to stay nearby if, because of total and permanent disability, you are confined to bed a long way from home.

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

Automatically increases TPD Cover each year to help keep pace with inflation.

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 the *TPD Cover* is *split TPD Cover* and *automatic indexation* doesn't apply to the *split TPD Cover* under the other *split TPD policy*, *automatic indexation* doesn't apply to the *split TPD Cover* under this policy. *Automatic indexation* increases in *split TPD Cover* under a Total Care Plan policy only apply to the extent they don't result in the cover exceeding any *Life Care* applying to the *split TPD life insured* under the *split TPD super 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.

Continuation option – converting TPD Cover held on a Total Care Plan Super policy

Lets you continue TPD Cover outside super without providing further health evidence.

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

You can convert any *TPD Cover* under a Total Care Plan Super 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 60 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 the Total Care Plan Super policy if the *life insured* became *totally and permanently disabled* on the date the right is exercised.

If you convert *split TPD Cover*, the *split TPD Cover* under the Total Care Plan policy ends.

For other conditions that apply please refer to 'General conditions for Continuation options' on page 104.

Option to convert

If you have a stand-alone TPD policy, Life Care can be obtained under another policy without providing health evidence.

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* under the same policy and at that time you have neither *Life Care* nor *Trauma Cover* for the *life insured*.

What you must do

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

Written notice

You must give us written notice within 30 days after the first anniversary of the payment of the *TPD Cover benefit* (but not before that first anniversary).

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.

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.

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* or for a *split TPD life insured* to whom *Life Care* applies under the *split TPD super policy.*

Plan Protection option

You don't pay TPD premiums while you are totally and temporarily disabled.

To see how Plan Protection Option applies to this cover, please refer to page 36.

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

See 'Guaranteed Insurability option (business events) and Business Safe Cover option' on page 38.

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

Because health is everything.

Trauma Cover

Trauma Cover is designed to help you if you are diagnosed with one of the specified trauma conditions which cause a significant setback to your health.

Most adults rely on the continued growth and success of their career or business to achieve their long term financial goals. If you don't make a full recovery after a set-back in your health or significant financial expenses result, reaching those goals could be at risk.

Trauma Cover pays a lump sum for your specified trauma conditions such as cancer, heart attack and stroke. These conditions are medically defined in this PDS and we will only pay a benefit for them if you meet the precise meaning of the condition. For example, you may be diagnosed as having cancer but if the cancer you have is not covered by our definition of cancer then a benefit won't be paid.

In Summary

In this section we set out the built in benefits, features and optional extras that apply if you have *Trauma Cover. Trauma Cover* and *Child Cover* aren't available under a policy inside super.

Included benefits

Benefit	A brief explanation...	For full details see page...
Trauma Cover benefit	A full or partial benefit if you are diagnosed with a specified trauma condition	52
Loyalty Bonus benefit	Once cover is held for five years, automatically increases payment of the Trauma Cover benefit by 5%, at no extra cost	56
Severe Hardship Booster benefit	Doubles the lump sum we pay you if you're diagnosed with certain serious trauma conditions	57
Trauma Buy Back benefit	Automatically reinstates Trauma Cover 12 months after a trauma claim is paid	57
Financial Planning benefit	Up to $5,000 to help cover the costs of financial advice	59
Accommodation benefit	Helps cover the accommodation costs of an immediate family member who needs to stay nearby if due to a trauma you are confined to bed a long way from home	59

Included features

Feature	A brief explanation...	For full details see page...
Automatic indexation	Automatically increases Trauma Cover each year to help keep pace with inflation	59

Optional extras

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

Options that reduce premiums

Option	A brief explanation...	For full details see page...
Evidence of Severity	Reduces the cost of your Trauma Cover if you agree to satisfy extra requirements to qualify for a benefit	60

Options that provide more cover at an additional cost

Option	A brief explanation...	For full details see page...
Trauma Plus Cover	A partial benefit for extra trauma conditions	55
Trauma Buy Back Plus	Lets you claim for extra Trauma Cover conditions under cover reinstated under the Trauma Buy Back benefit	57
Plan Protection	You don't pay trauma premiums while you are totally and temporarily disabled	60
Guaranteed Insurability (personal events)	Lets you increase Trauma Cover without providing more health information if you experience certain personal events	60
Guaranteed Insurability (business events)	Lets you increase Trauma Cover without providing more health information if certain business events occur	60
Business Safe Cover	When we assess your application we'll allow for three times the chosen *amount of cover* so that, when specific business events occur, you can increase Trauma Cover without providing more health information	60
Child Cover	A lump sum benefit is paid if your child dies or is diagnosed with a specified trauma	60

Trauma Cover

What it covers

We pay a benefit in full or part for the medical conditions and procedures listed in the tables below. These conditions and procedures have specific meanings which are set out in full in the 'Medical definitions' on page 141.

The conditions and procedures you are covered for depend on the type of *Trauma Cover* you take out under your policy. You can take out:

- *Trauma Cover*, which covers you for the essential medical conditions and procedures we call the Trauma Cover conditions in this PDS
- Trauma Plus Cover, which covers you for the extra medical conditions and procedures we call the Trauma Plus Cover conditions in this PDS

The schedule to your policy shows the type of cover you have.

Please note whether you have *Trauma Cover* or Trauma Plus Cover, from the *policy anniversary date* before the *life insured's* 70th birthday you are only covered for *loss of independent existence* and no other medical condition or procedure.

You can only take out Trauma Plus Cover if you first take out *Trauma Cover*.

If you take out Trauma Plus Cover with *Trauma Cover* and a condition or procedure is covered under both, we pay the benefit for the condition or procedure under Trauma Plus Cover and not *Trauma Cover*, as this results in a higher benefit. For instance, if you have Trauma Plus Cover and we pay a claim for *early stage melanoma*, we pay the benefit under Trauma Plus Cover (40%, maximum $200,000) and not under *Trauma Cover* (20%, maximum $100,000).

Trauma Cover conditions

Body system	Condition or procedure	How much we pay*
Cancer and tumours	*benign brain tumour*	100%
	benign brain tumour of limited extent	20%, maximum $100,000
	cancer	100%
	early-stage breast cancer	10%
	early-stage cancer of the vulva or perineum	100%
	early-stage prostate cancer	20%, maximum $100,000
	early-stage melanoma	20%, maximum $100,000
Heart and vessels	*cardiomyopathy*	100%
	coronary artery angioplasty	10%, maximum $25,000
	coronary artery angioplasty – triple vessel	100%
	coronary artery disease requiring bypass surgery	100%
	heart attack	100%
	open heart surgery	100%
	out of hospital cardiac arrest	100%
	primary pulmonary hypertension	100%
	repair and replacement of a heart valve	100%
	stroke	100%
	surgery of the aorta	100%
Brain and nerves	*bacterial meningitis*	100%
	coma	100%
	dementia and Alzheimer's disease	100%
	diplegia	100%
	encephalitis	100%
	hemiplegia	100%
	major head trauma	100%
	motor neurone disease	100%
	muscular dystrophy	100%
	multiple sclerosis with impairment	100%
	multiple sclerosis of limited extent	25%, maximum $50,000
	paraplegia	100%
	Parkinson's disease with impairment	100%
	quadriplegia	100%
	tetraplegia	100%
Kidneys	*chronic kidney failure*	100%
Digestive system	*chronic liver disease*	100%
Respiratory	*chronic lung disease*	100%
	pneumonectomy	100%
Ear, nose and throat	*loss of hearing*	100%
	loss of speech	100%
Eye	*blindness*	100%

Trauma Cover

Body system	Condition or procedure	How much we pay*
Musculoskeletal	*loss of limbs or sight*	100%
	loss of one hand or one foot	10%
	severe rheumatoid arthritis	100%
Endocrine system	*advanced diabetes mellitus*	100%
Blood	*aplastic anaemia*	100%
	medically acquired HIV	100%
	meningococcal disease	100%
	occupationally acquired hepatitis B or C	100%
	occupationally acquired HIV	100%
Other	*critical care*	10%
	loss of independent existence	100%
	major organ or bone marrow transplant	100%
	serious injury	10%
	severe burns	100%

* The percentages are expressed as a percentage of the amount of the *Trauma Cover* applying to the *life insured*. A $10,000 minimum benefit payment applies if the benefit isn't $0 or calculated to be $0.

Trauma Plus Cover conditions

Body system	Condition or procedure	How much we pay*
Cancer and tumours	*early-stage cancer of the cervix uteri*	20%, maximum $100,000
	early-stage cancer of the vagina	20%, maximum $100,000
	early-stage chronic lymphocytic leukaemia	20%, maximum $100,000
	early-stage cancer of the fallopian tubes	20%, maximum $100,000
	early-stage melanoma	40%, maximum $200,000
	early-stage ovarian cancer	20%, maximum $100,000
	early-stage penile cancer	20%, maximum $100,000
	surgical removal of a hydatidiform mole	20%, maximum $100,000
Brain and nerves	*Parkinson's disease*	20%, maximum $100,000
Ear, nose and throat	*partial loss of hearing*	20%, maximum $100,000
Eye	*partial blindness*	20%, maximum $100,000
Musculoskeletal	*severe osteoporosis*	20%, maximum $100,000
Digestive system	*severe Crohn's disease*	20%, maximum $100,000
	severe ulcerative colitis	20%, maximum $100,000
Endocrine system	*diabetes mellitus complications*	40%, maximum $200,000

* The percentages are expressed as a percentage of the amount of the *Trauma Cover* applying to the *life insured*. A $10,000 minimum benefit payment applies if the benefit isn't $0 or calculated to be $0.

As you can see from the tables above, for all the Trauma Plus Cover conditions and for certain Trauma Cover conditions (collectively called the Partial Trauma Cover conditions in this PDS), we only pay a part of the *Trauma Cover benefit* (a Partial Trauma Cover benefit). We may also do this under the Trauma Buy Back Plus option described on page 57.

Payment of a Partial Trauma Cover benefit reduces the amount of your *Trauma Cover* by the amount paid.

Trauma Cover and Trauma Plus Cover

Trauma Cover

A full or partial benefit if you are diagnosed with a specified trauma condition.

Trauma Plus Cover

A partial benefit for extra trauma conditions.

When we pay it

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

- *loss of independent existence* before the *Trauma Cover* ends or
- one of the other *Trauma Cover* or Trauma Plus Cover 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

For *severe osteoporosis*, the *life insured* must be diagnosed before their 50th birthday.

What exclusions apply

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

- the *life insured's* Trauma Cover condition or Trauma Plus Cover condition is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide*, or*
- the *life insured* dies within 14 days after first being diagnosed with the Trauma Cover condition or Trauma Plus Cover condition

A qualifying period also applies, see page 55.

We won't pay a *Trauma Cover 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.

Also, we won't pay a *Trauma Cover benefit* for *occupationally acquired hepatitis B or C* if:

- before the *accident* occurred, a cure has been found for hepatitis B and/or hepatitis C or
- the *life insured* has elected not to take available medical treatment which, if taken, would have prevented the infection with hepatitis B and/or hepatitis C.

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
- we pay any *Life Care benefit*, including the Terminal Illness benefit.

Trauma Cover also ends if we pay a benefit for a condition or procedure other than a Partial Trauma Cover condition (see page 54).

Qualifying period

What conditions does it apply to?

A 90 day qualifying period applies to the following:

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

When does it apply?

The qualifying period applies if the procedure or the symptoms or diagnosis of the condition occurred, or the circumstances leading to the procedure or the condition became apparent, either before or within the first 90 days 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 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 90 days, the qualifying period under this policy for the same trauma conditions and procedures is the lesser of:

- 90 days
- 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 90 day 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*. The cover ends if, as a result of this reduction, the *flexi-linked Trauma Cover* would be less than $10,000.

Other insurances

We may reduce the amount of the *Trauma Cover benefit* payable (to nothing 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.

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. The *TPD Cover* ends if this reduces *TPD Cover* to less than $10,000.

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 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
- *benign brain tumour of limited extent*
- *critical care*
- *early-stage breast cancer*
- *early-stage melanoma*
- *early-stage prostate cancer*
- *loss of one hand or one foot*
- *multiple sclerosis of limited extent*
- *serious injury*

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

Once cover is held for five years, automatically increases payment of the Trauma Cover benefit by 5%, at no extra cost.

When we pay it

If the *life insured* is diagnosed with a *Trauma Cover* condition or Trauma Plus 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 57).

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 that the policy was not in force and also the period in which the previous policy was in force.

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.

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

Doubles the lump sum we pay if you're diagnosed with certain serious trauma conditions.

When we pay it

We pay this benefit if we pay a *Trauma Cover benefit* for one of the following:

- *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 diagnosed with the condition
- if *flexi-linked Trauma Cover* applies, the difference between that cover and the *primary Life Care* when the *flexi-linked life insured* was first diagnosed with the 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.

Trauma Buy Back benefit and Trauma Buy Back Plus option

The Trauma Buy Back benefit is a built in feature of *Trauma Cover* but you can, at an additional cost, enhance the features of the benefit by taking out the Trauma Buy Back Plus option.

Trauma Buy Back benefit

Automatically reinstates Trauma Cover 12 months after a Trauma claim is paid.

Trauma Buy Back Plus option

Again, automatically reinstates Trauma Cover 12 months after a Trauma Cover benefit is paid but also allows you to claim for extra Trauma Cover conditions under the reinstated cover. If you have chosen this option, it appears on your policy schedule.

You can't choose the Trauma Buy Back Plus option if you have chosen the Trauma Evidence of Severity option.

When it applies

The Trauma Buy Back benefit and Trauma Buy Back Plus option only apply if:

- we pay a claim for the *Trauma Cover benefit* which reduces *Trauma Cover* to less than $10,000, and
- the Trauma Cover condition for which we paid the claim was diagnosed prior to the *policy anniversary date* before:
  - the *life insured's* 70th birthday or
  - for the Trauma Buy Back Plus option, the *life insured's* 65th birthday.

If you took out the Trauma Buy Back Plus option and it no longer applies, the Trauma Buy Back benefit may still apply.

If the Trauma Buy Back benefit or Trauma Buy Back Plus option apply, the *Trauma Cover* is automatically reinstated to the amount that applied under the policy immediately before the *Trauma Cover* was reduced to less than $10,000. This happens 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

Neither the Trauma Buy Back benefit nor the Trauma Buy Back Plus option apply:

- if either have previously applied to the *Trauma Cover*
- if we have paid a *TPD Cover* or Terminal Illness benefit for the *life insured*
- if this policy is a *split TPD policy* and we have paid a *split TPD Cover benefit* for the *life insured* under this policy or the *super policy*
- if we pay a *Trauma Cover benefit* for *loss of independent existence*
- 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 also apply to the reinstated cover
- all policy conditions apply to the reinstated cover except for:
  - the Trauma Buy Back benefit and the Trauma Buy Back Plus option
  - 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 pay

If none of the exclusions listed under 'When we won't pay' apply and your claim under the reinstated *Trauma Cover* is payable, we pay the *Trauma Cover benefit* provided for in the tables on pages 53 and 54.

If, however, you have the Trauma Buy Back Plus option, the amount of the *Trauma Cover benefit* we pay may be limited for certain Trauma Cover conditions, as explained below under 'What happens if you have the Trauma Buy Back Plus option'.

When we won't pay – exclusions

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

1. 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*
2. the same Trauma Cover condition for which we paid a claim under the original *Trauma Cover*
3. 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 paid a claim under the original *Trauma Cover*
4. any condition listed under 'Heart and vessels' in the 'Trauma Cover conditions' table on page 53, if under the original *Trauma Cover* we paid a claim for any one or more of the conditions listed
5. any condition listed under 'Cancer and tumours' in the tables on pages 53 and 54, if under the original *Trauma Cover* we paid a claim for any one or more of the conditions listed
6. *paraplegia, quadriplegia, hemiplegia, diplegia* or *tetraplegia* as a result of a *stroke*, if under the original *Trauma Cover* we paid a claim for any one or more of the conditions listed under 'Heart and vessels ' in the 'Trauma Cover conditions' table on page 53
7. any condition listed under 'Heart and vessels' in the 'Trauma Cover conditions' table on page 53, if under the original *Trauma Cover* we paid a claim for *paraplegia, quadriplegia, hemiplegia, diplegia* or *tetraplegia* as a result of a *stroke.*

What happens if you have the Trauma Buy Back Plus option

If you have the Trauma Buy Back Plus option, we won't apply:

- the 2nd, 3rd or 4th exclusion under 'When we won't pay' if:
  - the claim under the reinstated *Trauma Cover* is for a condition listed under 'Heart and vessels' in the 'Trauma Cover conditions' table on page 53 and
  - we paid a claim under the original *Trauma Cover* for any one or more of the conditions listed under 'Heart and vessels'.
- the 2nd, 3rd or 5th exclusion under 'When we won't pay' if:
  - the claim under the reinstated *Trauma Cover* is for a condition listed under 'Cancer and tumours' in the tables on pages 53 and 54, and
  - we paid a claim under the original *Trauma Cover* for any one or more of the conditions listed under 'Cancer and tumours'.

If:

- we don't apply any one or more of the 2nd, 3rd, 4th and 5th exclusions to your claim under the reinstated *Trauma Cover* because you have the Trauma Buy Back Plus option and
- the claim is payable because no other exclusion applies under 'When we won't pay' and you otherwise meet the policy conditions,

we limit any benefit payable under the reinstated *Trauma Cover* to that set out in the table below:

If under the original *Trauma Cover*, a claim was paid for any one or more of the Trauma Cover conditions:	If the Trauma Cover condition for which you claim under the reinstated *Trauma Cover* is:	How much we pay*
listed under 'Heart and vessels' in the 'Trauma Cover conditions' table on page 53	a condition listed under 'Heart and vessels' in the 'Trauma Cover conditions' table on page 53	10% of your *Trauma Cover*, maximum $50,000^
listed under 'Cancer and tumours' in the tables on pages 53 and 54	a condition listed under 'Cancer and tumours' in the tables on page 53, except for *cancer*	10% of your *Trauma Cover*, maximum $50,000
	a *cancer* which is not a *second primary cancer*	10% of your *Trauma Cover*, maximum $50,000
	a *cancer* which is a *second primary cancer*	the *Trauma Cover* benefit provided for in the tables on pages 53 and 54

* A $10,000 minimum benefit payment applies if the benefit isn't $0 or calculated to be $0.

^ If the claim under the reinstated *Trauma Cover* is for *coronary artery angioplasty*, the maximum benefit we pay is $25,000.

Once we pay a benefit subject to the $25,000 or $50,000 maximum referred to in this table, we won't pay another benefit that is also subject to either of those maximums.

Financial Planning benefit

Up to $5,000 to help cover the costs of financial advice.

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*.

Accommodation benefit

Helps cover the accommodation costs of an immediate family member who needs to stay nearby if due to a trauma you are confined to bed a long way from home.

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.

Automatic indexation

Automatically increases Trauma Cover each year to help keep pace with inflation.

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.

Evidence of Severity option

Reduces the cost of your cover if you agree to satisfy extra requirements to qualify for a benefit.

You can't choose this option if you choose the Trauma Buy Back Plus 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 diagnosed with the Trauma Cover condition or Trauma Plus 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 diagnosed with the Trauma Cover condition or Trauma Plus 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.*

Plan Protection option

You don't pay trauma premiums while you are totally and temporarily disabled.

To see how the Plan Protection Option applies to this cover, please refer to page 36.

Guaranteed Insurability option (personal events)

Lets you increase Trauma Cover without providing more health information if you experience certain personal events.

See 'Guaranteed Insurability option (personal events)' on page 36.

> **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 38.

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

Child Cover option

A lump sum if your child dies or is diagnosed with a specified trauma.

You can only take out *Child Cover* if you first take out *Trauma Cover.*

When we pay it

We pay you the *Child Cover benefit* if the *insured child* dies or is diagnosed with a Child Trauma Cover condition while *Child Cover* applies to them (subject to the qualifying period described on page 62).

The Child Trauma Cover conditions the *insured child* is covered for are shown in the table below. These conditions have specific meanings which are set out in the 'Medical definitions' on page 141.

For certain Child Trauma Cover conditions (collectively called the Partial Child Trauma Cover conditions in this PDS), we only pay a part of the *Child Cover benefit* (a Partial Child Cover benefit) as shown in the following table.

Automatic indexation applies to this cover. Please refer to page 59.

Body system	Condition	How much we pay*
Cancer and tumours	*benign brain tumour*	100%
	cancer	100%
Heart and vessels	*cardiomyopathy*	100%
	coronary artery angioplasty	10%
	coronary artery angioplasty – triple vessel	100%
	coronary artery disease requiring bypass surgery	100%
	heart attack	100%
	open heart surgery	100%
	out of hospital cardiac arrest	100%
	surgery of the aorta	100%
Brain and nerves	*bacterial meningitis*	100%
	coma	100%
	diplegia	100%
	encephalitis	100%
	hemiplegia	100%
	major head trauma	100%
	muscular dystrophy	100%
	paraplegia	100%
	quadriplegia	100%
	stroke	100%
	subacute sclerosing panencephalitis	100%
	tetraplegia	100%
Kidneys	*chronic kidney failure*	100%
Digestive System	*chronic liver disease*	100%
Respiratory	*chronic lung disease*	100%
Ear, nose and throat	*loss of hearing*	100%
	loss of speech	100%
Eye	*blindness*	100%
Musculoskeletal	*loss of limbs or sight*	100%
	loss of one hand or one foot	10%
	severe rheumatoid arthritis	100%
Blood	*aplastic anaemia*	100%
	medically acquired HIV	100%
Other	*critical care*	10%
	major organ or bone marrow transplant	100%
	severe burns	100%
	serious injury	10%

* The percentages are expressed as a percentage of the amount of *Child Cover* applying to the *insured child*. A $10,000 minimum benefit payment applies if the benefit isn't $0 or calculated to be $0.

What exclusions apply

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

- the Child Trauma Cover condition is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide
- the qualifying period applies
- the *insured child's* death or Child Trauma Cover 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 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

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). The *Child Cover* ends if it reduces to less than $10,000.

When it ends

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

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

Restrictions

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

Qualifying period

What conditions does it apply to?

A 90 day qualifying period applies to the following Child Trauma Cover conditions:

- *coronary artery disease requiring bypass surgery*
- *coronary artery angioplasty*
- *coronary artery angioplasty – triple vessel*
- *cancer*
- *stroke*
- *heart attack*

When does it apply?

The qualifying period applies if the procedure, or the symptoms or diagnosis of the condition occurred, or the circumstances leading to the procedure or the condition became apparent, either before or within the first 90 days 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 90 days, the qualifying period under this Child Cover option for the same Child Trauma Cover conditions is the lesser of:

- 90 days
- 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 90 day qualifying period to the difference in cover.

Other insurances

We may reduce the amount of the *Child Cover benefit* payable (to nothing 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

Once cover applies for five years, automatically increases payment of the Child Cover benefit by 5%, at no extra cost.

When we pay it

If the *insured child* dies or is diagnosed with a Child Trauma Cover 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.

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 that the previous policy was in force.

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.

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 as a replacement policy.

Child Continuation option

Replace Child Cover without providing more health information.

Within 30 days before the *child cover expiry date*, either:

- the *insured child* can ask us in writing to provide death and trauma cover under a new individual policy on his or her life; or
- you, as the owner of the policy under which the *Child Cover* is issued, can ask us to replace the *Child Cover* with an equivalent amount of *Life Care* and *Trauma Cover* under this policy on the *insured child's* life.

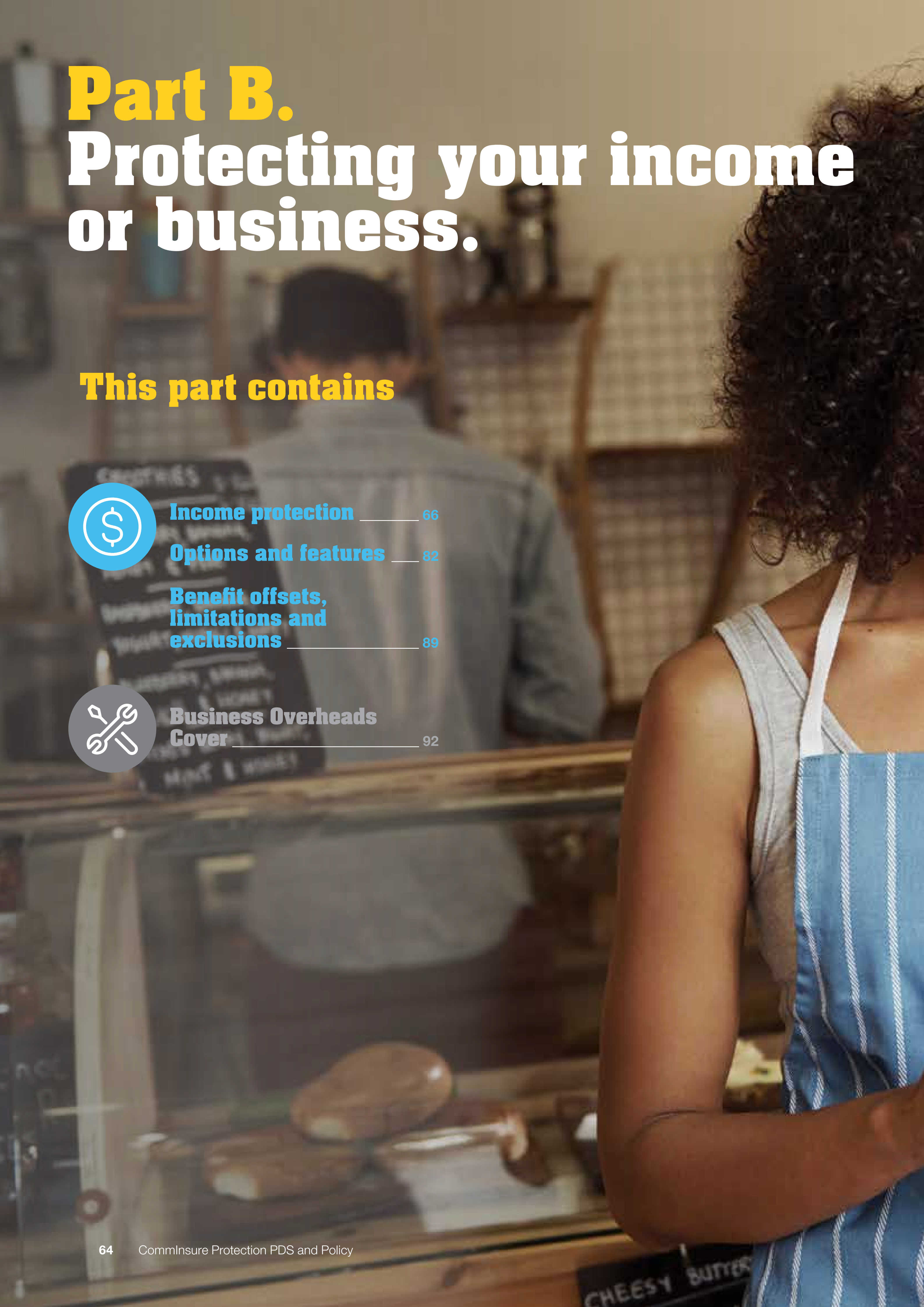
If we receive a request from both the *insured child* and the owner of this policy, only the first request received by us is effective. The second request is invalid. If both requests are received at the same time, the *insured child's* request applies to the exclusion of the other request.

If we receive such a request, we will issue the policy or the replacement cover under this policy, as applicable, 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 policy or the replacement cover, as applicable, 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 new policy
- our underwriting requirements are met.

We issue the new death and trauma cover:

- under this policy as *Life Care* and *Trauma Cover* or under a new individual policy owned by the *insured child* providing death and trauma cover, as applicable
- in an amount 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 or the *Life Care/Trauma Cover* under this policy, as applicable, when it's issued
- without the benefit of any of the optional features which can be selected under the individual policy or this policy, as applicable, (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 when the cover ended
- 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 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 144.

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 *super policy*, the trustee of the super fund is always the policy owner and the fund member is always the *life insured*. So for Total Care Plan Super, 'you' means the trustee of the CSRF and, for the SMSF Plan, 'you' means the trustee of the SMSF.

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

What type of cover do I have?

The income protection you are covered for depends on the type of cover you take out. You can take out:

- **Income Care** – which covers you outside super for the essential benefits.
- **Income Care Plus** – which covers you outside super for the essential benefits plus extras at an additional cost.
- **Income Care Super** – which covers you inside our super fund.
- **Income Protection** – which covers you inside your SMSF.

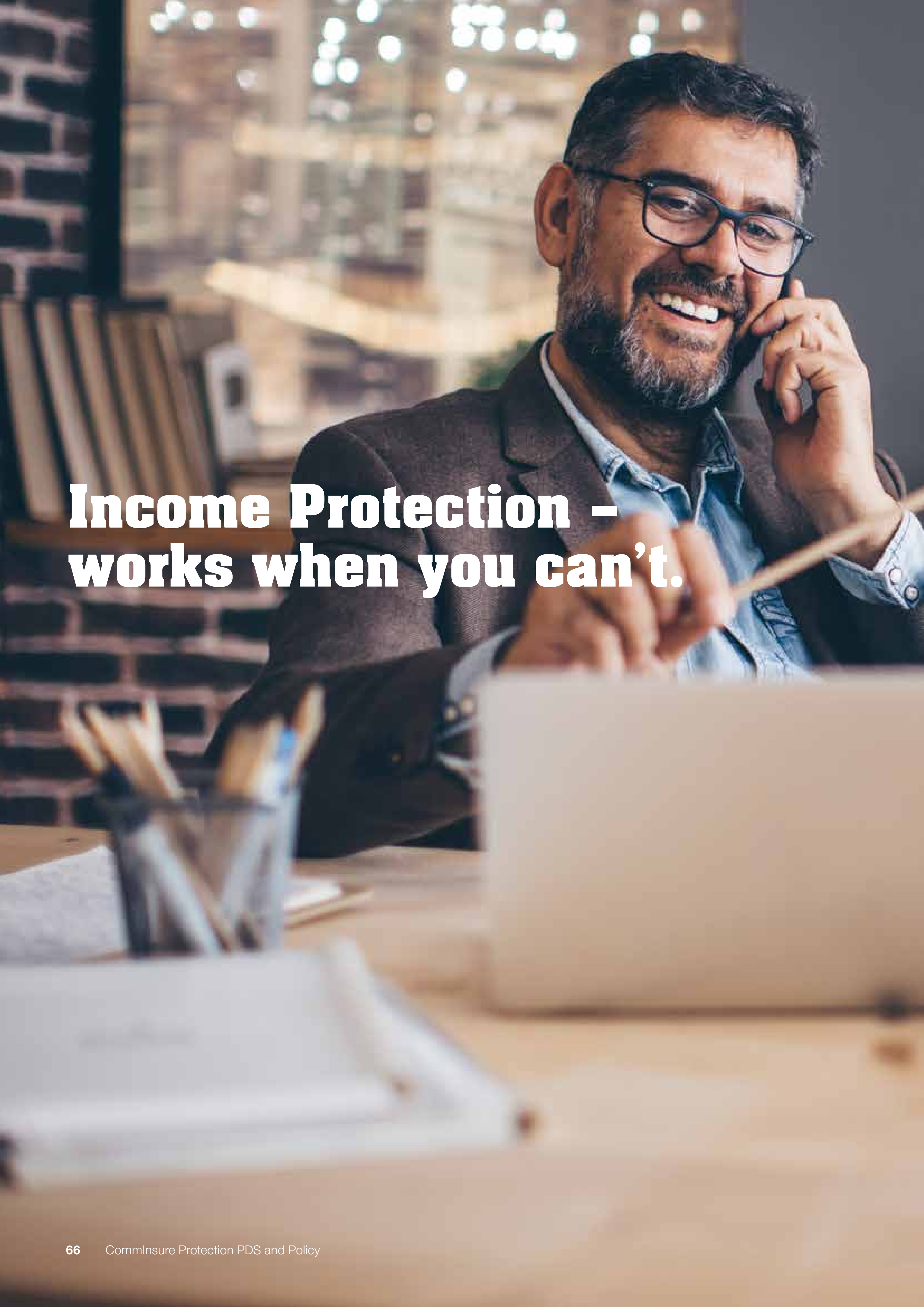
The schedule to your policy shows the type of cover you have.

Inside/outside super

As income protection cover inside and outside super differs, we explain the differences which apply.

Split IP

If this policy is a *split IP policy* and it refers to a term, expression or feature under the other *split IP policy*, then that term, expression or feature has the meaning it has under the other policy.



Income Protection – works when you can't.

Income protection

Put simply, income protection generally pays up to 75% of your income when you're unable to perform all or part of your occupation due to injury or sickness.

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.

Income protection summary

The table below tells you what benefits, features and options apply to your income protection cover, depending on whether you have taken out Income Care, Income Care Plus, Income Care Super or Income Protection under the SMSF Plan. This table doesn't apply to Business Overheads Cover, which is explained from page 92.

Please make sure you also read 'Benefit offsets, limitations and exclusions' from page 89. This is important information which applies to all types of income protection cover.

Benefits

		Outside super		Inside super		
Benefit	**A brief explanation …**	**Income Care**	**Income Care Plus**	**Income Care Super**	**SMSF Plan**	**For full details see page…**
Total Disability benefit	A monthly benefit to help replace lost income if you can't work at all due to disability	✔	✔	✔	✔	71
Partial Disability benefit	A partial monthly benefit to help replace lost income if you can only work in a reduced capacity due to disability	✔	✔	✔	✔	71
Recurrent Disability benefit	Allows you to continue your original claim without satisfying the waiting period again if your disability reoccurs within 12 months	✔	✔	✔	✔	72
Boosted Total Disability benefit	Boosts the monthly benefit by one third if you are totally disabled by a serious medical condition	✔	✔	✔	✔	73
Medical Professionals benefit	A lump sum benefit if you are a medical professional whose work is affected by a HIV or hepatitis infection	✔	✔	–	–	73
Reward Cover benefit	Up to $100,000 of Accidental Death Cover at no extra cost after you've held your income protection cover for three years	✔	✔	✔	✔	74
Rehabilitation benefit	A benefit if you are totally or partially disabled and participate in an approved occupational rehabilitation program	✔	✔	–	–	74
Unemployment Cover benefit for CBA Group loans	A monthly benefit for up to three months to help cover CBA minimum monthly loan repayments if you've been involuntarily unemployed for more than 60 consecutive days	✔	✔	–	–	75

Benefit	A brief explanation …	Outside super: Income Care	Outside super: Income Care Plus	Inside super: Income Care Super	Inside super: SMSF Plan	For full details see page…
Income Care Super Death benefit	A $10,000 lump sum if you die while covered under Income Care Super	–	–	✔	–	76
Specific Injuries benefit	A monthly benefit, if the injury you suffer was caused by a specified medical event. We pay even if you can return to work	–	✔	–	–	77
Crisis benefit	A lump sum if you are diagnosed with one of 18 specified medical conditions, whether or not you can return to work	–	✔	–	–	78
Accommodation benefit	Helps cover the cost of accommodating an immediate family member nearby if you become totally disabled and need to stay a long way from home to receive treatment	–	✔	–	–	78
Family Support benefit	Subsidises an immediate family member's lost income for up to three months if they have to take time off work to care for you while totally disabled	–	✔	–	–	78
Home Care benefit	Helps cover the cost of a professional housekeeper for up to six months if you are totally disabled and confined to, or near, a bed after the waiting period	–	✔	–	–	79
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 you are totally disabled	–	✔	–	–	79
Bed Confinement Benefit	Helps cover the additional costs incurred if you are totally disabled and confined to bed for at least three days continuously during the waiting period	–	✔	–	–	80
Death benefit	Helps meet expenses by paying a lump sum if you die	–	✔	–	–	80
Transportation benefit	Helps cover the cost of emergency transport to an Australian hospital if required by your total disability	–	✔	–	–	80
Overseas Assist benefit	Helps cover the cost of an economy air fare to return to Australia if you are totally disabled for at least a month while overseas	–	✔	–	–	80
Domestic Help benefit	Helps cover the cost of hiring a housekeeper or child-minder when your spouse can't perform domestic duties due to injury	–	✔	–	–	81

Cover

Cover	A brief explanation …	Outside super: Income Care	Outside super: Income Care Plus	Inside super: Income Care Super	Inside super: SMSF Plan	For full details see page…
Essential	Income protection cover for accidents only	✔	–	✔	✔	76

Features

Income protection also provides a range of other built in features that make your cover more flexible. For more information refer to page 85 under 'Features'.

Feature	A brief explanation …	Outside super	Inside super		For full details see page…
		Income Care, Income Care Plus	Income Care Super	SMSF Plan	
Waiving premiums	We waive income protection premiums while paying monthly benefits	✔	✔	✔	85
Other premium waivers	Don't pay income protection premiums for up to six months if you're unemployed, on parental leave or experiencing financial hardship	✔	✔	✔	85
Waiver of waiting period for specific conditions	For claims for certain medical conditions you don't have to meet the waiting period	✔	✔	✔	86
Automatic indexation	Automatically increases cover each year to help keep pace with inflation	✔	✔	✔	86
Guaranteed insurability	Increase your cover in line with income without providing further health evidence	✔	✔	✔	86
Reduced waiting period	Reduce your waiting period without providing further health evidence if your income protection with an employer or super fund ends	✔	✔	✔	87
Extended cover	Extends your income protection by five years	✔	✔	✔	87
Continuation option	Continue Total Care Plan Super income protection outside super without providing further health evidence	–	✔	–	88

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.

Options that reduce your premiums

Option	A brief explanation …	Outside super	Inside super		For full details see page…
		Income Care, Income Care Plus	Income Care Super	SMSF Plan	
Premium Saver*	Reduces the cost of your cover if you limit monthly benefits for mental illness claims to 24 months	✔	✔	✔	82

* Not available for Essential Cover.

Options at an additional cost

Option	A brief explanation …	Outside super	Inside super		For full details see page…
		Income Care, Income Care Plus	Income Care Super	SMSF Plan	
Increasing Claim	Increases claim payments in line with indexation each year after the first year	✔	✔	✔	83
Accident	A benefit if total disability occurs during the waiting period due to an accident	✔	✔	✔	83
Super Continuance	Covers your super contributions	✔	–	–	83
Cash Back	Refunds some of your premiums when the policy ends if no claim is payable during the life of your policy	✔	–	–	84
Permanent Disablement Cover	A lump sum instead of the normal monthly benefits we would pay	✔	–	–	82

About income protection

This section provides more information about income protection.

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 super plan. We pay benefits monthly in arrears (i.e. in the month after the month in which you became entitled to the benefit).

For income protection inside super, all benefits are paid to the trustee of the super fund (either the trustee of the CSRF or the trustee of the SMSF).

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 or Business Overheads Cover 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, if applicable.

- 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*.

Total Disability benefit

A monthly benefit to help replace lost income if you can't work at all due to disability.

What we pay

If the *life insured* is *totally disabled*, we pay the Total Disability benefit.

For a *super policy*, the Total Disability benefit is the *monthly benefit*. The Total Disability benefit we pay won't be greater than the amount which is the *life insured's pre-disability income*, unless the benefit is greater because of the Increasing Claim option.

For an *ordinary policy*, the Total Disability benefit is the total of the *monthly benefit* and any *super continuance monthly benefit*.

If *split IP* applies, the Total Disability benefit we pay under the *split IP ordinary policy* is reduced by the amount of the benefit payable under the *split IP super policy*. If the benefit is reduced to nil, it is not payable under the *split IP ordinary policy*.

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*
- the *life insured* dies
- we pay a *Permanent Disablement benefit* for the *life insured* under the Permanent Disablement Cover option (see page 82)
- the *life insured* unreasonably refuses to undergo medical treatment for their *total disability* as recommended by their *medical practitioner*, including participation in an *approved occupational rehabilitation program*.

Partial Disability benefit

A partial monthly benefit to help replace lost income if you can only work in a reduced capacity due to disability.

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*.

For a *super policy*, the Partial Disability benefit we pay won't be greater than the amount which is the *life insured's pre-disability income*, unless the benefit is greater because of the Increasing Claim option.

Example

Natasha 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 she becomes *partially disabled* as a result of a car accident, she can only work 20 hours a week and earns $2,500 a month before tax.

We calculate Natasha'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 Natasha is still earning $2,500 per month, the formula shows that we need to pay her $1,125 of her *monthly benefit*.

If *split IP* applies, the Partial Disability benefit we pay under a *split IP ordinary policy* is reduced by the amount of the benefit payable under the *split IP super policy*. If the benefit is reduced to nil, it is not payable under the *split IP ordinary policy*.

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*
- 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
- we pay a *Permanent Disablement benefit* for the *life insured* under the Permanent Disablement Cover option (see page 82)
- the *life insured* unreasonably refuses to undergo medical treatment for their *partial disability* as recommended by their *medical practitioner*, including participation in an *approved occupational rehabilitation program*.

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:

- for a *super policy*, 75% of your *monthly benefit*
- for an *ordinary policy*, 75% of the total of your *monthly benefit* and any *super continuance monthly benefit*.

If, in this situation, *split IP* applies, the maximum amount we pay for the Partial Disability benefit under both policies is 75% of the total of the *monthly benefit* and any *super continuance monthly benefit* under the *split IP ordinary policy*.

If income is reduced to less than 20%

For an *ordinary policy*, we pay a Total Disability benefit, instead of a Partial Disability benefit, for up to six months 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 on page 136.

If *split IP* applies and a Total Disability benefit is payable under the *split IP ordinary policy* instead of the Partial Disability benefit, we reduce the Total Disability benefit we pay by the amount of the Partial Disability benefit payable under the *split IP super policy*.

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.

Recurrent Disability benefit

Allows you to continue your original claim without satisfying the waiting period again if your disability reoccurs within 12 months.

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, and
- the recurrence results in *disability* within 12 months from the date the *life insured* was last on claim but before the *cover expiry date*.

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 payable
- 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*.

Boosted Total Disability benefit

Boosts the monthly benefit by one third if you are totally disabled by a serious medical condition.

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*.

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 135.

> **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,* a *super continuance monthly benefit* or any other benefit under this policy.

For a *super policy*, the Boosted Total Disability benefit we pay won't be greater than the amount which is the *life insured's pre-disability income*, unless the benefit is greater because of the Increasing Claim option.

If *split IP* applies, the Boosted Total Disability benefit we pay under the *split IP ordinary policy* is reduced by the amount of the benefit payable under the *split IP super policy*. If the benefit is reduced to nil, it is not payable under the *split IP ordinary policy*.

Medical Professionals benefit

A lump sum benefit if you are a medical professional whose work is affected by a HIV or hepatitis infection.

When it applies

This benefit applies to you if the policy is an *ordinary policy* and, 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

Up to $100,000 of Accidental Death Cover at no extra cost after you've held your income protection for three years.

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.

Policy anniversary	Amount of Accidental Death Cover
3rd	$50,000
4th	$60,000
5th	$70,000
6th	$80,000
7th	$90,000
8th	$100,000

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.

Note: The Reward Cover benefit does not apply under a *split IP ordinary 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 as prescribed by a *medical practitioner*
- participating in criminal activity, or
- an act of war (whether declared or not).

We won't pay this benefit if the *life insured* dies while he or she is serving a jail sentence.

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

A benefit if you are totally or partially disabled and participate in an approved occupational rehabilitation program.

You can claim this benefit if the policy is an *ordinary policy* and:

- 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 paid work they were performing in their own occupation before their *disability* (or, where medically necessary, a new occupation).

If *split IP* applies, you can still claim this benefit under the *split IP ordinary policy* even if we're paying all the Total Disability benefits or Partial Disability benefits under the *split IP super policy.*

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 requirements on page 74 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*
- this policy ends
- the *cover expiry date*
- the *life insured* dies.
- the *life insured* unreasonably refuses to undergo medical treatment for their *disability* recommended by their *medical practitioner*, including participation in an *approved occupational rehabilitation program*
- we pay a *Permanent Disablement benefit* for the *life insured* under the Permanent Disablement Cover option (see page 82).

Unemployment Cover benefit for CBA Group loans

A monthly benefit for up to three months to help cover CBA minimum monthly loan repayments if you've been involuntarily unemployed for more than 60 consecutive days.

When we pay it

We pay an *Unemployment benefit* if the policy is not a *super policy* and:

- 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.

If *split IP* applies, we only pay the highest of:

- the *Unemployment benefit and*
- *the* total amount of the Total Disability benefits payable under the *split IP policies*.

If the total amount of the Total Disability benefits is higher, we don't pay the *Unemployment benefit.*

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.

Income Care Super Death benefit

We pay $10,000 if the *life insured* dies while he or she is covered under Income Care Super (offered under Total Care Plan Super).

Essential Cover (accidents only)

Income protection cover for accidents only.

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 *accident*.

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* or
- 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 127) is replaced with the definition of '*accident*' (see page 127).
- 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 with impairment*, *muscular dystrophy*, *dementia and Alzheimer's disease*, *Parkinson's disease with impairment*, *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 72) and
  - in 'Recurring disability' (see page 88)
- 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 73).

If *split IP* applies, Essential Cover must apply under both *split IP policies*.

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

Specific Injuries benefit

A monthly benefit if the injury you suffer was caused by a specified medical event. We pay even if you can return to work.

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
- we pay a *Permanent Disablement benefit for the life insured under* the Permanent Disablement Cover option (see page 82).

What we pay

We pay the *monthly benefit* and any *super continuance monthly benefit*. The part of the benefit which is the *super continuance monthly benefit* is paid to your nominated super plan. Refer to page 83 for more information.

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.

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

A lump sum if you are diagnosed with one of 18 specified medical conditions, whether or not you can return to work.

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* is diagnosed with one of the following medical conditions before the *cover expiry date* (even if the *life insured* continues to work):

- *heart attack*
- *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 with impairment*
- *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' starting on page 141.

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 super plan. Refer to page 83 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

Helps cover the cost of accommodating an immediate family member nearby if you become totally disabled and need to be a long way from home to receive treatment.

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

Subsidises an immediate family member's lost income for up to three months if they have to take time off work to care for you while you are totally disabled.

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 a Total Disability benefit for the *life insured under this policy,*
- 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*.

If *split IP* applies, you can still claim this benefit under the *split IP ordinary policy* where we're only paying the Total Disability benefit under the *split IP super policy*.

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
- we pay a *Permanent Disablement benefit* for the *life insured* under the Permanent Disablement Cover option (see page 82).

Home Care benefit

Helps cover the cost of a professional housekeeper for up to six months if you are totally disabled and confined to, or near, a bed after the waiting period.

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*.

If *split IP* applies, you can still claim this benefit under the *split IP ordinary policy* where we're only paying the Total Disability benefit under the *split IP super policy*.

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 pay a *Permanent Disablement benefit* for the *life insured* under the Permanent Disablement Cover option.

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 you are totally disabled.

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.

If *split IP* applies, you can still claim this benefit under the *split IP ordinary policy* where we're only paying the Total Disability benefit under the *split IP super policy*.

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.

Income Protection

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
- we pay a *Permanent Disablement benefit* for the *life insured* under the Permanent Disablement Cover option.

Bed Confinement benefit

Helps cover the additional costs incurred if you are totally disabled and confined to bed for at least three days continuously during the waiting period.

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

Helps meet expenses by paying a lump sum if you die.

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

Helps cover the cost of emergency transport to an Australian hospital if required by your total disability.

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

Helps cover the cost of an economy air fare to return to Australia if you are totally disabled for at least a month while overseas.

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 *super 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

Helps cover the cost of hiring a housekeeper or child-minder when your spouse can't perform domestic duties due to injury.

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 and features.

Options

We describe the available options below. To check which options are available for which types of policy please refer to pages 69 and 70.

Permanent Disablement Cover option – only for cover outside super

A lump sum instead of the normal monthly benefits we would pay.

Choosing this option

If you want this option, you have to select it from the start of the policy. 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 or age 70.

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

- Cash Back option
- Premium Saver option.

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* 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.

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 Cover benefit for CBA Group Loans.

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 73).

Note: This option isn't available for Business Overheads Cover, a *super policy* or a *split IP policy*.

Premium Saver option

Reduces the cost of your cover if you limit monthly benefits for mental illness claims to 24 months.

Selecting this option

Once this option applies you can't cancel it.

You can't choose this option if you have chosen any of the following:

- a *benefit period* of two or five years
- the Cash Back option
- the Permanent Disablement Cover option.

Also, 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.

Note: If *split IP* applies:

- this option must apply under both policies
- we only make up to 24 monthly payments in total across both policies. If, however, for the same month we make payments under both policies, the payments only count as one payment towards the maximum 24 monthly payments.

Increasing Claim option

Increases claim payments in line with indexation each year after the first year.

The way this option applies differs depending on whether the policy is a *super policy* or not:

Super policy	***Ordinary policy***
What it does	**What it does**
If we have paid a Total or Partial Disability benefit for a *life insured* for more than 12 consecutive months, we increase the *monthly benefit* for the purpose of calculating the claim payments by the lesser of: ◆ the *indexation factor* or ◆ 5% on each anniversary of the date benefits first started to accrue.	If we have paid a Total or Partial Disability benefit for a *life insured* for more than 12 consecutive months, we increase the *monthly benefit* and any *super continuance monthly benefit* for the purpose of calculating the claim payments by the *indexation factor* on each anniversary of the date benefits first started to accrue.

If *split IP* applies, the benefits may have been paid by us under either policy or a combination of both.

If *split IP* applies, this option must apply to both policies. We apply increases under the option before *split IP* has been applied to determine the respective benefits payable under each policy.

To illustrate, after applying *split IP* in the example on page 22, we pay Peter's SMSF a Total Disability benefit of $4,000 a month under the SMSF Plan and pay Peter a separate Total Disability benefit of $1,000 (i.e. $5,000 minus $4,000) a month under the Income Care policy.

If we continue to pay the benefits for 12 consecutive months and the relevant *indexation factor* is 7%, we:

- increase the *monthly benefit* of $4,000 a month under the SMSF Plan by 5% (the maximum indexation increase for a *super policy*) to $4,200 and
- increase the *monthly benefit* of $5,000 a month under the Income Care policy by 7% to $5,350.

The total amount of Total Disability benefit then paid across both the SMSF Plan and the Income Care Policy is $5,350. $4,200 is paid under the SMSF Plan and $1,150 is paid to Peter under the Income Care policy.

The $1,150 paid to Peter under the Income Care policy is arrived at by reducing the new indexed *monthly benefit* of $5,350 by the $4,200 payable under the SMSF Plan.

This option doesn't apply if we're paying a Total Disability benefit under Extended cover (see page 87).

If the *benefit period* applying to income protection is to the *policy anniversary date* before age 70, we stop increasing the *monthly benefit* and any *super continuance monthly benefit* on the *policy anniversary date* before the *life insured's* 65th birthday.

Accident option

A benefit if total disability occurs during the waiting period due to an accident.

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*.

If *split IP* applies, this option must apply to both policies. The benefit we pay under a *split IP ordinary policy* is reduced by the amount of the benefit payable under the *split IP super policy*.

For how long 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.

Super Continuance option – only for cover outside super

Covers your super contributions.

What it does

Under this option, we provide extra cover for super 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 super plan instead of directly to you.

The plan you nominate must be:

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

When we won't pay it

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

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

Split IP

Under *split IP*, we won't reduce a benefit payable under the *split IP ordinary policy* to the extent the benefit is payable for the *super continuance monthly benefit*.

Cash Back option – only for cover outside super

Refunds some of your premiums when the policy ends, if no claim is payable during the life of your policy.

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.

Note: You can't choose this option under a *split IP ordinary 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	% 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.

Features

The features described in this section automatically apply under income protection.

Waiving premiums

We waive your income protection premiums while paying monthly benefits.

Becoming disabled

You don't have to pay income protection premiums which are to be paid for a *life insured* on a *premium due date* occurring:

- while we're paying Total or Partial Disability benefits or monthly Specific Injuries benefits for the *life insured*; or
- if we paid the Specific Injuries benefit for the *life insured* as a lump sum, during the payment period for which we would have paid the benefit for the *life insured* had we paid it monthly; or
- during the six month period after we pay the Crisis benefit for the *life insured*.

(each referred to as a 'payment period').

Also, if a *waiting period* of three months or less applies to a *life insured* and we agree to pay Total or Partial Disability benefits for them, we refund any income protection premiums which you paid for the *life insured* on a *premium due date* occurring during the *waiting period*.

Note: For information on premium waivers applying to *Life Care* when the *life insured* is *totally and temporarily disabled*, please refer to Plan Protection on page 36.

With *split IP*, this feature applies to income protection premiums under a *split IP policy* so that the premiums are:

- waived even if the *premium due date* under the policy occurs during a payment period applying under the other *split IP policy*
- refunded if the *premium due date* under the policy occurs during the waiting period, even if the benefits are paid under the other *split IP policy*.

Other premium waivers

You don't pay income protection premiums for up to six months if you're unemployed, on parental leave or experiencing financial hardship.

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 70 they are:
  - *involuntarily unemployed* or
  - on *parental leave* or
  - suffering *financial hardship*.

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 *parental leave* or suffering *financial hardship*.

We won't waive premiums for any one event (whether it be *involuntary unemployment* or *parental leave* or *financial hardship*) 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 *parental leave* or suffering *financial hardship*.

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 *parental leave*	
Statements from the *life insured's* employer and, if applicable, *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 *parental leave* begins.

What you need to provide…	When you need to provide it…
For *financial hardship*	
If the *financial hardship* is due to the *life insured's spouse's involuntary unemployment:* ◆ Statements from the *life insured's spouse's* former employer and, if applicable, the employment agency with which they're registered.	Within 30 days of the date the *life insured's financial hardship* began
If the *financial hardship* is due to the death of the *life insured's spouse*: ◆ the death certificate of the *life insured's spouse.*	Within 30 days of the date the *life insured's financial hardship* began

Waiver of waiting period for specific conditions

For claims for certain medical conditions you don't have to meet the waiting period.

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. For the waiver to apply to a claim for a Partial Disability benefit under a *super policy*, the *life insured's disability* must have caused the *life insured* to cease *gainful employment*.

If *split IP* applies and we waive the *waiting period* for a claim under one of the policies then we also waive the *waiting period* under the other policy.

Automatic indexation

Automatically increases cover each year to help keep pace with inflation.

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*.

If *split IP* applies and we aren't applying the increase for one of the policies, we won't apply the increase for the other policy. Increases can't apply to one policy without also applying to the other.

Note:

- Despite increases in cover under indexation, any benefit we pay under a *super policy* won't be greater than the *life insured's pre-disability income*.
- If the *benefit period* applying to income protection is to the *policy anniversary date* before age 70, we stop increasing the *monthly benefit* and any *super continuance monthly benefit* on the *policy anniversary date* occurring immediately before the *life insured's* 65th birthday.

Cover while unemployed or on leave

Cover continues even if the *life insured* becomes *unemployed* or goes on *parental leave* or long service leave.

However, please note:

- the definition of *total disability* changes for a *life insured* when they become *unemployed* or go on *parental leave* or long service leave. For more information please see page 138.
- under a *super policy*, no benefits are payable if, when the *disability* occurs, the *life insured*
  - is *unemployed*, or
  - has been on unpaid leave for longer than twelve months.

For a *super policy*, other features, such as the other premium waivers, continue to apply.

Guaranteed insurability

Increase your cover in line with income without providing further health evidence.

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
- if a medical loading applies to the *life insured* when you apply to increase your cover 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 any 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%.

If *split IP* applies and we increase cover under one of the policies, we also apply the increase under the other policy. Increases can't apply to one policy without also applying to the other. The amount of the *monthly benefit* must always be the same under the *split IP policies*.

Requesting the increase

You must apply within 30 days before or after 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.

Reduced waiting period

Reduce your waiting period without providing further health evidence if income protection you had with your employer or superannuation fund ends.

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* (i.e. to the policy anniversary before the *life insured's* 60th, 65th, or 70th 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*.

Extended cover

Extends the term of your income protection by 5 years.

When it applies

We give you cover for *total disability* from the *cover expiry date* 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 *cover expiry date* 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*
- the *life insured* must be covered under this policy on the day before the *cover expiry date*.

This feature applies under *split IP* but it won't apply to one policy if it can't apply to the other.

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 policy

During the period of your extended cover you have an *indemnity policy* (even if the *monthly benefit* in your policy schedule shows 'extended indemnity', '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.

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* the option no longer reduces your premium.

Continuation option – converting income protection inside Total Care Plan Super

Continue Total Care Plan Super income protection outside super without providing further health evidence.

You can convert any income protection under Total Care Plan Super to any other income protection we have available under another policy at the date of conversion. You can do this even if *split IP* applies to the cover under Total Care Plan Super.

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 60 years old or less or, if the *benefit period* is to the *policy anniversary date* before age 70, the *life insured* is 63 years old or less and
- the income protection 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 104.

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 under this policy and
- the amount of the other payment(s)

exceeds the greater of:

- 75% of the *life insured's pre-disability income*
- for a *super policy*, the *monthly benefit*
- for an *ordinary policy*, 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).

If *split IP* applies, we apply the benefit offsets under the two policies so that the total amount of benefits we pay under the two policies is no less than what we would have paid under the *split IP ordinary policy* had:

- *split IP* not applied and
- the benefit offsets applied in full only to the *split IP ordinary policy*.

Employment offsets – applicable to a super policy only

We apply employment offsets if, after applying the offsets described above for a *super policy*, the total of:

- the Total or Partial Disability benefit we would pay; and
- any *employer payments*;

is greater than the *life insured's pre-disability* income.

If we apply the employment offsets, we reduce the Total or Partial Disability benefit we pay by the amount of the *employer payments* but only to the extent necessary to ensure the total of the Total or Partial Disability benefits we pay and the *employer payments* is not greater than the *life insured's pre-disability income*.

Split IP offset example

The Income Care Super (under Total Care Plan Super policy) and the Income Care policy under Amanda's *split IP* arrangement each provide for a Total Disability benefit of $7,500, based on Amanda's *pre-disability income* of $10,000 per month. Amanda is receiving $5,000 per month in sick leave from her employer and $2,000 per month under the *group income protection policy* with her superannuation fund.

We apply offsets to each of the policies as follows:

Income Care policy

The Total Disability benefit under the Income Care policy is offset only by the $2,000 per month that Amanda receives under the *group income protection policy* with her superannuation fund. In applying the $2,000 offset, we only reduce the $7,500 Total Disability benefit to the extent that benefit plus the $2,000 exceeds Amanda's cover of $7,500 per month. After applying this offset, Amanda's Total Disability benefit under the Income Care policy is calculated as $5,500 per month (i.e. $7,500 minus $2,000).

Income Care Super

The Total Disability benefit under Income Care Super is not only offset by the $2,000 per month Amanda receives from the group income protection policy but also the $5,000 per month in employer payments.

However, we only offset the $5,000 *employer payment* if that $5,000 plus the Total Disability benefit of $5,500 (we would pay after first applying the $2,000 offset) exceeds Amanda's *pre-disability income* of $10,000. In Amanda's case it does by $500 (ie $5,000 plus $5,500 minus $10,000), so we reduce the Total Disability benefit of $5,500 by $500 to make sure the Total Disability benefit (now $5,000) plus the *employer payment* of $5,000 does not exceed Amanda's *pre-disability income* of $10,000.

After 'splitting' the Total Disability benefit between the two policies, we pay $5,000 per month under Income Care Super and $500 per month under the Income Care policy. This means that, under a *split IP* arrangement, we pay a total of $5,500, which is what we would have paid had Amanda only taken out the Income Care policy.

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 or
- a lump sum trauma benefit paid under an insurance policy (but not a Crisis benefit paid under this policy) unless this policy is a *super policy* and the payment is an *employer payment*.

If *split IP* applies, we do not use these 'offset' provisions to offset payments under the *split IP ordinary policy* by payments under the *split IP super policy* and vice-a -versa. Payments under the *split IP ordinary policy* are reduced by payments under the *split IP super policy*, as specifically provided for in the policy conditions applying to *split IP*.

Refunding your premiums

If we reduce the benefit we pay, we refund a part of the premium you paid us in the last 12 months, in proportion to the reduction of the benefit. The refund is paid to you, as the policy owner.

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.

Reduction of cover for income protection to age 70

If the *benefit period* applying to income protection cover is to the *policy anniversary date* before age 70, the *monthly benefit* and any *super continuance monthly benefit* is reduced in amount by 20% on the policy anniversary date immediately before the *life insured's* 65th birthday and then by a further 10% on each following *policy anniversary date*.

The reductions apply as per the following table:

Policy anniversary date before the *life insured* turns:	% of cover applying
64	100%
65	80%
66	70%
67	60%
68	50%
69	40%

A reduction in cover won't affect benefits we are paying for a claim which already started before the relevant reduction took place.

A reduction in cover won't occur if, on the relevant *policy anniversary date*, we are paying a claim for the *life insured*. Reductions resume on the *policy anniversary date* after we stop paying your claim. In this situation, your cover won't reduce by as much as it would have had we not been paying a claim on the relevant *policy anniversary date*.

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.

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.

Income Care Plus benefits

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 the Specific Injuries benefit or the Crisis benefit is payable, you aren't entitled to a:

- Total Disability benefit
- Partial Disability benefit
- Unemployment Cover benefit for CBA Group loans or
- Bed Confinement benefit.

Also, if *split IP* applies, you aren't entitled to a Total Disability benefit or Partial Disability benefit under a *split IP super policy* while a Specific Injuries benefit or Crisis benefit is payable under the *split IP ordinary policy*.

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. If, in this case, the Total Care Plan Super policy is a *split IP super policy*, any income protection benefits we're paying under the *split IP ordinary policy* also end.

Keeps your business up when you're down.

Protecting your Business.

Business Overheads Cover

If you run your own business, taking 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.

In Summary

In this section we summarise the benefits and features of Business Overheads Cover. Business Overheads Cover is not available under a policy inside super.

Included benefits

Benefit	A brief explanation …	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 you're totally disabled	94
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. If you also have a Total Care Plan policy when you die due to an accident, we'll double the Reward Cover benefit	95

Included features

Feature	A brief explanation …	For full details see page…
Waiving premiums	You don't have to pay any Business Overheads Cover premiums while a Business Overheads Cover benefit is being paid	95
Automatic indexation	Each year we automatically increase the cover to help keep pace with inflation	95

Optional extra

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

Optional extra	A brief explanation …	For full details see page…
Cash Back	Refunds some of your premiums when the policy ends if no claim is payable during the life of your policy	95

Business Overheads Cover

Please make sure you read about 'How we pay income protection benefits' on page 70.

Business expenses we cover

We cover the usual, regular, fixed operating expenses of the *business*, including:

- rent
- principal and interest payments for a business 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 70.

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 *policy anniversary date* before the *life insured's* 65th birthday
- 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.

Reward Cover benefit

Refer to page 74.

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*.

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.*

Cash Back option

Refer to page 84.

Pre-existing conditions

Refer to page 90.

Geographical limits

Refer to page 90.

Exclusions

Refer to page 91.

Elective surgery

Refer to page 91.

Part C.
Other policy conditions.

This part sets out the policy terms for

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 is 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 super 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 rate 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, Total Care Plan Super or SMSF Plan 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.

Apart from premium rates, there are many factors which affect the calculation of your premium, including:

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.

Factor	How it may affect the cost of your insurance
Policy options you select insurance.	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:

Frequency	Minimum premium (including policy fee)	
	Total Care Plan, Total Care Plan Super and SMSF Plan	Income Care and Income Care Plus
Annual	$250	$300
Half-yearly	$130	$160
Quarterly	$70	$85
Monthly	$25	$30

There is no minimum premium for a Total Care Plan policy which is a *flexi-linked policy* or to which *split TPD* applies. Also, there is no minimum premium for the *split IP ordinary policy.*

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, you will pay 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 (for premium payment)
Monthly	$7.50
Quarterly	$21.00
Half-yearly	$40.00
Annually	$75.00

Note: A policy fee isn't payable under a:

- *split IP ordinary* policy or
- Total Care Plan policy while it's a *flexi-linked policy* or to which *split TPD* applies.

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 *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 *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.
- A policy fee isn't payable on a Total Care Plan policy to which *split TPD* applies. If, you apply for a *split TPD 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 *Total Care Plan policy* while *split TPD* applies to it and
  - don't charge a policy fee on the *super policy* while the Income Care, Income Care Plus or Business Overheads Cover policy remains in force.
- A policy fee isn't payable under a *split IP ordinary policy*

For the first four bullet points, if we issue Income Care, Income Care Plus or Business Overheads Cover on a later date, we only charge the policy fee on the Total Care Plan, Total Care Plan Super or SMSF Plan 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, Total Care Plan Super or SMSF Plan 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 Total Care Plan, Income Care, Income Care Plus, Business Overheads Cover and SMSF Plan are placed in our No.5 Statutory Fund and benefits are paid from that fund.

Premiums for 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 (including, for a *super policy*, any conditions we consider necessary for the policy to be consistent with super law)
- 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.

Premium quote

A premium quote is available on request from your adviser, or by contacting us on 13 1056 between 8 am and 8 pm (Sydney time) Monday to Friday.

How to make a claim.

You must tell us in writing of any claim or potential claim within three months of the event that caused the claim. If you wish to make a claim please contact us on **13 1056** to obtain a claims kit, including the claim form.

You and the *life insured's* attending *medical practitioner(s)* must complete the claims kit and return it to us.

When we receive it we'll assess your claim and let you know the outcome. We will contact you if we need more information.

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 also require the *life insured's* authority to obtain further medical information about them.

In certain circumstances, we may ask a *medical practitioner* of our choice to independently review the available medical evidence to confirm the findings of other *medical practitioners* as to the existence of the relevant medical condition (e.g. *terminal illness*).

Once we make a payment to you or as instructed by you, we have fulfilled our obligation and you are responsible for how the money is disbursed.

Flexi-linking, split TPD and split IP.

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*.

Split TPD

If *split TPD Cover* applies under this policy, the following additional terms and conditions apply to the policy, depending on whether the policy is the *super policy* or the Total Care Plan policy. Whether *split TPD Cover* applies under this policy and whether this policy is the *super policy* or Total Care Plan policy is shown in your policy schedule. If *split* TPD hasn't ended earlier, it ends on the *policy anniversary date* before the *split TPD life insured's* 65th birthday.

If this policy is the Total Care Plan policy

TPD Cover benefit

If a *TPD Cover benefit* becomes payable for the *split TPD life insured* under the *super policy*, the *TPD Cover* under this policy ends and no *TPD Cover benefit* (or other related benefit such as the Severe Hardship Booster, Loyalty Bonus, Financial Planning or Accommodation benefit) is payable for the *life insured* under this policy, even if the *life insured* became TPD under this policy before the *TPD Cover* ended. We only ever pay a *TPD Cover benefit* under this policy or the *super policy* but never both, except where we first pay a *TPD Cover benefit* for *partial and permanent disability* under this policy and then later pay a *TPD Cover benefit* under the *super policy*.

If the *TPD Cover* under the *split TPD super policy* ends for any reason, the *TPD Cover* under this policy ends at the same time.

Life Care and Terminal Illness benefit

If a *Life Care* or Terminal illness benefit becomes payable for the *split TPD life insured* under the *super policy,* the *TPD Cover* under this policy ends and no *TPD Cover benefit* (or other related benefit such as the Severe Hardship Booster, Loyalty Bonus, Financial Planning or Accommodation benefit) is payable for the *life insured* under this policy, even if the *life insured* became *TPD* under this policy before the *TPD Cover* ended.

If this policy is the *split TPD super policy*

TPD Cover benefit

If:

- a *TPD Cover benefit* is payable for a *split TPD life insured* under the Total Care Plan policy
- the benefit is not payable for the *life insured's partial and permanent disability* and
- no *TPD Cover benefit* is payable for the *life insured* under this policy

the *TPD Cover* under this policy ends and no *TPD Cover benefit* (or other related benefits such as Severe Hardship Booster or Loyalty Bonus benefit) is payable for the *life insured* under this policy.

We only ever pay a *TPD Cover benefit* under this policy or the Total Care Plan policy but never both except where we first pay a *TPD Cover benefit* for *partial and permanent disability* under the Total Care Plan policy and then later pay a *TPD Cover benefit* under this policy.

If a *TPD Cover benefit* becomes payable for *partial and permanent disability* under the Total Care Plan policy, the *Life Care* and *TPD Cover* under this policy is reduced by the amount paid.

Life Care and TPD Cover

The amount of *Life Care* applying to a *split TPD life insured* under this policy will be reduced by the amount of any *TPD Cover benefit* payable for the *life insured* under the Total Care Plan policy, including where the benefit is payable for the *life insured's partial and permanent disability*.

Life Care and TPD Bonus/Booster benefits

The amount of *Life Care* (including any Life Care Loyalty Bonus benefit and Life Care Severe Hardship Booster benefit) applying to a *split TPD life insured* 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 *life insured* under the Total Care Plan policy.

Split IP

If *split IP* applies, the following additional terms and conditions apply depending on whether the policy is the *split IP super policy* or the *split IP ordinary policy*. Your policy schedule shows whether *split IP* applies and whether the policy is the *split IP super policy* or *split IP ordinary policy.* If *split IP* hasn't ended earlier, it ends on the *cover expiry date.*

If this policy is the *split IP ordinary policy*

While a benefit is payable under the *split IP super policy* the corresponding benefit under this policy won't be payable.

That is, unless this policy specifically provides otherwise or the amount we would have paid for the benefit under this policy would have exceeded that payable under the *split IP super policy*. In this case, we pay the difference under this policy.

If the cover under the *split IP super policy* ends for any reason, the cover under this policy ends at the same time.

If this policy is the *split IP super policy*

You aren't entitled to a Total Disability benefit or Partial Disability benefit under this policy while a Specific Injuries benefit or Crisis benefit is payable under the *split IP ordinary 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 medical conditions the *life insured* already had when the improvement took place.

General conditions for Continuation options

The continuation options described on pages 35, 48, 63 and 88 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 105) 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 super 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.

SMSF Plan

If you hold an SMSF Plan, you agree to operate the SMSF 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 (SIS).

You also agree to notify us if at any time the policy ceases to be subject to the trusts of the SMSF, or the SMSF ceases to be administered in accordance with its trusts, or it ceases to comply with SIS. Should any of these events happen we may terminate the SMSF Plan 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, 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 and Business Overheads Cover doesn't apply, the cover also ends if the *life insured* suffers *permanent disablement* and a *Permanent Disablement benefit* is paid.

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 super 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 tells you about other things you need to know, such as taxation, risks and so on

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 17 July 2016.

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 Care and Income Care Plus (including Business Overheads Cover)

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 assessable 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 assessable 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 super 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 super contributions and give the trustee the appropriate notices, you may claim some or all of the super continuance monthly benefit as a tax-deduction and the super fund trustee will treat the equivalent amount as a taxable contribution.

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 super support from your employer.

All super contributions are tax deductible for those who are eligible to claim the deduction. The Australian Government co-contribution scheme also applies to eligible personal super 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 super 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 super over $30,000 p.a. (or over $35,000 p.a. if you're aged 50 or above) will be taxed in your hands at your marginal tax rate, and may include an excess concessional contributions charge. To assist you in paying for the additional tax liability, you may withdraw up to 85% of the excess concessional contributions from the Fund. Some concessional contributions may also be subject to 15% Division 293 tax which applies to individuals with income over the "Higher Income Threshold".

Non-concessional contributions

If you're under 65, you're limited to contributions of $180,000 p.a. or $540,000 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 $180,000 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 may tax them at the highest marginal tax rate unless you opt to release the excess non-concessional contributions in which case only the associated earnings referable to excess non-concessional contributions will be subject to the individual's marginal tax rate.

Super member benefits (taxable component)

Age	Amount	Super lump sum benefits (inclusive of Medicare Levy)	Super Income Streams
Age 60 and above	Whole component	Not subject to tax	Not subject to tax
Preservation age to 59	First $195,000 (indexed) Balance over $195,000	0% 17%	Marginal tax rates (MTR*) less a 15% tax offset.
Below preservation age	Whole component	22%	MTR* (no tax offset entitlement unless disability super income stream).

*Applicable levies and charges may apply.

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 table shows the tax treatment for lump sum death benefits.

Super death benefits paid to a dependant

Age of deceased	Type of Super death benefit	Age of recipient	Taxation treatment (Taxed and Untaxed Elements)
Any age	Lump sum	Any age	Tax free (refer above)
Age 60 and above	Income stream	Any age	Taxed: Tax free Untaxed: MTR* less 10% tax offset
Under 60	Income stream	Age 60 and above	Taxed: Tax free Untaxed: MTR* less 10% tax offset
Under 60	Income stream	Under 60	Taxed: MTR* less 15% tax offset Untaxed: MTR*, no tax offset entitlement

*Applicable levies and charges may apply.

Please note that:

- super death benefits paid as a lump sum to a non-dependant is subject to 17% (inclusive of Medicare Levy) on the taxed element, and 32% (inclusive of Medicare Levy) on the untaxed element.
- super 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 47% or 49% depending on residency for tax purposes.
- super 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 super condition of release 'terminal medical condition' are entirely free from income tax.

Total and Permanent Disability (TPD) benefits paid from Total Care Plan Super

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 component
Under age 55	Taxed at 20% plus Medicare levy of 2%
Age 55 to 59	First $195,000 (indexed) is tax-free Remainder taxed at 15% plus Medicare levy of 2%
Age 60+	Tax-free

Note: Different tax rates may apply if a member hasn't provided his or her Tax File Number.

Generally, split TPD premiums referable to super policies taken out by super fund trustees may be claimable as a tax deduction to the trustees and benefits paid may be subject to super and taxation laws. However, as individual trustee circumstances may differ, we recommend that you seek taxation advice on the appropriate taxation treatment of your split TPD premiums and/or benefits.

Income protection benefits

The tax laws treat income protection benefits similar to salary or wages, so when paying any benefit to you the trustee of the CSRF 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 of the CSRF 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 of the CSRF may need to deduct from any super benefit payment.

SMSF Plan and split TPD/IP

You should discuss with your tax adviser the taxation implications of your SMSF holding the SMSF Plan and taking out split TPD/IP.

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 super 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.
- income protection benefits won't be paid inside super if you are not gainfully employed when the disability occurs.
- if you have TPD or Trauma Cover, from the policy anniversary date before your 65th birthday you are only covered for loss of independent existence (as defined on page 144) and no other condition.

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 8 am and 8 pm (Sydney time), Monday to Friday. If you don't you risk missing important updates about your application or cover.

You may also want to change 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 8 am and 8 pm (Sydney time), Monday to Friday.

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 web site https://www.commbank.com.au/personal/insurance/brochures-forms.html 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.

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 90 days for Total Care Plan Super and 45 days for other 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 Total Care Plan Super or the Financial Ombudsman Service Limited (FOS) for other products.

External dispute resolution

Superannuation Complaints Tribunal (SCT)

The SCT is a Commonwealth body that deals with complaints about super. 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-super 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 **1800 367 287**, 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 information

The information we collect about you as a customer includes information such as your identity and contact details, other personal details such as gender, marital status and financial information.

How we collect it

We collect this information directly from you and from others such as service providers, agents, advisers, brokers, employers or family members.

The law may require us to identify our customers. We do this by collecting and verifying information about you and 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 may disclose your personal 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 that you have given is accurate.

What we collect

Depending on whether you are an individual or organisation the information we may collect may vary.

We also collect medical and lifestyle information. Where we need to obtain lifestyle and medical information from health professionals or other parties, we will ask for your consent, except where otherwise permitted by law.

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.

Accuracy

It's important you provide us with accurate and complete information. If you don't, you may be in breach of the law and 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 customer information so that we can:

- establish and verify your identity and assess applications for 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
- 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 permitted by law.

Electronic communication

If you've given us your electronic contact details, we may use these details to provide information to you electronically, for example, sending reminders via SMS or email. You may receive information on the Commonwealth Banks group's products and services electronically.

Direct marketing

If you don't want to receive direct marketing from us or want to update your direct marketing preferences, you can tell us by calling **13 1056** Monday to Friday 8 am to 8 pm (Sydney time).

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.

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). We are able to analyse the data in order to gain useful insights which can be used as 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 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 that's collected on insurance applications.

Who do we exchange your information with?

We may exchange your personal information with other members of the Commonwealth Bank group, so that the group may adopt an integrated approach to its customers. Group members may use this customer information in the same way we use your information (see 'How do we use your personal information?' on this page).

We may exchange your information with third parties where this is permitted by law or for any of the purposes we use your information.

Third parties include:

- your employer or former employers
- brokers, agents and advisers and persons acting on your behalf, for example guardians and persons holding power of attorney
- medical practitioners (to verify or clarify, if necessary, any health information you may provide)
- reinsurers and auditors
- claims-related providers such as assessors and investigators (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, for example, direct marketing, statement production and information technology support
- government and law enforcement agencies or regulators
- entities established to help identify illegal activities and prevent fraud.

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.

Sending information overseas

From time to time we may send your information overseas, including to overseas Commonwealth Bank group members and to service providers or other third parties who operate or hold data outside Australia. 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.

Information may also be sent overseas to complete certain transactions (such as the assessment of your insurance application or management of your claim), or where this is required by law and regulation of Australia or another country. Other overseas parties can include reinsurers, medical or rehabilitation practitioners.

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

Viewing your personal information

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

Email: CustomerRelations@cba.com.au

Phone: 1800 805 605 between 8.30 am -6.00 pm (Sydney/Melbourne time) Monday to Friday

Write to: CBA Group Customer Relations
Reply Paid 41
Sydney NSW 2001

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. For further information on how to make a complaint and how we deal with your complaint please refer to Commonwealth Banks Group's Privacy Policy, which is available at **commbank.com.au** or upon request at any Commonwealth Bank branch.

Part E. More information about Total Care Plan Super.

This part contains information about the superannuation aspects of Total Care Plan Super

Paying your premiums.

When you take cover under Total Care Plan Super, you are making superannuation contributions so the insurance premiums can be paid for you by the trustee of the CSRF. To contribute to superannuation, you must be eligible to do so.

Generally, the trustee of the CSRF can only accept contributions to the Fund in the following circumstances:

If you are:	the trustee of the CSRF 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. superannuation guarantee, award).

Transfers or rollovers 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, a renewal reward of up to 15% 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.

Total Care Plan Super Rollover Discount

If you take out Total Care Plan Super on stepped premiums and choose to pay for the cover by way of transfer/rollover under CommInsure's Super Payment Method, a 10% discount will apply to the premiums (excluding policy fees and frequency charges) for any Life Care and TPD Cover. The discount applies for as long as you maintain your Total Care Plan Super cover on this basis. Increases to, or reinstatements of, Total Care Plan Super cover in place before 26 July 2015 don't qualify for the discount.

Refunds

If your cover under Total Care Plan Super ends, any premiums we refund are subject to super law and taxation. After deducting applicable taxes, we transfer premium refunds to a superannuation fund of your choice or the SuperTrace Eligible Rollover Fund if we do not hear from you.

Employer Contributions

Your employer is also able to make contributions to cover your insurance premiums. To comply with super regulations, your employer is obliged to use the electronic Contribution Transaction Request messaging and payment process. Accordingly, the available payment mechanisms are limited to Direct Credit or BPAY via a specific employer arrangement.

For information on how to establish this arrangement your adviser will be able to guide you or please contact our customer Service Consultants on **13 1056** between 8am and 8pm (Sydney time), Monday to Friday.

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 of the CSRF 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 of the CSRF can pay it under the Fund's trust deed and super law. This requires you to meet a condition of release as follows.

Releasing terminal illness benefits – terminal medical condition

The trustee of the CSRF 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 24 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 24 months from the date of certification.

Releasing TPD benefits – permanent incapacity

The trustee of the CSRF can release TPD benefits if you're permanently incapacitated.

You're permanently incapacitated if the trustee of the CSRF 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.

The trustee of the CSRF generally requires that the permanent incapacity be certified by at least two legally qualified medical practitioners.

Releasing income protection benefits – temporary incapacity

For the trustee of the CSRF 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.

Transferring restricted benefits

If the trustee of the CSRF 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 of the CSRF asking you to do so, the trustee of the CSRF will transfer the benefit to SuperTrace Eligible Rollover Fund ABN 73 703 878 235 (SuperTrace). See page 120 for information about SuperTrace.

Other conditions of release

Other conditions of release under super law include reaching age 65 or reaching your preservation age and permanently retiring.

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 also 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 of the CSRF 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 are 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 of the CSRF on your death under a Total Care Plan Super policy, the trustee of the CSRF 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 of the CSRF will consider your nomination but doesn't have to pay the death benefit as you nominated.

Under a non-binding nomination, the trustee of the CSRF 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 of the CSRF 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 of the CSRF 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 of the CSRF.

The people you nominate as beneficiaries must be dependants as defined in 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 of the CSRF 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 of the CSRF 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 of the CSRF.

If you want to make a binding nomination, either:

- complete and forward to the trustee of the CSRF 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 of the CSRF 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 of the CSRF 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 on 13 1056 between 8 am and 8 pm (Sydney time), Monday to Friday, or by 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 of the CSRF will pay the death benefit under 'The default option' explained on page 118.

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 have died 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 of the CSRF will consider your nomination but isn't bound by it. The trustee of the CSRF will also take into consideration requests from the beneficiary. The trustee of the CSRF 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 of the CSRF 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 of the CSRF pays your death benefit as a pension, it's paid from a pension product within the CSRF. 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 of the CSRF 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 of the CSRF 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 of the CSRF 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 of the CSRF the name of the person who will hold the account in trust for the minor child.

If the trustee of the CSRF 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 of the CSRF 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 of the CSRF has accepted your nomination.

The default option

The trustee of the CSRF 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 of the CSRF 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.

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 of the CSRF 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 details of the insurance cover under the policy and any changes to contributions (premiums) and fees and charges.

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 of the CSRF 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 of the CSRF if:
  - you haven't quoted your TFN to the trustee of the CSRF but you have provided your TFN to other providers previously or
  - the TFN you provide to the trustee of the CSRF doesn't match the records the ATO holds for you. Where this occurs, the trustee of the CSRF 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 of the CSRF 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 super law the trustee of the CSRF 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 of the CSRF doesn't have your TFN, the trustee of the CSRF 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 of the CSRF 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 of the CSRF.

The trustee of the CSRF is the holder of a Registrable Superannuation Entity (RSE) Licence under the Superannuation Industry (Supervision) Act 1993 (SIS).

As a member of the Commonwealth Bank Group, the trustee of the CSRF 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 of the CSRF is responsible for holding the Fund's assets and looking after your rights. The trustee of the CSRF 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 of the CSRF and the members. You can request a copy of the Fund's trust deed 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 of the CSRF 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 of the CSRF 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 35).

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, de facto and 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 of the CSRF 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 of the CSRF.

The trustee of the CSRF can take action to separate your spouse's entitlement from your superannuation entitlement after receiving valid splitting instructions.

The trustee of the CSRF will ask your spouse where to send their entitlement. If the spouse doesn't provide instructions within a specified timeframe, 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 of the CSRF 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 of the CSRF may from time to time ask for information to help with this process. The trustee of the CSRF will notify you if it needs to establish your identity or needs more information.

The trustee of the CSRF 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 of the CSRF 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.

Part F.
Differences in insurance inside & outside super.

The benefits and features of the insurance we offer in the superannuation environment differ in some very important ways from the insurance we offer outside super. Many of these differences exist because superannuation law restricts the benefits and features of the insurance that can be offered inside super. It's important you understand these differences.

There are also some differences across Total Care Plan Super and the SMSF Plan.

Major differences between our insurance inside and outside of super.

Life Care, TPD Cover, Trauma Cover

Two of the major differences between our insurance inside and outside of super are:

- Total Care Plan Super and the SMSF Plan give 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 policy.
- Total Care Plan Super and the SMSF Plan don't include Trauma Cover. If Trauma Cover is important to you, you'll need to consider cover outside of super.

Other differences

The following benefits are only available outside super:

- a more comprehensive definition of TPD which includes the 'own occupation' and other TPD definitions not permitted under super law.
- Advance Payment benefit (see page 31)
- Financial Planning benefit (see page 32)
- Accommodation benefit (see page 33)
- TPD Cover benefits for partial and permanent disability (see page 45).

Also, these optional extras aren't available inside super:

- Child Cover (see page 60)
- Guaranteed Insurability (business events) (see page 38).
- Business Safe Cover (see page 38).
- Guaranteed Insurability (personal events) see page 36. **Note:** this option is available under the SMSF Plan

Income protection

Some of the differences between income protection inside and outside of super are as follows:

Death benefit

Total Care Plan Super includes a $10,000 lump sum death benefit. This isn't included in Income Care or Income Care Plus. Nor is it included in the SMSF Plan.

Business Overheads Cover

Business Overheads Cover isn't available inside super.

Other differences

The following features aren't available inside super:

- Medical Professionals benefit (see page 73)
- Rehabilitation benefit (see page 74)
- Unemployment Cover benefit for CBA Group loans (see page 75).

Also, these optional extras aren't available inside super:

- Permanent Disablement Cover option (see page 82)
- Super Continuance option (see page 83)
- Cash Back option (see page 84).

Income Care Plus

Income Care Plus isn't available inside super.

Summary of Life Care and TPD differences inside and outside of super across the two super policies

Benefit	Outside super		Inside super			
	Total Care Plan		Total Care Plan Super		SMSF Plan	
	Life	TPD	Life	TPD	Life	TPD
Death benefit	✔	✔*	✔	–	✔	✔*
Terminal Illness benefit	✔	–	✔	–	✔	–
TPD benefit	–	✔	–	✔	–	✔
TPD 'own occupation' definition	–	✔	–	–	–	–
Advance Payment benefit	✔	–	–	–	–	–
Severe Hardship Booster benefit	✔	✔	✔	✔	✔	✔
Buy Back (of Life Care after TPD Cover and split TPD Cover claim) benefit	✔	–	✔	–	✔	–
Financial Planning benefit	✔	✔	–	–	–	–
Accommodation benefit	✔	✔	–	–	–	–
Loyalty Bonus benefit	✔	✔	✔	✔	✔	✔

* Stand-alone TPD policies only.

Features

Feature	Outside super		Inside super			
	Total Care Plan		Total Care Plan Super		SMSF Plan	
	Life	TPD	Life	TPD	Life	TPD
Automatic indexation	✔	✔	✔	✔	✔	✔
Interim Accident Cover	✔	✔	✔	✔	✔	✔
Continuation option	–	–	✔	✔	–	–
Option to convert	–	✔*	–	–	–	✔*
Nominating beneficiaries	✔	–	✔	–	–	–
Renewal reward	–	–	✔	✔	–	–

* Stand-alone TPD policies only.

Optional extras

Benefit	Outside super		Inside super			
	Total Care Plan		Total Care Plan Super		SMSF Plan	
	Life	TPD	Life	TPD	Life	TPD
Child Cover	✔	–	–	–	–	–
Guaranteed Insurability (personal events)	✔	–	–	–	✔	–
Guaranteed Insurability (business events)	✔	✔	–	–	–	–
Business Safe Cover	✔	✔	–	–	–	–
Accidental Death Cover	✔	–	✔*	–	✔*	–
Plan Protection	✔	–	✔	–	✔	–

* Must be taken in conjunction with and not exceed Life Care

Summary of income protection differences inside and outside of super

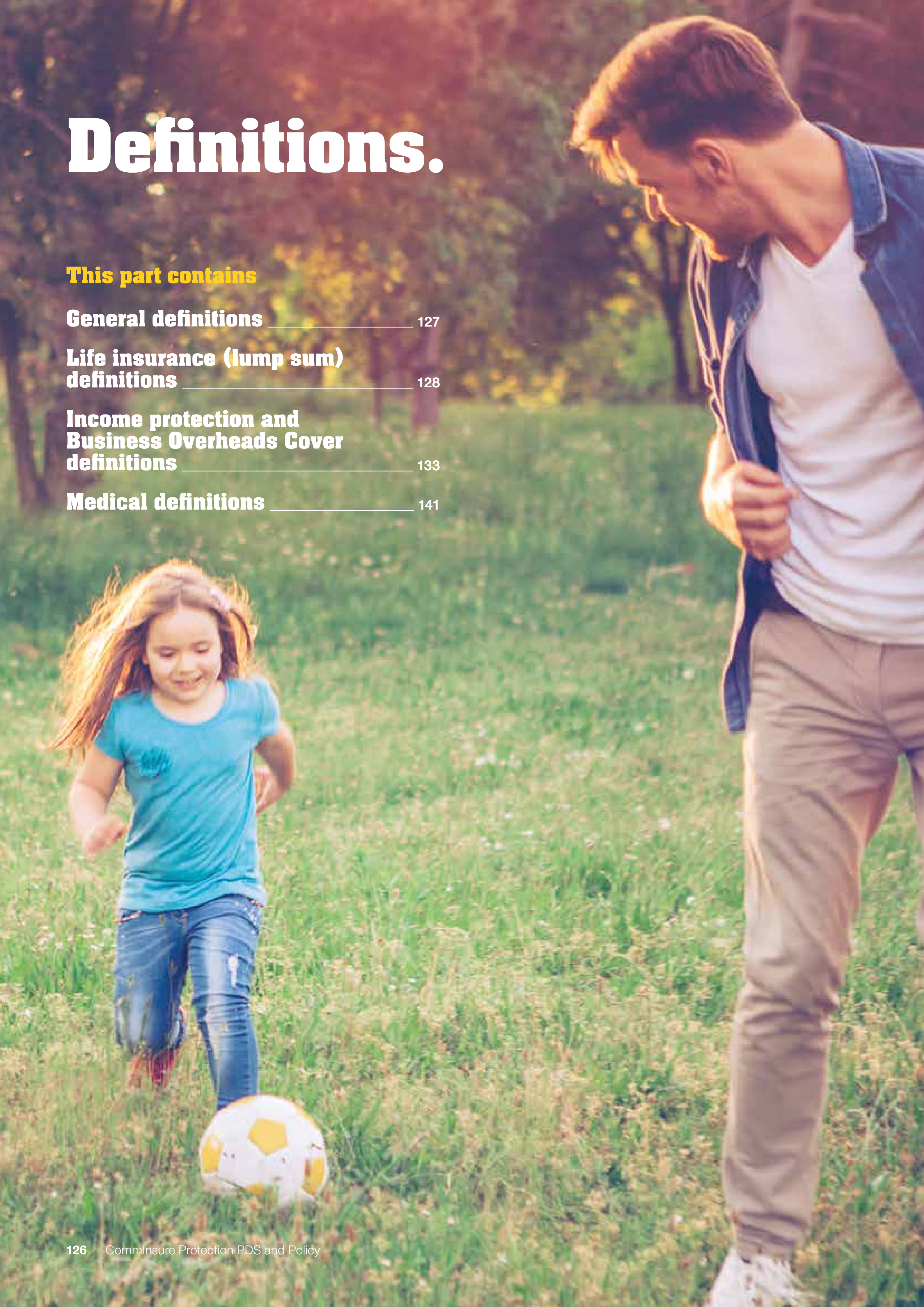
Benefit	Outside super	Inside super	
	Income Care/ Income Care Plus	Total Care Plan Super	SMSF Plan
Total Disability benefit	✔	✔	✔
Partial Disability benefit	✔	✔	✔
Recurrent Disability benefit	✔	✔	✔
Boosted Total Disability benefit	✔	✔	✔
Death benefit – a payment of up to four times the monthly benefit	Income Care Plus only*	–	–
Death benefit – Inbuilt death benefit ($10,000)^	–	✔	–
Medical Professionals benefit	✔	–	–
Reward Cover benefit	✔	✔	✔
Rehabilitation benefit	✔	–	–
Unemployment Cover benefit for CBA Group loans	✔	–	–

^ This Death benefit isn't included in Income Care or the SMSF Plan.
* Does not apply to Essential Cover.

Optional extras

Benefit	Outside super	Inside super	
	Income Care/ Income Care Plus	Income Care Super	SMSF Plan
Permanent Disablement Cover option	✔	–	–
Premium Saver option	✔*	✔*	✔*
Increasing Claim option	✔	✔	✔
Accident option	✔	✔	✔
Super Continuance option	✔	–	–
Cash Back option	✔	–	–

* Does not apply to Essential Cover.



Definitions.

This part contains

General definitions.

This term…	Means…
accident	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.
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. A cover expiry date is always shown in the policy schedule for income protection cover. A cover expiry date is only shown in the policy schedule for *Life Care/TPD/Trauma cover* if the cover is to end earlier than the dates shown in 'Our insurance summary' on page 8. For a *super policy*, two cover expiry dates may be shown in the policy schedule – one for Life Care/TPD/Trauma cover and another for income protection – in this case, each cover expiry date applies separately to the cover to which it relates.
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 with impairment, muscular dystrophy, paraplegia, quadriplegia, hemiplegia, diplegia, tetraplegia, dementia and Alzheimer's disease, Parkinson's disease with impairment, 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 meets 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 ◆ the person is, if reasonably required by us, a specialist in a relevant field of medicine ◆ the person is not an allied health professional such as a chiropractor, physiotherapist, psychologist or alternative therapy provider.
ordinary policy	A policy which is issued by us pursuant to this PDS and which is not a *super policy*.
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 prescribed law of a State or Territory as a prescribed kind of relationship 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.
super policy	A Total Care Plan Super policy or SMSF Plan policy, as applicable.

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 33.
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 62.
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.
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.*
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.
insured child	The person shown in the policy schedule as the *life insured* with the *Child Cover* option.
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.* If this is a *super policy* and *Life Care* applies to a *split TPD life insured*, it's reduced by the amount of any benefit payable for the *split TPD life insured* under the Total Care Plan policy to which the *split TPD* applies.
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.

This term…	Means…
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 *super policy* shown as the 'primary policy' in the policy schedule. The *primary policy* provides the *primary Life Care.*
split TPD life insured	The *life insured* to whom *split TPD Cover* applies under a *super policy* and a Total Care Plan policy. The *TPD Cover* for this *life insured* is shown as 'split' in the policy schedule for each policy. For *split TPD* to apply, the *TPD Cover* under the *super policy* and the Total Care Plan policy must apply to the same *life insured*.
split TPD	The arrangement described as such in this PDS where 'any occupation' *TPD Cover* for a *life insured* under a *super policy* is linked to 'own occupation' *TPD Cover* for the same *life insured* under a Total Care Plan policy. The arrangement ends on the *policy anniversary date* before the *split TPD life insured's* 65th birthday.
split TPD Cover/split TPD Cover benefit	The split TPD Cover is the *TPD Cover* to which *split TPD* applies. Split TPD Cover is shown in the policy schedule for each of the *super policy* and Total Care Plan policy. Split 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 *split TPD policy.* The split TPD Cover benefit is the benefit we pay for split TPD Cover.
split TPD policy	A *super policy* or Total Care Plan policy under which *split TPD Cover* applies. A split TPD policy shows in its policy schedule the other split TPD policy.
split TPD super policy	A *super policy* to which *split TPD* applies.
terminally ill/ terminal illness	Means all of the following have occurred: ◆ two *medical practitioners* have certified, jointly or separately in writing, that the *life insured* suffers from a *sickness* or has incurred an *injury* that is likely to result in the *life insured's* death within a period (the "Certification Period") that ends not more than 24 months after the date of the certification; ◆ at least one of the *medical practitioners* is a specialist practising in an area related to the *sickness* or *injury* suffered by the *life insured;* ◆ we are satisfied, on medical or other evidence, that despite reasonable medical treatment, the *life insured's sickness* or *injury* is likely to result in the *life insured's* death within the Certification Period; ◆ the date of the certification by the *medical practitioners* occurs while the *life insured* is covered under this policy; and ◆ the Certification Period has not ended for each of the certificates.
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.* If the TPD Cover under this policy is *split TPD Cover*, it can't exceed the amount of *split TPD Cover* applying under the *super policy* or Total Care Plan policy, as *applicable.*

This term…	Means…
Total and Permanent Disability/Disablement/ Totally and Permanently Disabled (TPD)	For a policy other than a *super policy*: **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)	For a policy other than a *super policy*: **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.*

This term…	Means…
Total and Permanent Disability/Disablement/ Totally and Permanently Disabled (TPD)	For a *super policy*: TPD means the *life insured*: ◆ meets all of the following: • they have suffered *loss of independent existence* • they have as a result of the *loss of independent existence* been unable to engage in 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 or ◆ meets all of the following: • they have suffered *loss of limbs or sight* • they have as a result of the *loss of limbs or sight* been unable to engage in 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 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 • 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 meet all of the following: • they have suffered *loss of independent existence* • they have as a result of the *loss of independent existence* been unable to engage in 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.
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 54. 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 & 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: $\frac{12 \times (\text{A minus B})}{\text{C}}$ 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 89). ◆ 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*.
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*.
employer payments	Payments the *life insured* is receiving, or is entitled to receive, from their employer on any account: ◆ including sick leave, annual leave or long service leave; but ◆ if applying the offset to a Partial Disability benefit, excluding *monthly income* already taken into account in calculating the Partial Disability benefit for the *life insured*.
extended cover expiry date	The *policy anniversary date* before the *life insured's* 70th birthday.

This term…	Means…
extended indemnity policy	You have this type of policy if the *monthly benefit* shown in the policy schedule appears as 'extended indemnity'.
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.
financial hardship	Financial hardship means: ◆ the *life insured's spouse* is *involuntarily unemployed* or ◆ the *life insured's spouse* dies
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.
gainfully employed/ gainful employment	Employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.
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 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*.
main occupation	The type of business, service, trade or employment encompassing the duties carried out by the *life insured*. It is not specific to any place of employment, particular employer or position.

<table>
<tr><th>This term…</th><th colspan="2">Means…</th></tr>
<tr><td>minimum monthly repayment/s</td><td colspan="2">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.</td></tr>
<tr><td>monthly benefit</td><td>For a policy other than a super policy:
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, indemnity or extended indemnity
For an agreed value policy, indemnity policy or extended 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.</td><td>For a super policy:
Agreed value
For an agreed value 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
the life insured's pre-disability income
75% of the life insured's pre-disability income but 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.
Indemnity
For an 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
Daily benefit
If benefits are payable for part of a month, the monthly benefit is divided by 30 to arrive at a daily benefit.</td></tr>
<tr><td>monthly income</td><td>For a policy other than a super policy:
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.</td><td>For a super policy:
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. Bonuses are averaged over the previous three years.
Superannuation contributions
If split IP applies, all superannuation contributions are excluded.
If split IP doesn't apply, superannuation contributions the life insured's employer pays for the life insured to avoid or reduce the superannuation charge payable pursuant to the Superannuation Guarantee (Administration) Act 1992 (Cth) are included. All other superannuation contributions are excluded.</td></tr>
</table>

This term…	Means…
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.
parental leave	Parental 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 'parental' 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 parental leave and ◆ they have been *self-employed* for a continuous period of six months before the leave started.
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*.
Permanent Disablement benefit	**To age 65** If the *benefit period* applying to the *life insured* is to the *policy anniversary date* before age 65, the Permanent Disablement benefit is 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. **To age 70** If the *benefit period* applying to the *life insured* is to the *policy anniversary date* before age 70, the Permanent Disablement benefit is the lesser of the following amounts: ◆ $3 million ◆ the amount which is A x the *annualised monthly benefit*, where A is: • 16, if the *life insured's relevant age* is less than 40 years • 14, if the *life insured's relevant age* is 40 years or more but less than 45 years • 12, if the *life insured's relevant age* is 45 years or more but less than 50 years • 11, if the *life insured's relevant age* is 50 years or more but less than 56 years • 9, if the *life insured's relevant age* is 56 years or more but less than 61 years • 70 minus the *life insured's relevant age*, if the *life insured's relevant age* is more than 60 years. If the lesser of the above amounts is a nil or negative amount, the Permanent Disablement benefit is nil.

This term…	Means…
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	**For a policy other than a *super policy*:** **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 *life insured's* highest average *monthly income* in any consecutive 12 month period occurring between the date which is 12 months before the present level of cover was applied for and the date of the *life insured's* most recent period of *disability* (or, if applicable, the date of the *injury* or condition which resulted in the Specific Injuries benefit, Crisis benefit or Death benefit becoming payable). 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. **Extended Indemnity** For an *extended indemnity policy*, the *life insured's* pre-disability income is the highest average *monthly income* the *life insured* received in any consecutive 12 month period in the 36 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 benefits continue to be paid for more than 12 consecutive months, this amount is increased by the *indexation factor* every 12 months on the anniversary of the date benefits started. **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.
	For a *super 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*.
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.
regular occupation	Regular occupation means: ◆ for a *life insured* who was actively working for reward for 20 or more hours per week at any time in the 12 months immediately before the *sickness* or *injury* that causes their *disability* or *permanent disablement*, the occupation in which the *life insured* last performed that work before suffering the *sickness* or *injury* or ◆ for a *life insured* who does not fall within the preceding bullet point, any occupation for which the *life insured* is reasonably suited by education, training or experience A *life insured* won't be taken to be actively working if they are on *parental* or *long service leave*.
relevant age	The age in years the *life insured* will reach on their next birthday after the date the *Permanent Disablement benefit* first becomes payable for the *life insured.* The date the *Permanent Disablement benefit* first becomes payable can't be a date earlier than the date on which we are 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.

This term…	Means…
serious medical condition	The *life insured* is, as a result of a *day one condition*: ◆ under *regular medical care* ◆ neither in active employment nor any type of work (whether or not for reward) and ◆ incapacitated to such an extent that they are completely unable to engage in their *regular occupation* (whether or not for reward) and are unlikely to do so ever again.
split IP	The arrangement described as such in this PDS where income protection for a *life insured* is spread across both a *super policy* and an *ordinary policy* so that any benefits that can be paid inside superannuation are paid under the *super policy* and any benefits that can't are paid under the *ordinary policy.*
split IP policy	A *split IP super policy* or *split IP ordinary policy.* Each split IP policy shows in its policy schedule the other split IP policy to which *split IP* applies.
split IP ordinary policy	An *ordinary policy* to which *split IP* applies, as shown in the policy schedule for the policy.
split IP super policy	A *super policy* to which *split IP* applies, as shown in the policy schedule for the policy.
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	**For a policy other than a *super policy*:** The *life insured* is, because of *sickness* or *injury:* ◆ unable to perform an *income producing duty* and ◆ under *regular medical care* and ◆ not working **The above definition changes** 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 parental 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.

This term…	Means…
total disability/ totally disabled	**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.
	For a *super policy*: The *life insured* suffers from *sickness* or *injury* and, because of that *sickness* or *injury,* all of the following apply: ◆ the *life insured* has ceased to be *gainfully employed* ◆ the *life insured* is unable to perform an *income producing duty* ◆ the *life insured* is under *regular medical care* ◆ the *life insured* is not working. **The above definition changes** 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* suffers from *sickness* or *injury* and, because of that *sickness* or *injury,* all of the following apply: ◆ the *life insured* has ceased to be *gainfully employed* ◆ the *life insured* is unable to perform any occupation for which they are reasonably suited by education, training or experience and ◆ the *life insured* is under *regular medical care* and ◆ the *life insured* is not working. If, for 12 months or more immediately before a claim, the *life insured* has been on parental or long service leave, then, for the *life insured*, *total disability/totally disabled* means the *life insured* suffers from *sickness* or *injury* and, because of that *sickness* or *injury,* all of the following apply: ◆ the *life insured* has ceased to be *gainfully employed* ◆ the *life insured* is unable to perform any occupation for which they are reasonably suited by education, training or experience and ◆ the *life insured* is under *regular medical care* and ◆ the *life insured* is not working.

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	A *life insured* has a work ending condition if all of the following applies: ◆ we have paid benefits under this policy for the *life insured's total disability* or *partial disability* for a period of 24 consecutive months (the '*24 month disability period*') ◆ during the *24 month disability period*, the *life insured* actively participated in, and co-operated with, any rehabilitation programs or activities we reasonably requested the *life insured* to participate in ◆ immediately after the *24 month disability period*, the *life insured* is, as a result of the *sickness* or *injury* that gave rise to the claim for *total disability* or *partial disability* benefits, neither in active employment nor any type of work (whether or not for reward) and this status continues for a period of 3 consecutive months ◆ during the 3 consecutive months, the *life insured* is under *regular medical care* ◆ immediately after the 3 consecutive months, the *life insured* is, as a result of the *sickness* or *injury* that gave rise to the claim for *total disability* or *partial disability* benefits, incapacitated to such an extent that they are completely unable to engage in their *regular occupation* (whether or not for reward) and are unlikely to do so ever again.

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 mellitus	Advanced diabetes mellitus (either insulin or non-insulin dependent) 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 as certified by an appropriate medical specialist. Other *diabetes mellitus complications* are 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	Diagnosis of: ◆ a non-malignant tumour arising in the brain, ◆ an acoustic neuroma or ◆ a meningioma giving rise to increased intracranial pressure which results in neurological deficit. The condition must require: ◆ chemotherapy ◆ radiotherapy or ◆ cranial surgery for its treatment or removal within 12 months. The diagnosis must be confirmed by a consultant neurologist. The presence of the condition and intracranial pressure must be confirmed by imaging studies such as CT scan or MRI. The definition excludes diagnosis of cysts, granulomas, cerebral abscesses, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine.
benign brain tumour of limited extent	Diagnosis of: ◆ a non-malignant tumour arising in the brain or ◆ an acoustic neuroma. The diagnosis must be confirmed by a consultant neurologist. The presence of the condition must be confirmed by imaging studies such as CT scan or MRI. The definition excludes diagnosis of cysts, granulomas, cerebral abscesses, malformations in or of the arteries or veins of the brain, haematomas, meningiomas and tumours in the pituitary gland or spine.
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	Cancer is the presence of one or more malignant tumours that are characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue. This definition of 'cancer' includes each of the following conditions: 1. Lymphoma (including Hodgkin's and non-Hodgkin's disease) 2. Leukaemia other than Chronic Lymphocytic Leukaemia equivalent to Rai Stage 0 3. Multiple myeloma 4. Malignant bone marrow disorders 5. Carcinoma in situ of the breast which has resulted in: i. the removal of the entire breast, or ii. breast conserving surgery and radiotherapy, or iii. breast conserving surgery and chemotherapy (chemotherapy means the use of drugs specifically designed to kill or destroy cancer cells) 6. Carcinoma in situ of the testis 7. Prostatic cancers that are classified as: i. T1bN0M0 or greater, or ii. T1aN0M0 with a Gleason Score of 6 or more This definition of 'cancer' excludes each of the following conditions: 1. Cervical dysplasia, LSIL, HSIL, CIN 1, CIN 2, CIN 2/3 and CIN 3. 2. Non melanoma skin cancers including: i. intraepidermal carcinomas ii. basal cell carcinomas, and iii. squamous cell carcinomas of skin which have not spread to another organ. 3. Melanomas which are classified as less than stage T1bN0M0. 4. A prostatic cancer that is not included in the definition of 'cancer' under the list of inclusions above. 5. Chronic Lymphocytic Leukaemia equivalent to Rai Stage 0. 6. A tumour which meets both of the following: i. it is described histologically as premalignant or carcinoma in situ; and ii. it is not included in the definition of 'cancer' under the list of inclusions above. 7. A cancer which meets both of the following: i. it is classified as less than T1N0M0 as defined by the American Joint Committee for Cancer (AJCC); and ii. it is not included in the definition of 'cancer' under the list of inclusions above.
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 resulting in the following for at least 72 hours: ◆ a documented Glasgow Coma Scale score of 6 or less and ◆ the use of a life support system.
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.

This term…	Means…
coronary artery angioplasty – triple vessel	Undergoing in the same procedure (or in two procedures no more than 60 days apart) coronary artery angioplasty to three or more different coronary arteries, where a cardiologist considers the procedure(s) necessary 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 or drug abuse is excluded.
diabetes mellitus complications	Diagnosis of Type 1 insulin dependent diabetes mellitus 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 as certified by an appropriate medical specialist in this field.
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	Means any one of the following: ◆ Cervical intraepithelial neoplasia of the cervix (CIN) of at least CIN 2/3. ◆ High grade squamous intraepithelial lesions of the cervix (HSIL) categorised as HSIL, HSIL CIN 2/3 or HSIL CIN 3. ◆ Carcinoma in situ of the cervix (CIS). All pathology must be confirmed histologically by biopsy. Lesions categorised as LSIL, CIN 1, CIN 2 or HSIL CIN 2 are excluded.
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 0.
early-stage melanoma	The diagnosis of a malignant melanoma on biopsy which is classified as stage T1aN0M0.
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	Prostatic cancers that are classified as T1aN0M0 and have a Gleason Score of less than 6.
encephalitis	The severe inflammation of brain substance which results in significant neurological sequelae causing either: ◆ a permanent whole person impairment of at least 25% (as defined in the 6th edition of the American Medical Association's 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.

This term…	Means…
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'll consider other appropriate and medically recognised tests that unequivocally diagnose the occurrence of a myocardial infarction of at least the degree of severity outlined above. Acute coronary syndromes including, but not limited to, angina pectoris, unstable angina and acute coronary insufficiency are excluded from this definition.
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 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 whole person impairment of at least 25% (as defined in the 6th edition of the American Medical Association's 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.

This term…	Means…
major organ or bone marrow transplant	The *life insured/insured child* undergoes, or has been placed on a waiting list for, an organ transplant from a human donor for one or more of the following organs: ◆ kidney ◆ lung ◆ pancreas ◆ heart ◆ liver ◆ small bowel or ◆ bone marrow. The treatment must be considered medically necessary and the condition affecting the organ deemed untreatable by any means other than organ transplant, as confirmed by a specialist physician. A 'waiting list' means the waiting list of a Transplantation Society of Australia and New Zealand recognised transplant unit.
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.
meningococcal disease	Unequivocal diagnosis by a neurologist of meningococcal septicaemia or meningitis resulting in: ◆ permanent whole person impairment of at least 25% (as defined in the 6th edition of the American Medical Association's 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.
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 with impairment	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 as confirmed by a consultant neurologist, 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 hepatitis B or C	Occupationally acquired hepatitis B or hepatitis C where: ◆ the virus was acquired by the *life insured* as a result of an *accident* occurring while they were engaging in their occupation as a medical professional and ◆ there is proof of sero-conversion from: a) Hepatitis B surface antigen negative to hepatitis B surface antigen positive; or b) Hepatitis C antibody negative to hepatitis C antibody positive, which is demonstrated by testing within six months after the *accident*. Hepatitis B or hepatitis C acquired in any other manner is excluded. Any *accident* that gives rise to a claim must be treated in accordance with the relevant infection control guidelines for the relevant practice body or state health service including, at a minimum, baseline screening with regular screening at six weeks, twelve weeks and six months post event. This screening requires a supporting negative hepatitis B or hepatitis C test performed on material taken after the date of the *accident*. Blood product and all other blood samples used need to be made available to us for independent testing.
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.
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	Unequivocal diagnosis of Parkinson's disease as confirmed by a neurologist leading to neurological deficit but which does not meet the definition of *Parkinson's disease with impairment.*
Parkinson's disease with impairment	The unequivocal diagnosis of Parkinson's disease by a 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.

This term…	Means…
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.
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.
second primary cancer	A *cancer,* the cells of which: ◆ are found in a different part of the body and ◆ are unrelated (as determined by biopsy or equivalent medical evidence) to the Trauma Cover condition, listed under 'Cancer and tumours' in the tables on pages 53 and 54, for which we paid the claim under the original *Trauma Cover*.
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 Crohn's disease	The confirmed diagnosis of Crohn's disease with ongoing signs and symptoms of inflammatory bowel disease with altered bowel function that: ◆ has failed to be controlled by standard therapy including cortisone treatment, and ◆ requires permanent immunosuppressive medication.
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 *life insured* meets one of the following: ◆ Diagnosis of severe rheumatoid arthritis by an appropriate medical specialist where all of the following applies: • the diagnosis has been confirmed by appropriate radiology and blood tests • the *life insured* has undergone all reasonable treatment regimens, including but not limited to immunosuppressive and biological agents, as recommended by the *life insured's* medical specialist for the rheumatoid arthritis • despite undergoing all reasonable treatment regimens as recommended by the specialist, the rheumatoid arthritis has caused the *life insured* permanent whole person impairment of at least 25% (as defined in the 6th edition of the American Medical Association's publication 'Guides to the Evaluation of Permanent Impairment'). ◆ 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.
severe ulcerative colitis	The confirmed diagnosis of ulcerative colitis with ongoing signs and symptoms of inflammatory bowel disease with altered bowel function that: ◆ has failed to be controlled by standard therapy including cortisone treatment, and ◆ requires permanent immunosuppressive medication.
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.*

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 or for an increase in 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 policy you applied for (for an application for an increase in cover, the existing policy conditions apply), 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, 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 cover which is the same as, or similar to, the cover 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 cover under 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 cover (for an application for an increase in cover, the existing waiting period applies), 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 cover 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 (for an application for an increase in cover, the existing waiting period applies), 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.

This certificate must be retained by the applicant/life to be insured.

Continued overleaf.

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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 cover 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 violent, accidental, external 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 (for an application for an increase in cover, the existing policy meaning applies), but must be the result of an accident
- 'waiting period' is the waiting period you selected in your application for the relevant policy (for an application for an increase in cover, the existing policy meaning applies) 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, Total Care Plan Super (including Income Care Super) and SMSF Plan

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA)

Application date

/ /

Please fold along perforation to assist in detaching form.

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, Total Care Plan Super or the SMSF Plan or for an increase in cover under one of these policies.

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 policy you applied for relating to payment of a claim apply to your cover (for an application for an increase in cover, the existing policy conditions apply).

This cover does not apply to you if:

- the cover you are applying for is intended to replace other cover you have with CMLA;
- the cover you are applying for is income protection cover under the SMSF Plan or Total Care Plan Super to which the split IP arrangement described in the CommInsure Protection PDS is to apply; or
- the cover you are applying for is TPD Cover under the SMSF Plan or Total Care Plan Super to which the split TPD Cover arrangement described in the CommInsure Protection PDS is to apply.

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 the life to be insured and that cover relates to an application for income protection cover which is the same as, or similar to, income protection cover under Total Care Plan Super or the SMSF Plan.

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 (for an application for an increase in cover, the existing policy definitions apply), 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 that which would have applied under the policy had we accepted your application, but TPD must be the result of an accident.

This certificate must be retained by the applicant/life to be insured.

Continued overleaf.

The amount of the benefit payable is the lesser of:

- $1,000,000, and
- the amount of TPD Cover you applied for.

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 (for an application for an increase in cover, the existing policy definitions apply), 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 new income protection cover under Total Care Plan Super or the SMSF Plan or for an increase in cover under one of these policies, 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, 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.
- the average monthly income you received during the 12 months before your total disability.

5 Definitions

For the purposes of this cover:

- 'accident' means bodily injury caused solely and directly by violent, accidental, external and visible means, independent of any other cause and which occurs while this cover applies
- 'monthly income' has, to the extent relevant, the meaning set out in the income protection cover you applied for (for an application for an increase in cover, the existing meaning applies)
- 'total disability' has, to the extent relevant, the meaning set out in the income protection cover you applied for (for an application for an increase in cover, the existing meaning applies), but must be the result of an accident
- 'waiting period' is the waiting period you selected in your application (for an application for an increase in cover, the existing meaning applies) and otherwise has, to the extent relevant, the meaning set out in the income protection 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

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