# Income Protection

Policy Addendum
Dated 3 March 2008



### Income Protection

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

This Policy Addendum applies from 3 March 2008 and the improved conditions it provides are only effective on and from this date.

#### Note

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

#### Important information

This document is an agreement between you and The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809.

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

Feature/Benefit	Change	New Policy wording
The definition of Approved Rehabilitation Program that is detailed in the adjacent 'New policy wording' column has been amended	The definition of Approved Rehabilitation Program now refers to the Private Health Insurance Act 2007 (Cth) when describing the programs that are excluded under this definition.  For the definition of Approved Rehabilitation Program that applied to you before 3 March 2008, please refer to your Policy Document.	Approved Rehabilitation Program A program certified by your Medical Practitioner to be necessary for your rehabilitation which is approved by us but excluding 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).
The definition of Immediate Family Member that is detailed in the adjacent 'New policy wording' column has been amended	The definition of Immediate Family Member now includes siblings.	Immediate Family Member An Immediate Family Member includes a spouse, de facto spouse, parent, parent-in-law, sibling and a child.
The definition of Medical Practitioner that is detailed in the adjacent 'New policy wording' column has been amended	The definition of Medical Practitioner has been expanded to make it clearer who will be accepted as a Medical Practitioner for the purpose of this policy. For the definition of Medical Practitioner that applied to you before 3 March 2008, please refer to your Policy Document.	Medical Practitioner A registered medical practitioner other than you or an Immediate Family Member or business partner of you or a Life Insured. For the purpose of this definition, a registered medical practitioner is a legally qualified medical practitioner whose credentials have been formally accepted by the Medical Authority of the Australian state or territory in which he or she practises as a medical practitioner and who is registered by that Medical Authority to carry out the duties of a medical practitioner according to the rules set by the Medical Authority. A Medical Authority is the registered authority, board, association or body which has the power to authorise or license a person to practise as a medical practitioner in the relevant Australian state or territory.

Feature/Benefit	Change	New Policy wording
The definition of Waiting Period has been amended by inserting the new paragraph that is detailed in the adjacent 'New policy wording' column All other parts of the definition not referred to in the 'New policy wording' column continue to apply.	A waiting period of three months or less will be waived for claims if the sickness or injury causing disability is:  Ioss of Limbs or Sight  Ioss of Independent Existence or  a Serious Medical Condition  For the definition of Serious Medical Condition please refer to page 6 and 7.  For the definition of Loss of Limbs or Sight and Loss of Independent Existence, please refer to your Policy Document.  For the definition of Waiting Period that applied to you before 3 March 2008, please refer to your Policy Document.	Waiting Period  Waiver  We will, at your request, waive the Waiting Period in respect of a claim for a Disability benefit (but not a Business Overheads Cover Benefit) if your Waiting Period is three months or less and the Sickness or Injury which causes your Disability is Loss of Limbs or Sight, Loss of Independent Existence or a Serious Medical Condition. However, we will only waive the Waiting Period under this condition once

Feature/Benefit	Change	New Policy wording
The definition of Serious Medical Condition has been added	The definition has been added to define the term 'Serious Medical Condition' where used in the definition of Waiting Period (refer to page 4 and 5).  The definition of Serious Medical Condition did not exist before 3 March 2008.	Serious Medical Condition Serious Medical Condition means the Life Insured:  • has been absent from active employment as a result of Cardiomyopathy, Primary Pulmonary Hypertension, Major Head Trauma, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia, Quadriplegia, Hemiplegia, Diplegia, Tetraplegia, Dementia and Alzheimer's Disease, Parkinson's Disease, Blindness, Loss of Speech, Loss of Hearing, Chronic Lung Disease or Severe Rheumatoid Arthritis (as these conditions are defined in this Policy)  • continues to be incapacitated to such an extent that they will be unlikely to engage in their own Occupation ever again, and  • is under the regular treatment, and following the advice, of a Medical Practitioner  where 'Occupation' means the full-time gainful occupation of the Life Insured immediately prior to their Disability.  If the Life Insured has been engaged in full-time domestic duties or child rearing at the time of the Sickness or Injury that causes their Disability, then Serious Medical Condition means the Life Insured:  • has been unable to perform domestic duties or child rearing, and has been confined to the home, due to Cardiomyopathy, Primary Pulmonary Hypertension, Major Head Trauma, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia, Quadriplegia, Hemiplegia, Diplegia, Tetraplegia, Dementia and Alzheimer's Disease, Parkinson's Disease, Blindness, Loss of Speech, Loss of Hearing, Chronic Lung Disease or Severe Rheumatoid Arthritis (as these conditions are defined in this Policy)  • continues to be so incapacitated to the extent that they are unable to engage in (whether or not for reward) any occupation for which they are reasonably suited by education, training or experience and is likely to be so disabled for life, and  • is under the regular treatment, and following the advice, of a Medical Practitioner.

Feature/Benefit	Change	New Policy wording
The definition of TPD Cover Benefit that is detailed in the adjacent 'New policy wording' column has been amended  All other parts of the definition not referred to in the 'New policy wording' column continue to apply.	We have increased the maximum TPD lump sum payment we will pay under the TPD Cover Benefit from \$2.5 million to \$3 million.  If your policy was issued before 21 November 2005, this upgrade does not apply to your policy.  For the definition of TPD Cover Benefit that applied to you before 3 March 2008, please refer to your Policy Document.	TPD Cover Benefit This benefit only applies where the words 'TPD Cover Option' appear under the 'Additional Options' section of your Policy Schedule.  The TPD Cover Benefit is the lesser of the following amounts::  • \$3 million  • the amount which is A times the Annualised Monthly Benefit, where 'A' is:
The wording of the Partial Disability Benefit has been amended by deleting the words set out in the adjacent 'New policy wording' column	If you become unemployed or go on leave without pay while the Partial Disability Benefit is payable, we will, when calculating that benefit, no longer estimate the monthly income you could reasonably be expected to earn if you were working.	The following paragraph has been removed from the wording of the Partial Disability Benefit:  'If you become unemployed or go on leave without pay while the Partial Disability Benefit is payable, we will make a reasonable estimate of your Monthly Income when we calculate the benefit, taking into account:  • your loss of earnings after you became Disabled but before you became unemployed or went on leave without pay  • medical advice, including the opinion of your Medical Practitioner and  • any other factors which we consider have a bearing on what you could reasonably be expected to earn if you were working.'

Feature/Benefit	Change	New Policy wording
The wording of the Medical Professionals Benefit that is detailed in the adjacent 'New policy wording' column has been amended.	The wording of the Medical Professionals Benefit has been updated to make the requirements of the benefit clearer and to include specified occupations outside the medical occupation group K.  For the wording of the Medical Professionals Benefit that applied to you before 3 March 2008, please refer to your Policy Document.	Medical Professionals Benefit This benefit:  • only applies to you if, at the time your cover starts: i) your Occupation Group is 'K' or you are an anaesthetist, dental prosthetist, dermatologist, gastroenterologist, gynaecologist, haematologist, nephrologist, neurologist, oncologist, ophthalmologist, orthodontist, paediatrician, pathologist (degree qualified), radiologist (medical degree qualified) or rheumatologist, and ii) you are registered to practise your medical profession and your registration is regulated by an Act of Parliament of a state or territory of the Commonwealth of Australia.  If you satisfy these requirements you are regarded as practising a 'medical profession' for the purposes of this 'Medical Professionals Benefit' condition  • only applies for as long as you continue to satisfy the requirements set out in points i) and ii) of the first bullet point and the following conditions:  - you have, in practising your medical profession, been performing or assisting in exposure-prone medical procedures monthly on average or more frequently  - you have, in practising your medical profession, been making reasonable efforts to comply with relevant and readily available current state and Commonwealth departmental guidelines dealing with infection of health care workers.  This benefit will be payable if, for the first time after your cover starts but before the Cover Expiry Date, you contract a persistent infection of:  • the Human Immunodeficiency Virus (HIV)  • Hepatitis B, or  • Hepatitis C  and, as a result of that infection, you cease to perform or assist in exposure-prone medical procedures in compliance with both your demonstrable policies of the registered authority, board, association or body which authorises or licenses you to practise your medical profession.  This benefit will be payable whether or not you acquired the
		relevant infection as a result of practising your medical profession.

Feature/Benefit	Change	New Policy wording
The wording of the Medical Professionals Benefit that is detailed in the adjacent 'New policy wording' column has been amended. (continued)		For the purpose of this "Medical Professionals Benefit' condition, an exposure-prone medical procedure is a procedure where there is potential for contact between the skin (usually finger or thumb) of the healthcare worker and sharp surgical instruments, needles or tissues (splinters/pieces of bone/tooth) in body cavities or in poorly visualised or confined body sites including the mouth.  Procedures which lack these characteristics do not constitute exposure-prone medical procedures because they are unlikely to pose a risk of transmission of blood-borne viruses from infected healthcare worker to patient.
The wording of the Increasing Claim Option that is detailed in the adjacent 'New policy wording' column has been amended	The maximum limit on CPI increases to the Monthly Benefit and any Super Continuance Monthly Benefit under the Increasing Claim Option (previously 7.5%) has been removed.  For the wording of the Increasing Claim Option that applied to you before 3 March 2008, please refer to your Policy Document.	Increasing Claim Option The Increasing Claim Option applies where the words 'Increasing Claim Option' appear under the 'Additional Options' section of your Policy Schedule.  If you have continued to receive a Total Disability Benefit or Partial Disability Benefit for more than twelve months, we will increase the Monthly Benefit and any Super Continuance Monthly Benefit by the Indexation Factor on each anniversary of the date when benefits first started to accrue. This option does not apply to increase the Monthly Benefit and any Super Continuance Monthly Benefit in the event that you are receiving a Total Disability Benefit on account of extended cover provided under the 'Extended Cover' condition of this Policy.
The wording of Maternity Leave Waiver of Premium that is detailed in the adjacent 'New policy wording' column has been amended	The requirement for you to be less than 65 years to be eligible for this waiver has been removed.  For the wording of Maternity Leave Waiver of Premium that applied to you before 3 March 2008, please refer to your Policy Document.  All other parts of the wording not referred to in the 'New policy wording' column continue to apply.	Maternity Leave Waiver of Premium  If you go on Maternity Leave after this Policy has been in force for six continuous months, we will, on request, waive the premiums payable for your cover under this Policy for a period of up to three months

Feature/Benefit	Change	New Policy wording
The wording of Exclusions that is detailed in the adjacent 'New policy wording' column has been amended	The wording now refers to the Private Health Insurance Act 2007 (Cth) when describing when we are unable by law to make payments under your policy. For the wording of Exclusions that applied to you before 3 March 2008, please refer to your Policy Document.	Exclusions  We will not pay a benefit (including a TPD Cover Benefit, where applicable) which arises in connection with:  • war or act of war (whether declared or not)  • any intentional self-inflicted Injury or any attempt at suicide, or  • post natal depression.  It is 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 will not make a payment under this Policy if the payment would cause us to infringe this legislation.
The definition of Major Head Trauma that is detailed in the adjacent 'New policy wording' column has been amended	The definition of Major Head Trauma now refers to the 6th edition of the American Medical Association publication 'Guide to the Evaluation of Permanent Impairment' when defining whole person function.	Major Head Trauma Injury to the head resulting in neurological deficit causing either:  a permanent loss of at least 25% whole person function (as defined in the 6th edition of the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment'), or  the permanent and irreversible inability to perform without the assistance of another person any one of the 'Activities of Daily Living' (as defined under Loss of Independent Existence) as certified by a consultant neurologist.

Notes			

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8 am-8 pm (Sydney time) Monday to Friday comminsure.com.au

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