

ClearView **LifeSolutions**



Product Disclosure Statement and Policy Document

Issue 6

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ClearView LifeSolutions is issued by ClearView Life Assurance Limited: ABN 12 000 021 581, AFS Licence No. 227682.
ClearView LifeSolutions Super is issued by HTFS Nominees Pty Limited: ABN 78 000 880 553, AFSL 232500, RSE Licence No
L0003216 as trustee of the HUB24 Super Fund, ABN 60 910 190 523, RSE R1074659.

About this Product Disclosure Statement and Policy Document

This Product Disclosure Statement (PDS) and Policy Document (PDS and Policy Document), which includes the policy terms and conditions provides information about two separate financial products:

- A life insurance product, ClearView LifeSolutions, issued by ClearView Life Assurance Limited (ClearView).
- A risk-only superannuation interest, ClearView LifeSolutions Super, issued by HTFS Nominees Pty Limited (Trustee) as trustee of the HUB24 Super Fund (Fund).

ClearView and the Trustee take full responsibility for the whole PDS.

For the avoidance of doubt, the Trustee is not a registered life insurer and is not able to issue life insurance policies; and ClearView is not an RSE licensee and is not able to issue an interest in the Fund.

ClearView has been appointed by the Trustee to carry out day-to-day management and administration of ClearView LifeSolutions Super.

ClearView LifeSolutions and ClearView LifeSolutions Super are only available to persons who have received this PDS and Policy Document in Australia.

This PDS and Policy Document is not advice

This PDS and Policy Document has been prepared to help you make an informed decision about ClearView LifeSolutions and/or ClearView LifeSolutions Super. The information in this PDS and Policy Document is of a general nature and does not take into account your individual financial situation, needs or objectives. You should consider how appropriate the cover discussed in this PDS and Policy Document is for your needs before making any decision about these products.

Up-to-date information

Information in this PDS and Policy Document is subject to change from time to time. Information that is not materially adverse to you can be updated by us without advising you. If the change to the information is materially adverse, we will notify you as required by law, subject to the 'Variations to the policy' section on page 78.

You may request a paper or electronic copy of any updated information from us at any time, free of charge by contacting your financial adviser, by calling us on **132 979**, or online at **clearview.com.au/tools/pds-and-brochures**.

Understanding what we mean

'We/us/our' refers to ClearView, except where reference is specifically to the Trustee as issuer of ClearView LifeSolutions Super.

'You/your' refers to the person insured or the policy owner, as the context requires. If you have cover in LifeSolutions Super, 'you/your' refers to the person insured as a member of the Fund.

Many of the terms and words used in this document have specific meanings, including some non-technical words commonly used. These words have been *italicised* and are explained in the Dictionary section at the end of this document. These words may be used throughout this PDS and Policy Document in a specific context. You should consult the Dictionary section and understand the definitions prior to making any decision in relation to either of the products covered in this PDS and Policy Document. Section headings are for convenience only and it is important to read the detailed information which follows a heading in order to understand the key facts.

This PDS and Policy Document is subject to and governed by the laws of New South Wales and premiums and any benefits are payable in Australia, in Australian dollars.

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Who is ClearView?

ClearView Wealth Limited is an Australian life insurance, wealth management and financial advice business, listed on the Australian Securities Exchange (ASX). As a group, we manage and advise on approximately \$10.35 billion of our customers' investment funds and have over \$271 million of inforce annual insurance premium as at 30 June 2020.

The key businesses include:

- ClearView Life Assurance Limited, providing life insurance products, and regulated by the Australian Securities and Investments Commission (ASIC) and the Australian Prudential Regulation Authority (APRA)
- ClearView Financial Management Limited, managing investment products, and regulated by ASIC, and
- ClearView Financial Advice Pty Limited and Matrix Planning Solutions Limited, both providing financial advice to customers, and regulated by ASIC.

ClearView Wealth Limited is our listed group entity, which is licensed and regulated by APRA, and subject to ASX and ASIC regulation.

ClearView has been helping Australians invest their money and insure their lives for over 40 years. Together with providing quality financial advice, we offer a comprehensive range of investment, superannuation, retirement and life insurance solutions to assist our customers with financial security, help them achieve their financial goals and prepare for their future.

ClearView LifeSolutions

ClearView LifeSolutions and ClearView LifeSolutions Super provide a range of insurance cover to help with your wealth protection needs, whether it is for personal or business needs. The flexible nature of these products allows you to tailor multiple covers under the one policy or link your cover under separate policies (including policies held inside and outside of superannuation).

This table is a high level outline of all available cover and will help you understand what you are covered for and possible reasons for holding the cover.

Any cover issued to a superannuation fund will have the cover availability noted in the table as being available through ClearView LifeSolutions Super. Additional limitations may apply to ensure compliance with superannuation laws. Please read the detailed sections that follow for specific terms and limitations that apply for each cover.

Type of cover	What you are covered for	Possible reasons for holding the cover	Is cover available through ClearView LifeSolutions?	Is cover available through ClearView LifeSolutions Super?
Life Cover	If you die or are diagnosed as being <i>terminally ill</i> , we will pay a lump sum benefit amount.	Pay off the mortgage and other outstanding debts, provide a lump sum that could be invested to provide an ongoing income stream for dependants or help with estate planning or business buy outs.	Yes	Yes
Accidental Death Cover	If you die as a result of an <i>accident</i> , we will pay a lump sum benefit amount.	A lower cost and accident only alternative to Life Cover or an option for those who have a health condition and are unable to obtain full Life Cover.	Yes	Yes
Total and Permanent Disability (TPD) Cover	If you become <i>totally and permanently disabled</i> and unable to work again, we will pay a lump sum benefit amount.	Pay off the mortgage and other outstanding debts, cover the costs associated with a long-term disability such as full-time care or modifications to the home, cover the shortfall of income from other benefits to assist in maintaining your standard of living.	Yes	Yes
Accidental Total and Permanent Disability (TPD) Cover	If you become <i>totally and permanently disabled</i> as a result of an <i>accident</i> and unable to work again, we will pay a lump sum benefit amount.	A lower cost and accident only alternative to TPD Cover or an option for those who have a health condition and are unable to obtain full TPD Cover.	Yes	Yes
Trauma Cover	If you suffer a specified trauma condition, we will pay a lump sum benefit amount.	Assist with a short-term loss of income and help with the costs of medical assistance and other associated costs, allowing you to focus on your recovery rather than worrying about the bills.	Yes	No

Type of cover	What you are covered for	Possible reasons for holding the cover	Is cover available through ClearView LifeSolutions?	Is cover available through ClearView LifeSolutions Super?
Child Cover	If your child suffers a specified trauma condition, becomes <i>terminally ill</i> or dies we will pay you a lump sum benefit amount.	To cover the costs of a very sick child, accessing medical treatment available, modifications to the family home or stopping work to be with your child.	Yes	No
Income Protection / Income Protection Plus Cover	If you are <i>totally disabled</i> or <i>partially disabled</i> as a result of <i>sickness</i> or <i>injury</i> and unable to work at full capacity, we will pay you a <i>monthly benefit amount</i> . The <i>disability</i> may be short-term or long-term.	To replace a portion of your income, help ensure you are able to pay your bills, and assist in maintaining your standard of living.	Yes	Yes
Accidental Income Protection Cover	Offers all the benefits and features of Income Protection Cover, if you are <i>totally disabled</i> or <i>partially disabled</i> as a result of an <i>accident</i> and unable to work at full capacity.	A lower cost and accident only alternative to Income Protection Cover or an option for those who have a health condition and are unable to obtain Income Protection Cover.	Yes	Yes
Business Expense Cover	As a business owner, if you are <i>totally disabled</i> or <i>partially disabled</i> as a result of <i>sickness</i> or <i>injury</i> , and unable to work at full capacity, we will pay you an ongoing <i>monthly benefit amount</i> .	To cover the costs of ongoing <i>eligible business expenses</i> to help your business continue while you recover.	Yes	No

Key features of all ClearView LifeSolutions policies

Worldwide cover

You are fully covered, 24 hours per day, anywhere in the world.

Provision for continuing cover

Your policy will continue each year up until the policy expiry (see the 'When cover ends' section), so long as you continue to pay your premiums when due. This means that we cannot cancel your cover, place any further restrictions on your cover or increase your individual premium (before applicable discounts) because of any change to your health, occupation or pastimes.

Provision for upgrades

Any future product enhancements to your policy will be made available to you for any benefit amounts in force at the time of the upgrade. These enhancements, unless otherwise specified, will not result in any increase in premium.

Any enhancements will apply to future claims. The enhancements will not apply to current claims or to any claims resulting from medical conditions, sickness, injury or disability which occurred before these enhancements came into effect.

Where a future product enhancement has been made available, we will assess your claim under the terms which are most favourable to you. Alternatively, we will accept your instruction to assess your claim against either the original or the enhanced terms.

If you increase your benefit amount after an enhancement is introduced, any increased amount will be on the terms of the enhancement only and you will not be able to elect to have claims assessed against the terms of the policy before the upgrade in respect of that increased amount.

Indexation Benefit

To ensure your cover keeps pace with the rising cost of living, we will automatically increase your benefit amount at each policy anniversary. The rate of increase will be the percentage increase in the *Consumer Price Index (CPI)*.

You can choose not to accept this increase in any year by contacting us prior to the relevant policy anniversary. You may also request that we stop applying the Indexation Benefit going forward.

There are some circumstances where the Indexation Benefit will not apply. Please refer to pages 30 and 61 for more information.

Future Increase Benefit

Life changes and there will be certain personal and/or business events that result in you needing more cover. We will allow you to increase your cover in these circumstances without the need to provide any further medical information. This makes it easier for you to maintain the right level of cover for your needs.

There are some circumstances where the Future Increase Benefit will not apply. Please refer to pages 31 and 44 for more information.

Setting up your policy

Who can be covered?

A policy can be set up to cover your own life, or someone else's life such as a family member or a business partner.

A separate policy will apply for each insured person, however there is no limit to the number of children insured under Child Cover on one policy.

Policy ownership

We give you the choice of having your insurance inside or outside of super. Your financial adviser can help you decide which ownership is best for you. The following table helps explain some of the differences.

Inside or outside super	Who is the policy owner?	Who is the person insured?	Who are the benefits paid to?	What policy applies?
Outside super Policy is referred to as either: <ul style="list-style-type: none"> being held outside superannuation, or non-super 	An individual which could be you or another person Two or more individuals who own the policy as joint tenants. This means that on a policy owner's death, their share of the policy reverts to the surviving owner(s) A company that is not a superannuation fund trustee	An individual which could be the policy owner or another person (you or another person)	You, your estate or the nominated beneficiary(ies) (for death benefits)	ClearView LifeSolutions
Inside super Policy is referred to as either: <ul style="list-style-type: none"> being held inside superannuation, or a superannuation policy 	A person or company that is a trustee of a self-managed superannuation fund (SMSF)	A member of the SMSF	The trustee(s) of the SMSF	ClearView LifeSolutions
	The Trustee as trustee of the HUB24 Super Fund (Fund)	A member of the Fund	The Trustee	ClearView LifeSolutions Super
	The trustee of another <i>approved superannuation fund</i>	A member of the <i>approved superannuation fund</i>	The trustee of the <i>approved superannuation fund</i>	ClearView LifeSolutions

How the policy operates and is interpreted in each of these cases is outlined below.

Non-super policy – ClearView LifeSolutions

In most cases the policy is owned by you, the person insured, but it could be owned by your partner, company or by a trust.

Income protection policies must be owned by the person insured, unless we are satisfied that the policy owner has an insurable interest in the life of the person insured.

All types of cover offered under ClearView LifeSolutions can be held outside super.

Superannuation policy – ClearView LifeSolutions

This is a policy issued to your SMSF or another *approved superannuation fund*.

Not all types of cover offered under ClearView LifeSolutions can be held inside super. In addition, some modifications to cover apply where cover is held inside super.

There may be situations where, even though a claim is admitted by us and payment is made to the trustee of the SMSF or other *approved superannuation fund*, legislation or the rules of the fund may prevent the release of the benefit.

The trustee of your SMSF or other *approved superannuation fund* is responsible for ensuring that your policy is consistent with superannuation and other laws and the governing rules of the fund. The trustee is also responsible for collecting contributions to pay the premiums for this policy, procuring any action by the person insured that is required under this policy, and operating the fund in accordance with the trust deed and rules of the fund and in a manner which ensures that it complies with the *SIS Act*.

The trustee must notify us as soon as reasonably practical if at any time the policy ceases to be an asset of the superannuation fund, or the fund ceases to be administered in accordance with its trust deed and rules, or if it ceases to comply with the *SIS Act*. Should any of these events happen such that we, acting reasonably, consider that cover could no longer be offered in its current form, we may terminate the policy and issue a replacement policy or make changes to the terms of the policy. In such circumstances we may, acting reasonably, consult with you on the new terms.

If you are applying for a ClearView LifeSolutions policy as the trustee of a SMSF, you should obtain your own professional legal and taxation advice to ensure that the cover you apply for is permitted under superannuation laws and to determine the appropriate taxation treatment.

Superannuation policy – ClearView LifeSolutions Super

This is a policy that is issued by us, ClearView, to the Trustee as trustee of the superannuation fund known as the HUB24 Super Fund (Fund). You, as the person insured are admitted as a member of the Fund by the Trustee and are not the policy owner of the policy. However, the Trustee holds the policy in relation to your membership of the Fund.

IMPORTANT INFORMATION TO MEMBERS OF THE HUB24 SUPER FUND

Any benefits paid under the policy will be paid to the Trustee and premiums paid for the policy are paid by the Trustee after it receives a sufficient contribution from, or a rollover in respect of you, the member. Your membership of the Fund is governed by the Fund's trust deed and superannuation laws. The underlying policy

is a contract of insurance between ClearView and the Trustee, and does not govern your membership of the Fund. Your entitlement to:

- be paid a benefit received by the Trustee under the policy, and
- pay contributions or rollover amounts to the Trustee for the Trustee to pay premiums to ClearView for the policy

is subject to any restrictions or limitations that may apply under the Fund's trust deed or under superannuation laws.

It is important for you, as the person insured (and member) to note that at the time of issue of this policy, legislation restricts the payment of certain benefits (including preserved benefits) out of a superannuation fund unless the superannuation fund member has satisfied certain conditions. These restrictions apply to all non-death related benefits paid to the Trustee under this policy.

The superannuation laws and various benefit rules and restrictions under them may change over the life of this policy. The Fund trust deed may also change over the life of the policy and where the law requires you will be notified of any change that affects you, within the time required by law. The rules and laws applicable at the time a benefit is payable are the relevant rules and laws.

The Trustee (as the policy owner) can exercise all of the rights of a policy owner, subject to its duties as the trustee of the Fund. For example, the Trustee may cancel all or any part of this policy if it considers it to be necessary to comply with the law. You may request the Trustee to exercise certain rights it has as the policy owner under the policy. In some limited circumstances, you may be able to enforce the policy against us.

Structuring your cover

You have a number of options available when it comes to how you structure your cover. You can hold all your types of cover under the one policy and the cover may be stand alone or linked. You can also link cover held under separate policies via flexi linking.

Stand alone cover

Stand alone cover operates independently of any other cover. When a benefit is paid for a stand alone type of cover it does not reduce the benefit amount for any other cover you hold.

All covers may be purchased as stand alone cover except for Child Cover, which may only be purchased with an adult Life, Accidental Death, TPD, Accidental TPD or Trauma Cover.

Any benefit paid under Child Cover will not reduce the benefit amount on the adult Life, Accidental Death, TPD, Accidental TPD or Trauma Cover.

Stand alone cover is available inside superannuation (except for Trauma Cover, TPD Cover with Own occupation definition and Business Expense Cover) and outside superannuation. Multiple policies may be held by the same or different policy owners.

Linked cover

Linked cover interacts with other covers to which it is linked. When a benefit is paid, all cover with which it is linked will be reduced by the benefit amount paid, and the premium payable for that cover will be adjusted accordingly.

The premium you pay for linked cover is generally lower than what you will pay for the same types of cover held as stand alone cover. For example, you may want to have your TPD and Trauma Cover linked to your Life Cover. This means you have one policy, one policy owner and three types of cover. Similarly, you could have Trauma Cover linked to your TPD Cover.

Linked cover is available inside superannuation (except Trauma Cover and TPD Cover with Own occupation definition) and outside superannuation.

Please note that you cannot link a Life, TPD or Trauma Cover with an Income Protection or Business Expense Cover. These types of cover act very differently, with Life, TPD and Trauma Cover paying a lump sum benefit amount and Income Protection and Business Expense Cover paying an ongoing monthly benefit amount.

Flexi linking

Flexi linking is a way of linking your cover but allowing you to have different policy owners for each of the types of cover. For example, you may want to have your Trauma Cover linked to your Life Cover but want your Life Cover to be owned by the trustee of your SMSF and the Trauma Cover to be owned by you, outside of superannuation – flexi linking enables you to do this.

Flexi linking is also available between a ClearView LifeSolutions policy held outside of superannuation and a policy held through ClearView LifeSolutions Super. Only two policies can be connected through flexi linking.

As with linked cover, when a benefit is paid, all cover to which it is flexi linked will be reduced by the amount of the benefit that has been paid and the premium payable for that cover will be adjusted accordingly.

Note: Cover must be issued under separate policies where there are different policy owners. Under flexi linking, two policies will be issued that will operate similarly to linked cover. The table below lists some of the possible combinations where flexi linking may be used.

Cover held inside superannuation	Flexi linked cover held outside superannuation
Life Cover	<ul style="list-style-type: none">• TPD Cover• Trauma Cover• TPD Cover with linked Trauma Cover
Accidental Death Cover	<ul style="list-style-type: none">• Accidental TPD Cover
TPD Cover Any occupation	<ul style="list-style-type: none">• Trauma Cover

Super Solutions

Super Solutions is a special type of flexi linking used across a single cover type. It is available for TPD Cover and Accidental TPD Cover (TPD Super Solutions), as well as Income Protection Cover, Income Protection Plus Cover and Accidental Income Protection Cover (IP Super Solutions).

Details of this option for flexi linking your cover using this option can be found on the pages indicated.

Super Solutions option	Page
TPD Super Solutions	17
IP Super Solutions	42

Life Cover

Life Cover will provide a lump sum payment in the event of your death or terminal illness. You select the amount of cover which is known as the benefit amount. Life Cover is available inside or outside super.

Feature	Description
Insured events	<ul style="list-style-type: none"> • Death • <i>Terminal illness</i>
Minimum entry age	<ul style="list-style-type: none"> • 18 • 30 (hybrid premium)
Maximum entry age	<ul style="list-style-type: none"> • 75 (stepped premium) • 60 (hybrid premium) • 45 (level premium)
Expiry age	<ul style="list-style-type: none"> • 99
Minimum benefit amount that can be applied for	<ul style="list-style-type: none"> • \$50,000
Maximum benefit amount that can be applied for	<ul style="list-style-type: none"> • \$20,000,000
Premium type (explained on page 62)	<ul style="list-style-type: none"> • Stepped premium • Level premium to age 65 (reverts to stepped at policy anniversary after age 65) • Level premium to age 70 (reverts to stepped at policy anniversary after age 70) • Hybrid premium
Product structure combinations	<ul style="list-style-type: none"> • Stand alone Life Cover • Life Cover linked or flexi linked with TPD Cover (TPD Cover must not exceed the Life Cover benefit amount) • Life Cover linked or flexi linked with Trauma Cover (Trauma Cover must not exceed the Life Cover benefit amount) • Life Cover linked or flexi linked with TPD Cover and Trauma Cover (TPD and Trauma Cover must not exceed the Life Cover benefit amount)
Built-in benefits at no extra cost	<ul style="list-style-type: none"> • Immediate Expenses Benefit – non-super only • Life Cover Buy Back Benefit (where TPD Cover or Trauma Cover is linked or flexi linked to Life Cover) • Indexation Benefit • Future Increase Benefit • Premium Freeze Benefit • Suspending Cover Benefit • Waiver of Monthly Premium While Involuntarily Unemployed Benefit • Grief Support Benefit – non-super only • Accommodation Benefit – non-super only • Financial Advice Benefit – non-super only
Options available at an extra cost	<ul style="list-style-type: none"> • Disability Premium Waiver Option • Business Guarantee Option

When the Life Cover benefit amount is payable

If you die or are diagnosed with a *terminal illness*, we will pay the Life Cover benefit amount stated on your policy certificate (including any increases or decreases that have been made under the terms of the policy).

Terminal illness means

You are certified by two *medical practitioners* as suffering from a *sickness* which is incurable and for which:

- your condition has progressed to a point where your death is medically expected to occur within 24 months while adhering to standard treatment protocols available at the date of certification, and
- both of the certificates are current, and at least one of the *medical practitioners* must be an *appropriate medical specialist*.

When the Life Cover benefit amount will not be paid

We will not pay any benefit under Life Cover if your death is caused directly or indirectly by suicide or any intentional self-inflicted act within 13 months of:

- the cover start date
- an increase in the benefit amount (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), or
- the date on which cover was last reinstated.

We will not pay any benefit under Life Cover for anything we have specifically excluded, as stated on your policy certificate.

If you are replacing an existing life cover policy

The 13 month suicide or any intentional self-inflicted act exclusion will not apply if your Life Cover is replacing an existing life cover policy issued by us or another insurer if:

- the insurance under the policy to be replaced has been in place for a minimum of 13 consecutive months immediately prior to the commencement of this cover
- the policy to be replaced is cancelled immediately after the issue of this cover
- all similar exclusions have expired under the policy to be replaced (including exclusions which were applied to the policy after its commencement due to, for example, reinstatements or increases), and
- no claim is payable or pending under the policy to be replaced.

Where the benefit amount under this cover being issued by us exceeds that of the policy that is being replaced, this exclusion will apply to the excess benefit amount.

Built-in benefits at no extra cost

Life Cover provides a number of built-in benefits. Some of these benefits allow you to tailor your level of cover in line with your changing needs, while other benefits are designed to support you and your family during a difficult time.

Immediate Expenses Benefit

Upon the production of the person insured's death certificate, or any other evidence that is reasonable in the circumstances of the person insured's death, we will advance the lesser of \$25,000 and the Life Cover benefit amount while we assess the Life Cover claim.

The Life Cover benefit amount will be reduced by the amount paid under this benefit. Payment of the remaining Life Cover amount is subject to our assessment of the claim.

Payment of this benefit is not an admission of our liability to pay a Life Cover claim. We reserve the right to recover the amount of the Immediate Expenses Benefit paid if a Life Cover claim is subsequently declined. If we exercise this right, we will provide reasonable notice and time to repay.

Limitations

This benefit is not available if Life Cover is held inside superannuation.

Grief Support Benefit

If we pay the Life Cover benefit amount we will reimburse the cost of up to four hours of grief counselling sessions for you, the person insured (on *terminal illness*) or an *immediate family member* of the person insured.

The maximum total amount we will reimburse under the Grief Support Benefit in respect of each person insured is \$1,000.

Limitations

The counselling session must be provided by an accredited counsellor that we have approved acting reasonably.

A copy of the invoice or receipt showing the amount paid and the services provided must be provided to us upon request.

This benefit is not available if Life Cover is held inside superannuation.

Life Cover Buy Back Benefit

This benefit applies if you have TPD Cover and/or Trauma Cover linked or flexi linked to your Life Cover.

This benefit will allow you to reinstate your Life Cover benefit amount for the amount of the Trauma Cover or TPD Cover benefit paid, without having to provide further medical evidence.

- *If the claim was due to any of the following conditions:*
 - *Blindness – Both Eyes, Permanent, Specified Severity*
 - *Dementia including Alzheimer's Disease – Significant Permanent Impairment*
 - *Loss of Hearing – Profound*
 - *Multiple Sclerosis – More Than One Episode*
 - *Paralysis – Two Limbs, or*
 - *Parkinson's Disease – Unknown Cause*

we will reinstate your Life Cover benefit amount 6 months after the later of the date we received your fully completed claim form or the date you satisfied the trauma condition or TPD definition.

- If the claim was due to any other *sickness or injury*, we will reinstate your Life Cover benefit amount 12 months after the later of the date we received your fully completed claim form or the date you satisfied the trauma condition or TPD definition.

You may choose not to accept the Life Cover Buy Back by notifying us in writing within 30 days of the commencement of the reinstated Life Cover and we will refund the premium for the reinstated cover providing no claim has been made against the reinstated cover.

If the premium type is stepped, the premium for the reinstated Life Cover will be calculated based on your age at the time of the reinstatement.

If the premium type is level, the premium for the reinstated Life Cover will be calculated based on your age at the cover start date when level premiums were selected.

If the premium type is hybrid and the reinstatement falls within the first seven year level premium period, the premium for the reinstated Life Cover will be calculated based on your age at the cover start date when hybrid premiums were selected.

Any premium loadings, exclusions or varied terms that applied to the original Life Cover (stepped, level or hybrid premium type) will also apply to the reinstated Life Cover.

The Indexation Benefit will apply to the reinstated Life Cover.

Limitations

The Future Increase Benefit and Business Guarantee Option are not available with the reinstated Life Cover.

This Life Cover Buy Back Benefit is not available if the Life Cover benefit amount has been reinstated under the Accelerated Life Cover Buy Back Option.

Additional built-in benefits

The following benefits are also provided under Life Cover at no extra cost. Detail of these benefits is included on the pages indicated.

Built-in benefit	Page
Indexation Benefit	30
Accommodation Benefit – non-super only	30
Financial Advice Benefit – non-super only	33
Premium Freeze Benefit	30
Suspending Cover Benefit	31
Future Increase Benefit	31
Waiver of Monthly Premium While Involuntarily Unemployed Benefit	33

Optional extras which allow you to tailor your Life Cover

When you apply for Life Cover, there are a number of options available which allow you to tailor your cover to best suit your needs. The following options are available for an extra premium and if selected will be included on your policy certificate. Detail of these options is included on the pages indicated.

Optional extra	Page
Business Guarantee Option	34
Disability Premium Waiver Option	35

When the Life Cover benefit amount is reduced

Your Life Cover benefit amount will be reduced by any amount paid:

- under this cover for *terminal illness*
- under this cover for the Immediate Expenses Benefit
- for TPD Cover, where this is linked or flexi linked to your Life Cover, and
- for Trauma Cover, where this is linked or flexi linked to your Life Cover.

When Life Cover ends

Life Cover will end on the earlier of the:

- date of your death
- date on which all entitlements under the cover are paid
- policy anniversary immediately after you turn age 99, or
- date on which the policy ends.

Accidental Death Cover

Accidental Death Cover will provide a lump sum payment in the event of your death as a result of an accident. You select the amount of cover which is known as the benefit amount.

Accidental Death Cover is available inside or outside super.

Feature	Description
Insured events	<ul style="list-style-type: none"> Death as a result of an <i>accident</i>
Minimum entry age	<ul style="list-style-type: none"> 18
Maximum entry age	<ul style="list-style-type: none"> 75
Expiry age	<ul style="list-style-type: none"> 99
Minimum benefit amount that can be applied for	<ul style="list-style-type: none"> \$50,000
Maximum benefit amount that can be applied for	<ul style="list-style-type: none"> \$20,000,000
Premium type (explained on page 62)	<ul style="list-style-type: none"> Stepped premium
Product structure combinations	<ul style="list-style-type: none"> Stand alone Accidental Death Cover Accidental Death Cover linked or flexi linked with Accidental TPD Cover (Accidental TPD Cover must not exceed Accidental Death Cover benefit amount)
Built-in benefits at no extra cost	<ul style="list-style-type: none"> Immediate Expenses Benefit – non-super only Indexation Benefit Suspending Cover Benefit Waiver of Monthly Premium While Involuntarily Unemployed Benefit Grief Support Benefit – non-super only Financial Advice Benefit – non-super only
Option available at an extra cost	<ul style="list-style-type: none"> Disability Premium Waiver Option

When the Accidental Death Cover benefit amount is payable

If you die as a result of an *accident* and your death occurs within 90 days of the *accident*, we will pay the Accidental Death Cover benefit amount stated on your policy certificate (including any increases or decreases that have been made under the terms of the policy).

accident

Means an unintended or unexpected event which occurs while this policy is in force (or while Complimentary Interim Accident Cover is in place) and results in an *injury* which is independent of any other cause. For the avoidance of doubt, *accident* excludes:

- suicide and/or events where the *injury* and/or death was unintended and unexpected but was the result of an intentional act by the person insured
- death or *injury* due to natural causes
- vascular accidents, such as a heart attack or stroke
- allergic reactions, or
- any event relating directly or indirectly to having undergone, or undergoing, any surgical procedure

When the Accidental Death Cover benefit amount will not be paid

We will not pay any benefit under Accidental Death Cover if your death is caused directly or indirectly by:

- suicide or any intentional self-inflicted act
- you committing or attempting to commit a criminal offence
- you taking alcohol or drugs, other than a drug prescribed by a *medical practitioner* and taken as directed, or
- war or act of war (whether declared or not).

We will not pay any benefit under Accidental Death Cover for anything we have specifically excluded, as stated on your policy certificate.

Immediate Expenses Benefit

Upon the production of the person insured's death certificate, or any other satisfactory evidence to us of the person insured's *accidental* death, we will advance the lesser of \$25,000 and the Accidental Death Cover benefit amount while we assess the Accidental Death claim.

The Accidental Death Cover benefit amount will be reduced by the amount paid under this benefit. Payment of the remaining Life Cover amount is subject to our assessment of the claim.

Payment of this benefit is not an admission of our liability to pay an Accidental Death Cover claim. We reserve the right to recover the amount of the Immediate Expenses Benefit paid if an Accidental Death Cover claim is subsequently declined. If we exercise this right, we will provide reasonable notice and time to repay.

Limitations

This benefit is not available if Accidental Death Cover is held inside superannuation.

Grief Support Benefit

If we pay the Accidental Death Cover benefit amount we will reimburse the cost of up to four hours of grief counselling sessions for an *immediate family member*.

The maximum total amount we will reimburse under the Grief Support Benefit in respect of each person insured is \$1,000.

Limitations

The counselling sessions must be provided by an accredited counsellor that we have approved acting reasonably.

A copy of the invoice or receipt showing the amount paid and the services provided must be provided to us upon request.

This benefit is not available if Accidental Death Cover is held inside superannuation.

Additional built-in benefits

The following benefits are also provided under Accidental Death Cover at no extra cost. Detail of these benefits is included on the pages indicated.

Built-in benefit	Page
Indexation Benefit	30
Suspending Cover Benefit	31
Financial Advice Benefit – non-super only	33
Waiver of Monthly Premium While Involuntarily Unemployed Benefit	33

Optional extra which allows you to tailor your Accidental Death Cover

When you apply for Accidental Death Cover, there is an option available which allows you to tailor your cover to best suit your needs. The following option is available for an extra premium and if selected will be included on your policy certificate. Detail is included on the page indicated.

Optional extra	Page
Disability Premium Waiver Option	35

When the Accidental Death Cover benefit amount is reduced

Your Accidental Death Cover benefit amount will be reduced by any amount paid under this policy for Accidental TPD Cover, where this is linked or flexi linked to your Accidental Death Cover.

When Accidental Death Cover ends

Accidental Death Cover will end on the earlier of the:

- date of your death
- date on which all entitlements under the cover are paid
- policy anniversary immediately after you turn age 99, or
- date on which the policy ends.

Total and Permanent Disability (TPD) Cover

TPD Cover will provide a lump sum payment if you suffer total and permanent disablement as a result of sickness or injury. You select the amount of cover which is known as the benefit amount.

TPD Cover is available inside and/or outside super.

Feature	Description
Insured events	<ul style="list-style-type: none"> Total and Permanent Disability
Eligibility requirements	<ul style="list-style-type: none"> You must be <i>gainfully employed</i> and working for at least 20 hours per week to be eligible to apply for Own occupation or Any occupation TPD
Minimum entry age	<ul style="list-style-type: none"> 18 30 (hybrid premium)
Maximum entry age	<ul style="list-style-type: none"> 60 (stepped or hybrid premium) if applying for Own, Any or Home duties TPD definition 45 (level premium) <p>Non-working TPD definition remains available up to a maximum entry age 75 on stepped premium.</p>
Expiry age	<ul style="list-style-type: none"> 99
Age at which the TPD definition changes	<ul style="list-style-type: none"> From the policy anniversary immediately after you turn age 70, the TPD definition for your cover will convert to the Non-working TPD definition.
Minimum benefit amount that can be applied for	<ul style="list-style-type: none"> \$50,000
Maximum benefit amount that can be applied for	<ul style="list-style-type: none"> \$2,000,000 (if applying for Home duties TPD definition) \$3,000,000 (if applying for Non-working TPD definition) \$5,000,000 (if applying for Own or Any occupation TPD definition)
Premium type (explained on page 62)	<ul style="list-style-type: none"> Stepped premium Level premium to age 65 (reverts to stepped at policy anniversary after age 65) Level premium to age 70 (reverts to stepped at policy anniversary after age 70) Hybrid premium
Type of cover	<ul style="list-style-type: none"> Any occupation TPD Own occupation TPD – non-super only TPD Super Solutions Home duties TPD Non-working TPD
Product structure combinations	<ul style="list-style-type: none"> Stand alone TPD Cover TPD Cover linked or flexi linked to Life Cover (TPD Cover must not exceed the Life Cover benefit amount) TPD Cover with linked or flexi linked Trauma Cover (Trauma Cover must not exceed the TPD Cover benefit amount) TPD Cover linked or flexi linked to Life Cover and Trauma Cover (TPD Cover and Trauma Cover must not exceed the Life Cover benefit amount)
Built-in benefits at no extra cost	<ul style="list-style-type: none"> Waiver of Qualifying Period Benefit (Day 1 TPD) Life Cover Buy Back Benefit (where TPD Cover is linked or flexi linked to Life Cover) Death Benefit (for stand alone TPD Cover) Indexation Benefit Future Increase Benefit Premium Freeze Benefit Suspending Cover Benefit Waiver of Monthly Premium While Involuntarily Unemployed Benefit Specific Loss Benefit – non-super only Accommodation Benefit – non-super only Financial Advice Benefit – non-super only
Options available at an extra cost	<ul style="list-style-type: none"> Accelerated Life Cover Buy Back Option (where TPD Cover is linked or flexi linked to Life Cover) Life Cover Purchase Option (for stand alone TPD Cover) Disability Premium Waiver Option Business Guarantee Option

When the TPD Cover benefit amount is payable

If you suffer *total and permanent disability* while this cover is in place and meet the conditions of the TPD definition which apply (as stated on your policy certificate), we will pay the TPD Cover benefit amount stated on your policy certificate (including any increases or decreases that have been made under the terms of the policy).

When the TPD Cover benefit amount will not be paid

We will not pay any benefit under TPD Cover if your *total and permanent disability, sickness, injury* or death is caused directly or indirectly by an intentional self-inflicted act.

We will not pay any benefit under TPD Cover on or after the policy anniversary immediately after you turn age 70 for *total and permanent disability* unless you satisfy the Non-working TPD definition (set out on this page).

We will not pay any benefit under TPD Cover for anything we have specifically excluded, as stated on your policy certificate.

TPD definitions

The term *total and permanent disability* has a special meaning under this policy as set out below and will depend on the TPD definition which applies to your cover, as stated on your policy certificate (as varied by the terms of this policy document).

Your occupation will determine which of these TPD definitions may be available to you.

Any occupation TPD (Total and permanent disability – unlikely to do any reasonably suited occupation ever again)

As a result of *sickness or injury*, you:

- (for TPD Cover in super) you are disabled at the end of the period of three consecutive months to such an extent that you are unlikely ever again to be able to engage in any occupation for which you are reasonably suited by education, training or experience
- (for non-super TPD Cover) you are disabled at the end of the period of three consecutive months to such an extent that you are unlikely ever again to be able to engage in any occupation for which you are reasonably suited by education, training or experience which is likely to generate average *monthly earnings* of at least 25% of your average *monthly earnings* in the most recent 12 months of *gainful employment* prior to claim (excluding periods of *parental leave*).

OR

- satisfy the Non-working TPD definition (set out on this page).

Own occupation TPD (Total and permanent disability – unlikely to do your own occupation ever again)

As a result of *sickness or injury*, you:

- have been absent from, and unable to work in, your *own occupation* for three consecutive months, and
- are disabled at the end of the period of three consecutive months, to such an extent that you are unlikely ever again to be able to engage in your *own occupation*.

OR

- satisfy the Non-working TPD definition (set out on this page).

Own occupation TPD is not available inside superannuation.

Home duties TPD (Total and permanent disability – unlikely to perform all home duties ever again)

As a result of *sickness or injury*, you:

- have been unable to perform all *home duties* for three consecutive months, and
- are disabled at the end of the period of three consecutive months, to such an extent that you are unlikely ever again to be able to perform all *home duties*.

If your TPD Cover is held inside superannuation, in addition to the above, you must also be unlikely to ever again be able to engage in any occupation for which you are reasonably suited by education, training or experience.

OR

- satisfy the Non-working TPD definition (set out on this page).

Where you were working at least 20 hours per week in regular paid employment for six continuous months immediately prior to disability, the definition of *total and permanent disability* will be based on Any occupation TPD (described above).

Non-working TPD (Total and permanent disability – unlikely to look after yourself ever again, permanent loss of intellectual capacity or loss of limbs and/or sight)

As a result of *sickness or injury* you have suffered:

- *Loss of Limbs or Sight* (as defined on page 94)
- *Loss of Independent Existence* (as defined on page 93), or
- *Cognitive Loss* (as defined on page 91).

If your TPD Cover is held inside superannuation, in addition to the above, you must also be unlikely to ever again be able to engage in any occupation for which you are reasonably suited by education, training or experience.

Your TPD definition and cover can change at age 70

On the policy anniversary immediately after you turn age 70, the TPD definition for all TPD cover will convert to the Non-working TPD definition (set out on page 16).

The maximum TPD Cover available at age 70 is \$3,000,000 across all policies issued by us (and includes cover provided under TPD Cover and Accidental TPD Cover).

If you are covered for more than \$3,000,000 at this age, we will reduce the aggregate benefit amounts. The premium will also be reduced accordingly to reflect the reduced benefit amount.

The Indexation Benefit will continue to be available, including if the benefit amount is reduced to \$3,000,000.

TPD Super Solutions

This type of TPD Cover allows you to have flexi linked TPD Cover where Any occupation TPD Cover is held inside super and Own occupation TPD Cover is held outside super. Two policies will be issued.

In the event of a claim, your TPD will first be assessed under the Any occupation TPD definition held inside super. If you satisfy the definition and therefore meet a condition of release under the SIS Act, the benefit will be paid to the trustee of the super fund and will be subject to superannuation and related taxation laws current as at the time of payment.

If the Any occupation TPD definition is not satisfied, the TPD claim will then be assessed under the Own occupation TPD definition under the policy held outside of super.

The insured TPD benefit amount under each of the two policies must always be the same. This means the TPD benefit amount under each of the two policies may only be increased or reduced together. This includes any increase via the Indexation Benefit. Once the full TPD benefit amount is paid under one policy, all TPD cover will cease under both policies.

In the event that the TPD policy held inside super is cancelled, the flexi linked TPD policy outside super must also be cancelled however we will offer you the option of the latest available standalone cover outside super, without additional underwriting, providing cover is on a like for like basis. In the event that the TPD policy held outside super is cancelled, the TPD policy held inside super may continue to exist. This means that you could, for example, continue to have Any occupation TPD Cover inside super linked to Life Cover inside super.

Built-in benefits at no extra cost

TPD Cover provides a number of built-in benefits. Some of these benefits allow you to tailor your level of cover in line with your changing needs while other benefits are designed to enable you access to a benefit in the event of partial disability.

Waiver of Qualifying Period Benefit (Day 1 TPD)

If you suffer one of the following defined trauma conditions (as defined in the 'Trauma definitions' section starting on page 90), and meet all other requirements of the TPD definition stated on your policy certificate, we will waive the normal three month qualifying period.

- *Blindness – Both Eyes, Permanent, Specified Severity*
- *Cardiomyopathy – Significant Permanent Impairment*
- *Dementia including Alzheimer's Disease – Significant Permanent Impairment*
- *Loss of Hearing – Profound*
- *Loss of Independent Existence*
- *Loss of Speech – Total and Irrecoverable*
- *Lung Disease – End Stage, Continuous Permanent Oxygen Therapy*
- *Paralysis – Two Limbs*
- *Parkinson's Disease – Unknown Cause*
- *Primary Pulmonary Hypertension – Significant Permanent Impairment*
- *Motor Neurone Disease*
- *Multiple Sclerosis – More Than One Episode*
- *Muscular Dystrophy*

Specific Loss Benefit

If you suffer *Loss of One Limb – Total and Permanent* or *Blindness – One Eye, Permanent, Specified Severity* (as defined in the 'Trauma definitions' section starting on page 90), we will pay a partial TPD benefit of 25% of the TPD Cover benefit amount, subject to a maximum of \$500,000.

The TPD Cover benefit amount will be reduced by the amount paid under this benefit.

Limitations

This benefit is not available if TPD Cover is held inside superannuation.

Life Cover Buy Back Benefit

This benefit applies if you have TPD Cover linked or flexi linked to your Life Cover.

This benefit will allow you to reinstate your Life Cover benefit amount for the amount of the TPD Cover benefit paid, without having to supply further medical evidence. Refer to page 12 for a full description of this benefit.

Death Benefit

This benefit applies if you have stand alone TPD Cover.

If you die and no TPD Cover benefit has been paid or is payable, we will pay a benefit of \$10,000.

Additional built-in benefits

The following benefits are also provided under TPD Cover at no extra cost. Detail of these benefits is included on the pages indicated.

Built-in benefit	Page
Indexation Benefit	30
Accommodation Benefit - non-super only	30
Premium Freeze Benefit	30
Suspending Cover Benefit	31
Future Increase Benefit	31
Financial Advice Benefit - non-super only	33
Waiver of Monthly Premium While Involuntarily Unemployed Benefit	33

Optional extras which allow you to tailor your TPD Cover

When you apply for TPD Cover, there are a number of options available which allow you to tailor your cover to best suit your needs. The following options are available for an extra premium and if selected will be included on your policy certificate.

Accelerated Life Cover Buy Back Option

This option is available if you have selected TPD Cover linked or flexi linked to your Life Cover.

If we pay the full TPD Cover benefit amount, the linked or flexi linked Life Cover benefit amount that would have been reduced will be reinstated.

We will waive future premiums for the portion of the Life Cover benefit amount that is reinstated under this option up until the policy anniversary immediately after you turn age 65.

Limitations

This option cannot be exercised if:

- a benefit has been paid for *terminal illness*, we are in the process of assessing a *terminal illness* claim or you are eligible to make a claim for *terminal illness*
- you do not survive for 14 days after suffering the *sickness* or *injury* that caused your *total and permanent disability*, or
- only a partial TPD payment was made under the Specific Loss Benefit (unless multiple payments have been made which total the full TPD Cover benefit amount).

The reinstated Life Cover benefit amount cannot be increased under the Future Increase Benefit or the Business Guarantee Option (if applicable) once a TPD benefit is paid.

Any premium loadings, exclusions or varied terms which applied on the original Life Cover will continue to apply to the reinstated Life Cover.

This option expires on the policy anniversary immediately after you turn age 65.

Life Cover Purchase Option

This option is available for stand alone TPD Cover or TPD Cover with linked or flexi linked Trauma Cover (without Life Cover).

If we pay the full TPD Cover benefit amount, we automatically provide you with Life Cover up to the amount of the TPD benefit paid, without the need to supply further medical evidence.

If we paid the TPD benefit and you satisfied the applicable TPD definition as a result of:

- *Blindness – Both Eyes, Permanent, Specified Severity*
- *Dementia including Alzheimer's Disease – Significant Permanent Impairment*
- *Loss of Hearing – Profound*
- *Loss of Limbs or Sight*
- *Multiple Sclerosis – More Than One Episode*
- *Paralysis – Two Limbs, or*
- *Parkinson's Disease – Unknown Cause*

we will provide the Life Cover Purchase Option six months after the later of:

- the date we received your fully completed claim form in relation to which we pay the full TPD Cover benefit amount, or
- the date you satisfied the applicable TPD definition.

For all other TPD claims, we will provide the Life Cover Purchase Option 12 months after the later of:

- the date we received your fully completed claim form in relation to which we pay the full TPD Cover benefit amount, or
- the date you satisfied the applicable TPD definition. The Indexation Benefit will apply to the new Life Cover.

You may choose not to accept the Life Cover Purchase by notifying us in writing within 30 days of the commencement of the purchased Life Cover and we will refund the premium for the reinstated cover providing no claim has been made against the Life Cover.

Limitations

This option cannot be exercised if:

- a benefit has been paid for *terminal illness*, we are in the process of assessing a *terminal illness* claim or you are eligible to make a claim for *terminal illness*, or
- only a partial TPD payment was made (unless multiple payments have been made which total the full TPD Cover benefit amount).

Any premium loadings, exclusions or varied terms which applied to the original TPD Cover will also apply to the new Life Cover.

The Future Increase Benefit and Business Guarantee Option cannot be exercised under the new Life Cover.

Additional optional extras

The following options are available for an extra premium and if selected will be included on your policy certificate. Detail of these options is included on the pages indicated.

Optional extra	Page
Business Guarantee Option	34
Disability Premium Waiver Option	35

When the TPD Cover benefit amount is reduced

Your TPD Cover benefit amount will be reduced by any amount paid:

- under this cover for a Specific Loss Benefit
- for *terminal illness*, where your TPD Cover is linked or flexi linked to your Life Cover, and
- for Trauma Cover, where your Trauma Cover is linked or flexi linked to your TPD Cover.

Your TPD Cover benefit amount may also be reduced in the circumstances described under the heading, 'Your TPD definition and cover can change at age 70' on page 17.

When TPD Cover ends

TPD Cover will end on the earlier of the:

- date of your death
- date on which all entitlements under the cover are paid
- policy anniversary immediately after you turn age 99, or
- date on which the policy ends.

Accidental Total and Permanent Disability (TPD) Cover

Accidental TPD Cover will provide a lump sum payment if you are totally and permanently disabled as a result of an accident. Accidental TPD Cover is available inside and/or outside super.

Feature	Description
Insured events	<ul style="list-style-type: none"> Total and permanent disability as a result of an accident
Eligibility requirements	<ul style="list-style-type: none"> You must be <i>gainfully employed</i> and working for at least 20 hours per week to be eligible to apply for Own occupation or Any occupation TPD
Minimum entry age	<ul style="list-style-type: none"> 18
Maximum entry age	<ul style="list-style-type: none"> 60 if applying for Own or Any occupation TPD definition 60 if applying for Home duties TPD definition 75 if applying for Non-working TPD definition
Expiry age	<ul style="list-style-type: none"> 99
Age at which the TPD definition changes	<ul style="list-style-type: none"> From the policy anniversary immediately after you turn age 70, the TPD definition for your cover will convert to the Non-working TPD definition.
Minimum benefit amount that can be applied for	<ul style="list-style-type: none"> \$50,000
Maximum benefit amount that can be applied for	<ul style="list-style-type: none"> \$2,000,000 (if applying for Home duties TPD definition) \$3,000,000 (if applying for Non-working TPD definition) \$5,000,000 (if applying for Own or Any occupation TPD definition)
Premium type (explained on page 62)	<ul style="list-style-type: none"> Stepped premium
Type of cover	<ul style="list-style-type: none"> Any occupation TPD Own occupation TPD – non-super only TPD Super Solutions Home duties TPD Non-working TPD
Product structure combinations	<ul style="list-style-type: none"> Stand alone Accidental TPD Cover Accidental TPD Cover linked or flexi linked to Accidental Death Cover
Built-in benefits at no extra cost	<ul style="list-style-type: none"> Death Benefit (for stand alone Accidental TPD Cover) Indexation Benefit Suspending Cover Benefit Waiver of Monthly Premium While Involuntarily Unemployed Benefit Specific Loss Benefit – non-super only Accommodation Benefit – non-super only Financial Advice Benefit – non-super only
Option available at an extra cost	<ul style="list-style-type: none"> Disability Premium Waiver Option

When the Accidental TPD Cover benefit amount is payable

If you are *totally and permanently disabled* because of an accident and your *total and permanent disability* occurs within 90 days of the accident, we will pay the Accidental TPD Cover benefit amount stated on your policy certificate (including any increases or decreases that have been made under the terms of the policy).

accident

Means an unintended or unexpected event which occurs while this policy is in force (or while Complimentary Interim Accident Cover is in place) and results in an *injury* which is independent of any other cause. For the avoidance of doubt, *accident* excludes:

- suicide and/or events where the *injury* and/or death was unintended and unexpected but was the result of an intentional act by the person insured
- death or *injury* due to natural causes
- vascular accidents, such as a heart attack or stroke
- allergic reactions, or
- any event relating directly or indirectly to having undergone, or undergoing, any surgical procedure.

When the Accidental TPD Cover benefit amount will not be paid

We will not pay any benefit under Accidental TPD Cover if your *total and permanent disability*, *injury* or death is caused directly or indirectly by:

- suicide or any intentional self-inflicted act
- you committing or attempting to commit a criminal offence
- you taking alcohol or drugs, other than a drug prescribed by a *medical practitioner* and taken as directed, or
- war or act of war (whether declared or not).

We will not pay any benefit under Accidental TPD Cover on or after the policy anniversary immediately after you turn age 70 for *total and permanent disability*, unless you satisfy the Non-working TPD definition.

We will not pay any benefit under Accidental TPD Cover for anything we have specifically excluded, as stated on your policy certificate.

TPD definitions

The term *total and permanent disability* has a special meaning under this policy as set out below and will depend on the TPD definition which applies to your cover, as stated on your policy certificate (as varied by the terms of this policy document).

Your occupation will determine which of these TPD definitions may be available to you.

Any occupation TPD (Total and permanent disability – unlikely to do any reasonably suited occupation ever again)

As a result of an *accident*, you:

- have been absent from work, and unable to work, for three consecutive months, and
- are disabled at the end of the period of three consecutive months, to such an extent that you are unlikely ever again to be able to engage in any occupation:
 - for which you are reasonably suited by education, training or experience, and
 - which is likely to generate average *monthly earnings* of at least 25% of your average *monthly earnings* in the most recent 12 months of *gainful employment* prior to claim (excluding periods of parental leave).

OR

- satisfy the Non-working TPD definition.

Own occupation TPD (Total and permanent disability – unlikely to do your own occupation ever again)

As a result of an *accident*, you:

- have been absent from, and unable to work in, your *own occupation* for three consecutive months, and
- are disabled at the end of the period of three consecutive months, to such an extent that you are unlikely ever again to be able to engage in your *own occupation*.

OR

- satisfy the Non-working TPD definition.

Own occupation TPD is not available inside superannuation.

Home duties TPD (Total and permanent disability – unlikely to perform all home duties ever again)

As a result of an *accident*, you:

- have been unable to perform all *home duties* for three consecutive months, and
- are disabled at the end of the period of three consecutive months, to such an extent that you are unlikely ever again to be able to perform all *home duties*.

If your TPD Cover is held inside superannuation, in addition to the above, you must also be unlikely to ever again be able to engage in any occupation for which you are reasonably suited by education, training or experience.

OR

- satisfy the Non-working TPD definition.

Where you were working at least 20 hours per week in regular paid employment for six continuous months immediately prior to disability, the definition of *total and permanent disability* will be based on Any occupation TPD.

Non-working TPD (Total and permanent disability – unlikely to look after yourself ever again, permanent loss of intellectual capacity or loss of limbs and/or sight)

As a result of an *accident* you have suffered:

- *Loss of Limbs or Sight* (as defined on page 94)
- *Loss of Independent Existence* (as defined on page 93), or
- *Cognitive Loss* (as defined on page 91).

If your TPD Cover is held inside superannuation, in addition to the above, you must also be unlikely to ever again be able to engage in any occupation for which you are reasonably suited by education, training or experience.

TPD Super Solutions

This type of Accidental TPD Cover allows you to have flexi linked TPD Cover where Any occupation TPD Cover is held inside super and Own occupation TPD Cover is held outside super. Two policies will be issued.

Refer to page 17 ‘TPD Super Solutions’ for details of how the two policies will operate in the event of a claim or if one policy is cancelled.

Your TPD definition and cover can change at age 70

On the policy anniversary immediately after you turn age 70, the TPD definition for the cover will automatically convert to the Non-working TPD definition set out above.

The maximum Accidental TPD Cover (and TPD Cover if applicable) available at age 70 is \$3,000,000 across all policies issued by us (and includes cover provided under Accidental TPD Cover and TPD Cover).

If you are covered for more than \$3,000,000 at this age, we will reduce the aggregate benefit amounts. The premium will also be reduced accordingly to reflect the reduced benefit amount.

The Indexation Benefit will continue to be available, including if the benefit amount has been reduced to \$3,000,000.

Specific Loss Benefit

If you suffer *Loss of One Limb – Total and Permanent or Blindness – One Eye, Permanent, Specified Severity* (as defined in the ‘Trauma definitions’ section starting on page 90) as a result of an *accident* while this cover is in place, we will pay a partial TPD benefit of 25% of the Accidental TPD Cover benefit amount, subject to a maximum of \$500,000.

The Accidental TPD Cover benefit amount will be reduced by the amount paid under this benefit.

Limitations

This benefit is not available if Accidental TPD Cover is held inside superannuation.

Death Benefit

This benefit applies if you have stand alone Accidental TPD Cover.

If you die as a result of an *accident* and your death occurs within 90 days of the *accident* and no Accidental TPD Cover benefit has been paid or is payable, we will pay a benefit of \$10,000.

Additional built-in benefits

The following benefits are also provided under Accidental TPD Cover at no extra cost. Detail of these benefits is included on the pages indicated. Please substitute references to TPD Cover for references to Accidental TPD Cover.

Built-in benefit	Page
Indexation Benefit	30
Accommodation Benefit – non-super only	30
Suspending Cover Benefit	31
Financial Advice Benefit – non-super only	33
Waiver of Monthly Premium While Involuntarily Unemployed Benefit	33

Optional extra which allows you to tailor your Accidental TPD Cover

The following option is available for an extra premium and if selected will be included on your policy certificate. Detail of this option is included on the page indicated.

Optional extra	Page
Disability Premium Waiver Option	35

When the Accidental TPD Cover benefit amount is reduced

Your Accidental TPD Cover benefit amount will be reduced by any amount paid under this policy for a Specific Loss Benefit.

Your Accidental TPD Cover benefit amount may also be reduced in the circumstances described under the heading, 'Your TPD definition and cover can change at age 70' on page 22.

When Accidental TPD Cover ends

Accidental TPD Cover will end on the earlier of the:

- date of your death
- date on which all entitlements under the cover are paid
- policy anniversary immediately after you turn age 99, or
- date on which the policy ends.

Trauma Cover

Trauma Cover will provide a lump sum payment if you are diagnosed with one of the specified trauma conditions and survive 14 days from the date of diagnosis. You select the amount of cover which is known as the benefit amount.

Trauma Cover is not available inside superannuation.

Feature	Description
Insured events	<ul style="list-style-type: none"> • Diagnosis or occurrence of a specified trauma condition
Minimum entry age	<ul style="list-style-type: none"> • 18 • 30 (hybrid premium)
Maximum entry age	<ul style="list-style-type: none"> • 65 (stepped premium) • 60 (hybrid premium) • 45 (level premium)
Expiry age	<ul style="list-style-type: none"> • 80 <p>Note: From the policy anniversary immediately after you turn age 70, cover is only provided for <i>Loss of Independent Existence, Loss of Limbs or Sight, or Cognitive Loss</i>.</p>
Minimum benefit amount that can be applied for	<ul style="list-style-type: none"> • \$50,000
Maximum benefit amount that can be applied for	<ul style="list-style-type: none"> • \$2,000,000
Premium type (explained on page 62)	<ul style="list-style-type: none"> • Stepped premium • Level premium to age 65 (reverts to stepped at policy anniversary after age 65) • Level premium to age 70 (reverts to stepped at policy anniversary after age 70) • Hybrid premium
Product structure combinations	<ul style="list-style-type: none"> • Stand alone Trauma Cover • Trauma Cover linked or flexi linked to Life Cover • Trauma Cover linked or flexi linked to TPD Cover • Trauma Cover linked or flexi linked to Life Cover and TPD Cover
Built-in benefits at no extra cost	<ul style="list-style-type: none"> • Trauma Cover Reinstatement Benefit • Life Cover Buy Back Benefit (where Trauma Cover is linked or flexi linked to Life Cover) • Death Benefit (for stand alone Trauma Cover) • Occupationally Acquired Blood Borne Diseases Benefit • Indexation Benefit • Accommodation Benefit • Future Increase Benefit • Financial Advice Benefit • Premium Freeze Benefit • Suspending Cover Benefit • Waiver of Monthly Premium While Involuntarily Unemployed Benefit
Options available at an extra cost	<ul style="list-style-type: none"> • Trauma Plus Option • Accelerated Life Cover Buy Back Option (where Trauma Cover is linked or flexi linked to Life Cover) • Life Cover Purchase Option (for stand alone Trauma Cover) • Disability Premium Waiver Option • Business Guarantee Option

When the Trauma Cover benefit amount is payable

If you suffer one of the 'Trauma conditions' listed immediately below and survive 14 days from:

- for an *injury*, the date the *injury* occurs
 - for a *sickness*, the date a *medical practitioner* diagnoses the *sickness*, and
 - for a *treatment*, the date you undergo the *treatment*,
- we will pay the Trauma Cover benefit amount stated on your policy certificate (including any increases or decreases that have been made under the terms of the policy).

When the Trauma Cover benefit amount will not be paid

We will not pay any benefit under Trauma Cover if your trauma condition, *sickness*, *injury* or *death*:

- is caused directly or indirectly by any intentional self-inflicted act, or
- occurs within the 90-day qualifying period in respect of certain conditions as explained on this page.

We will not pay any benefit under Trauma Cover on or after the policy anniversary immediately after you turn age 70, for any trauma condition except *Loss of Independent Existence*, *Loss of Limbs or Sight* or *Cognitive Loss*.

We will not pay any benefit under Trauma Cover for anything we have specifically excluded, as stated on your policy certificate.

Trauma conditions covered

Each of these trauma conditions has a specific meaning. Please refer to the 'Trauma definitions' section starting on page 90. Those conditions marked with:

- ^ are subject to a 90-day qualifying period as explained immediately below.
- * will only pay a partial benefit amount as explained on page 26.

Heart condition

Cardiomyopathy – Significant Permanent Impairment
 Coronary Artery Angioplasty – Single or Double Vessel^{^*}
 Coronary Artery Angioplasty – Triple Vessel[^]
 Coronary Artery Bypass Surgery[^]
 Heart Attack – Specified Clinical Evidence[^]
 Open Heart Surgery – Specified Conditions
 Primary Pulmonary Hypertension – Significant Permanent Impairment
 Repair or Replacement of a Heart Valve – Surgery
 Surgery of the Aorta – Excluding Specified Procedures

Nervous system condition

Bacterial Meningitis and/or Meningococcal Septicaemia – Significant Permanent Impairment
 Coma – Specified Severity
 Dementia including Alzheimer's Disease – Significant Permanent Impairment
 Encephalitis (Viral) – Significant Permanent Impairment
 Major Head Trauma – Significant Permanent Impairment
 Motor Neurone Disease
 Multiple Sclerosis – More Than One Episode
 Muscular Dystrophy
 Paralysis – Two Limbs
 Parkinson's Disease – Unknown Cause
 Stroke – Excluding Specified Events[^]

Body organ condition

Benign Brain Tumour or Spinal Cord Tumour – Severe
 Blindness – Both Eyes, Permanent, Specified Severity
 Burns – Severe Full Thickness
 Cancer – Excluding Specified Early Stage Cancers[^]
 Kidney Failure (Double) – End Stage
 Liver Failure – End Stage
 Loss of Hearing – Profound
 Loss of Speech – Total and Irrecoverable
 Lung Disease – End Stage, Continuous Permanent Oxygen Therapy
 Major Organ or Bone Marrow Transplant
 Pneumonectomy – Removal of Entire Lung

Blood condition

Aplastic Anaemia – Specified Severity
 Diabetes – Advanced Complications
 Hepatitis B or C – Occupationally Acquired
 HIV – Medically Acquired
 HIV – Occupationally Acquired

Other condition

Cognitive Loss
 Intensive Care – 10 Days Continuous Mechanical Ventilation
 Loss of Independent Existence
 Loss of Limbs or Sight
 Loss of One Limb – Total and Permanent*

90-day qualifying period

No benefit will be paid under this cover for any of the trauma conditions marked with a ^ in the table above if the condition first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within the first 90 days immediately following:

- the date we received your fully completed application for Trauma Cover

- an increase in the Trauma Cover benefit amount (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), and
- the date this cover is last reinstated.

If you are replacing an existing trauma policy

Where we have agreed to replace an existing trauma policy which is issued by us or another insurer, the 90-day qualifying period will not apply if:

- the insurance under the policy to be replaced has been in place for at least 90 consecutive days immediately prior to the commencement of this cover
- the policy to be replaced provided similar cover for the same trauma conditions or events that are subject to a 90-day qualifying period under this cover
- the policy to be replaced is cancelled immediately after the issue of this cover
- all similar exclusions have expired under the policy to be replaced (including exclusions which were applied to the policy after its commencement due to, for example, reinstatements or increases), and
- no claim is payable or pending under the trauma policy to be replaced.

Where the benefit amount under this cover exceeds that of the policy that is being replaced, the 90-day qualifying period will apply to the excess benefit amount.

Additional conditions covered under the Trauma Plus Option

The Trauma Plus Option provides cover for an extra 12 partial payment trauma conditions.

This option is available for an extra premium and if selected will be included on your policy certificate.

Each of these trauma conditions has a specific meaning. Please refer to the 'Trauma definitions' section starting on page 90.

Those conditions marked with an

- ^ are subject to a 90-day qualifying period as explained on page 25.
- * will only pay a partial benefit amount as explained on this page.

Trauma Plus Condition

Blindness – One Eye, Permanent, Specified Severity [*]
Carcinoma In Situ – Specified Sites ^{^*}
Chronic Lymphocytic Leukaemia ^{^*}
Colostomy/ileostomy – Permanent and Non-Reversible [*]
Crohns Disease – Severe [*]
Diabetes – Type 1 Specified Complications ^{^*}

Trauma Plus Condition

Hydatidiform Mole – Surgical Removal ^{^*}
Loss of Hearing – One Ear, Profound [*]
Melanoma – Early Stage ^{^*}
Osteoporosis – Severe, Prior To Age 50 [*]
Prostate Cancer – Early Stage ^{^*}
Ulcerative Colitis – Severe [*]

Partial trauma benefit payment

The benefit amount payable for each of the Trauma Plus Conditions listed under the Trauma Plus Option and *Loss of One Limb – Total and Permanent* is 25% of the Trauma Cover benefit amount, subject to a maximum of \$100,000 and a minimum of \$10,000.

The benefit amount payable for *Coronary Artery Angioplasty – Single or Double Vessel* is 25% of the Trauma Cover benefit amount subject to a maximum of \$50,000 and a minimum of \$10,000.

Any partial benefit paid will reduce the Trauma Cover benefit amount. Where a partial benefit payment would reduce the remaining Trauma Cover benefit amount to below \$10,000, we will pay the entire benefit amount and your Trauma Cover will cease (subject to the Trauma Cover Reinstatement Benefit).

You can only claim for each type of trauma condition once, except for *Coronary Artery Angioplasty – Single or Double Vessel*. You may make multiple claims for this trauma condition. We will pay for such multiple trauma conditions until the full Trauma Cover benefit amount has been paid.

Your Trauma Cover will change at age 70

On the policy anniversary immediately after you turn age 70, we will only pay the Trauma Cover benefit amount if you suffer *Loss of Independent Existence, Loss of Limbs or Sight, or Cognitive Loss*.

The maximum Trauma Cover available at age 70 is \$2,000,000 across all policies issued by us. If you are covered for more than \$2,000,000 at this age, we will reduce the aggregate benefit amounts.

The Indexation Benefit will continue to be available, including if the benefit amount is reduced to \$2,000,000.

Built-in benefits at no extra cost

Your Trauma Cover provides a number of built-in benefits. Some of these benefits allow you to tailor your level of cover in line with your changing needs.

Trauma Cover Reinstatement Benefit

If we pay a full or partial Trauma Cover benefit amount, we will reinstate your Trauma Cover benefit amount for the amount of the Trauma Cover benefit paid, without you having to supply further medical evidence.

If the claim was due to any of the following conditions:

- *Blindness – Both Eyes, Permanent, Specified Severity*
- *Dementia including Alzheimer’s Disease – Significant Permanent Impairment*
- *Loss of Hearing – Profound*
- *Multiple Sclerosis – More Than One Episode*
- *Paralysis – Two Limbs, or*
- *Parkinson’s Disease – Unknown Cause*

We will reinstate your Trauma Cover benefit amount 6 months after the later of the date we received your fully completed claim form or the date you satisfied the definition for the applicable trauma condition.

If the claim was due to any other condition, we will reinstate your Trauma Cover benefit amount 12 months after the later of the date we received your fully completed claim form or the date you satisfied the definition for the applicable trauma condition.

You may choose not to accept the Trauma Cover Reinstatement by notifying us in writing within 30 days of the commencement of the reinstated Trauma Cover and we will refund the premium providing no claim has been made against the reinstated cover.

If the premium type is stepped, the premium for the reinstated Trauma Cover will be calculated based on your age at the time of the reinstatement.

If the premium type is level, the premium for the reinstated Trauma Cover will be calculated based on your age at the cover start date when level premiums were selected.

If the premium type is hybrid and the reinstatement falls within the first seven year level premium period, the premium for the reinstated Trauma Cover will be calculated based on your age at the cover start date when hybrid premiums were selected.

Any premium loadings, exclusions or varied terms that applied to the original Trauma Cover (stepped, level or hybrid premium type) will also apply to the reinstated Trauma Cover.

The Indexation Benefit will apply to the reinstated Trauma Cover.

Limitations

This benefit is not available if:

- the Trauma Cover Reinstatement Benefit has already been exercised in aggregate for the full original Trauma Cover benefit amount
- a TPD benefit or benefit for *terminal illness* has been paid, is being assessed or you are eligible to claim a TPD benefit or benefit for *terminal illness*, under linked or flexi linked cover, or
- a benefit has been paid for *Loss of Independent Existence*.

We will not pay a claim under reinstated Trauma Cover for:

- the same trauma condition for which we paid a claim under the original Trauma Cover
- a condition which is directly or indirectly related to a condition for which a claim has been previously paid under the original Trauma Cover (or treatment of that condition)
- a condition which first occurs or is first diagnosed, or symptoms leading to the condition occurring or being diagnosed first become reasonably apparent, before the date of reinstatement of the Trauma Cover
- any of the conditions listed as a Heart Condition or *Stroke – Excluding Specified Events* if a trauma benefit has been previously paid for a condition listed as a Heart Condition or *Stroke – Excluding Specified Events*, whether or not it is a related condition
- any cancer related condition if a trauma benefit has been previously paid for a cancer related condition.

For example:

- you have \$1 million of Trauma Cover and make a claim for *Melanoma – Early Stage* which pays a partial benefit of \$100,000, and you retain \$900,000 Trauma Cover
- 12 months after the claim the Trauma Cover Reinstatement Benefit applies and your Trauma Cover increases back to \$1 million
- you then lodge a subsequent claim for *Cancer – Excluding Specified Early Stage Cancers*. Because your first claim was a cancer related condition, you are not eligible to claim the entire \$1 million for this condition. However, you may be eligible to claim \$900,000.

The Future Increase Benefit and Business Guarantee Option are not available for the reinstated Trauma Cover.

Life Cover Buy Back Benefit

This benefit applies if you have Trauma Cover linked or flexi linked to your Life Cover.

This benefit allows you to reinstate your Life Cover benefit amount for the amount of the Trauma Cover benefit paid, without having to supply further medical evidence. Refer to page 12 for a full description of this benefit.

Death Benefit

This benefit applies if you have stand alone Trauma Cover.

If you die and no Trauma Cover benefit is payable at the time of your death or has been paid under this policy, we will pay a benefit amount of \$10,000.

Occupationally Acquired Blood Borne Diseases Benefit

If you suffer *Hepatitis B or C – Occupationally Acquired* during the course of your *regular occupation*, we will pay the Trauma Cover benefit amount.

Limitations

There must have been a negative Hepatitis B antigen or Hepatitis C antibody test within seven days of the relevant incident, followed by a positive Hepatitis B antigen or Hepatitis C antibody test (as applicable) within six months. We, acting reasonably, require access to all blood samples taken in order to facilitate independent testing.

The benefit will not be payable if:

- the Hepatitis B or Hepatitis C virus is caused by any other means, including sexual activity or recreational intravenous drug use
- in practising your profession, you have not made reasonable efforts to comply with relevant State and Commonwealth guidelines in relation to dealing with infection of health care workers, which has given rise to infection
- the Australian Government or relevant government body has approved a medical treatment which renders the Hepatitis B or Hepatitis C virus (as applicable) inactive and non-infectious to others, or
- you have not taken an approved vaccine that is recommended by the relevant government body for use in your occupation and is reasonably available to you prior to the *accident* which causes infection.

Additional built-in benefits

The following benefits are also provided under Trauma Cover at no extra cost. Detail of these benefits is included on the pages indicated.

Built-in benefit	Page
Indexation Benefit	30
Accommodation Benefit	30
Premium Freeze Benefit	30
Suspending Cover Benefit	31
Future Increase Benefit	31
Financial Advice Benefit	33
Waiver of Monthly Premium While Involuntarily Unemployed Benefit	33

Optional extras which allow you to tailor your Trauma Cover

When you apply for Trauma Cover, there are a number of options available which allow you to tailor your cover to best suit your needs. The following options are available for an extra premium and if selected will be included on your policy certificate.

Accelerated Life Cover Buy Back Option

If we pay the full Trauma Cover benefit amount, the Life Cover benefit amount that would have been reduced under linked or flexi linked Life Cover will be reinstated.

We will waive future premiums for the portion of the Life Cover benefit amount that is reinstated under this option up until the policy anniversary immediately after you turn age 65.

Limitations

This option cannot be exercised if:

- a benefit has been paid for *terminal illness*, we are in the process of assessing a *terminal illness* claim or you are eligible to make a claim for *terminal illness*
- you do not survive for 14 days after diagnosis (or occurrence) of the trauma condition, or
- only a partial Trauma Cover benefit payment was made (unless multiple payments have been made which total the full Trauma Cover benefit amount).

The reinstated Life Cover benefit amount cannot be increased under the Future Increase Benefit or the Business Guarantee Option (if applicable).

Any premium loadings, exclusions or varied terms which applied to the original Life Cover will continue to apply to the reinstated Life Cover.

This option expires on the policy anniversary immediately after you turn age 65.

Life Cover Purchase Option

This option is available if you have selected stand alone Trauma Cover or Trauma Cover linked or flexi linked with TPD Cover (without Life Cover).

If we pay the full Trauma Cover benefit amount, we automatically provide you with Life Cover up to the amount of the trauma benefit paid, without the need to supply further medical evidence.

If we paid the trauma benefit as a result of:

- *Blindness – Both Eyes, Permanent, Specified Severity*
- *Dementia including Alzheimer's Disease – Significant Permanent Impairment*
- *Loss of Hearing – Profound*
- *Loss of Limbs or Sight*
- *Multiple Sclerosis – More Than One Episode*
- *Paralysis – Two Limbs, or*
- *Parkinson's Disease – Unknown Cause*

we will apply the Life Cover Purchase Option six months after the later of:

- the date we received your fully completed claim form in relation to which we pay the full Trauma Cover benefit amount, or
- the date you satisfied the definition for the applicable trauma condition.

For all other trauma conditions, we will provide the Life Cover Purchase Option 12 months after the later of:

- the date we received your fully completed claim form in relation to which we pay the full Trauma Cover benefit amount, or
- the date you satisfied the definition for the applicable trauma condition.

The Indexation Benefit will apply to the new Life Cover.

You may choose not to accept the Life Cover Purchase by notifying us in writing within 30 days of the commencement of the purchased Life Cover and we will refund the premium providing no claim has been made against the Life cover.

This option may only be exercised once.

Limitations

You cannot exercise this option if:

- we have paid you a benefit for *terminal illness*, are in the process of assessing a claim for *terminal illness* or you are eligible to make a claim for *terminal illness*, or
- only a partial payment was made (unless multiple payments total the full Trauma Cover benefit amount).

Any premium loadings, exclusions or varied terms which applied to the original Trauma Cover will also apply to the new Life Cover.

The Future Increase Benefit and Business Guarantee Option cannot be exercised under the new Life Cover.

Additional optional extras

The following options are available for an extra premium and if selected will be included on your policy certificate. Detail of these options is included on the pages indicated.

Built-in benefit	Page
Business Guarantee Option	34
Disability Premium Waiver Option	35

When the Trauma Cover benefit amount is reduced

Your Trauma Cover benefit amount will be reduced by any amount paid:

- under this cover for any partial trauma benefit
- for *terminal illness*, where Trauma Cover is linked or flexi linked to your Life Cover, and
- for TPD Cover, where Trauma Cover is linked or flexi linked to your TPD Cover.

Your Trauma Cover may also be reduced in the circumstances described under the heading, 'Your Trauma Cover will change at age 70' on page 26.

When Trauma Cover ends

Trauma Cover will end on the earlier of the:

- date of your death
- date on which all entitlements under the cover are paid
- policy anniversary immediately after you turn age 80, or
- date on which the policy ends.

Additional benefits applicable to Life Cover, Accidental Death Cover, TPD Cover, Accidental TPD Cover and Trauma Cover

The following additional benefits may apply to Life Cover, Accidental Death Cover, TPD Cover, Accidental TPD Cover and Trauma Cover as indicated below (not all additional benefits apply to all cover types).

Some benefits are not available if cover is held inside superannuation.

Indexation Benefit

To ensure your benefits maintain real value and keep pace with the cost of living we will automatically increase your benefit amount each year with the *Consumer Price Index (CPI)*.

The premium will be increased at the same time to reflect the increased benefit amount.

You may choose not to accept this increase by notifying us in writing prior to the relevant policy anniversary.

If you decline an increase, you will not be excluded from being offered increases in future years unless you ask that we stop applying the Indexation Benefit going forward.

Limitations

The Indexation Benefit will not apply while premiums are being waived under the following options:

- Disability Premium Waiver Option, or
- Accelerated Life Cover Buy Back Option.

The Indexation Benefit will not apply if the following benefits are being exercised:

- Premium Freeze Benefit, or
- Suspending Cover Benefit.

Accommodation Benefit

If we pay:

- a benefit for terminal illness and under advice from a *medical practitioner*, you are confined to bed as a result of the *terminal illness*
- the full TPD Cover benefit amount, and under advice from a *medical practitioner*, you are confined to bed as a result of the *total and permanent disability* for which we have paid the benefit, or
- the full Trauma Cover benefit amount and under advice from a *medical practitioner*, you are *confined to bed* as a result of the trauma condition for which we have paid the benefit

AND

- an *immediate family member* is required to travel more than 100 kilometres from their place of residence to be with you, or

- you are more than 100 kilometres from your place of residence and require an *immediate family member* to be with you

we will reimburse you for the accommodation costs of the *immediate family member* of up to \$250 per day, for each day you remain *confined to bed*, for a maximum period of 30 days.

Limitations

This benefit is payable only once for any 12 month period.

A copy of the invoice or receipt for the accommodation must be provided to us upon request.

This benefit will cease to apply on your death.

This benefit does not apply to Accidental Death Cover.

This benefit is not available if cover is held inside superannuation.

Premium Freeze Benefit

This benefit applies where the cover is on a stepped premium.

If you choose to exercise the Premium Freeze Benefit for your cover, the following will apply:

- the premium for your cover will be fixed at the level that applied prior to the next policy anniversary, and
- the benefit amount will generally reduce each year to an amount that could be purchased with the fixed premium and based on the premium rate that applies at the time.

The Premium Freeze Benefit may be exercised at the start of your cover or within 30 days prior to any policy anniversary.

You may cancel the Premium Freeze Benefit by notifying us in writing within 30 days prior to the relevant policy anniversary, except where we are waiving premiums under the Disability Premium Waiver Option or the Accelerated Life Cover Buy Back Option. Thereafter, the benefit amount will be the most recent benefit amount that applied immediately prior to you cancelling the premium freeze.

Limitations

Premium rates may change in the future as described on page 62. This benefit is only available after the policy anniversary immediately after you turn 30.

The Indexation Benefit, Future Increase Benefit and Business Guarantee Option (if applicable) cannot be exercised while the Premium Freeze Benefit is exercised.

If the Life Cover, TPD Cover or Trauma Cover reduces to or below the minimum benefit amount of \$50,000, the Premium Freeze Benefit will cease.

This benefit does not apply to Accidental Death Cover or Accidental TPD Cover.

Suspending Cover Benefit

You may suspend all cover/s under your policy and premiums associated with them for up to 12 months. You will be unable to claim in respect of any event, *sickness or injury* that occurs during the suspension period.

To exercise this benefit you must notify us at least 30 days prior to the relevant premium due date (monthly or annually) for which you wish to suspend your cover.

To cancel the suspension of cover, you must notify us. Cover and premiums will resume as of the next premium due date after we receive your notice. At the end of your suspension period, we will continue your cover and your premium payments will resume.

Limitations

Your policy must have been in place for at least 12 consecutive months before you can exercise the Suspending Cover Benefit.

If the suspended cover is linked or flexi-linked to other cover, that other cover must also be suspended at the same time.

Your premiums must be paid up to date at the time you request this benefit to apply.

Your policy may be suspended under this benefit for a maximum of 12 months in total over the life of the policy.

Future Increase Benefit

We understand that certain life events, whether they are personal or business, may mean you need to increase your level of cover. The Future Increase Benefit allows you to increase your Life Cover, TPD Cover and/or Trauma Cover benefit amount after certain specific events, without having to supply further medical evidence.

If TPD Cover and/or Trauma Cover are linked or flexi linked to Life Cover, the Life Cover benefit amount must always be greater than or equal to the higher of the TPD Cover and Trauma Cover benefit amount.

If Trauma Cover is linked or flexi linked to TPD Cover, the TPD Cover benefit amount must always be greater than or equal to the Trauma Cover benefit amount.

The events and the maximum increase amounts are summarised in the following tables.

Personal event	The Life/TPD/Trauma benefit amount may be increased by up to the lesser of:
<ul style="list-style-type: none"> You get married You or your partner give birth to, or adopt a child A dependent child of yours starts secondary school You complete an undergraduate degree at a government recognised Australian university You get divorced Death of your spouse You become a carer for the first time which includes being financially responsible for provision of such care and/or physically providing the care 	<ul style="list-style-type: none"> 25% of the benefit amount at the cover start date, and \$200,000.
<ul style="list-style-type: none"> You take out or increase a mortgage on your principal place of residence with an <i>accredited mortgage provider</i>. This excludes re-draw and refinancing 	<ul style="list-style-type: none"> 50% of the Life Cover benefit amount at the cover start date and if applicable 25% of the TPD Cover or Trauma Cover benefit amount at the start date the amount of the mortgage, or increase to the mortgage, and \$200,000.
<ul style="list-style-type: none"> You receive a promotion or salary package increase of 15% or more <p>The salary package does not include irregular payments such as bonuses or commissions that may not continue in the future.</p>	<ul style="list-style-type: none"> 25% of the benefit amount at the cover start date ten times the amount of the salary package increase, and \$200,000.

Business event	The Life/TPD/Trauma benefit amount may be increased by up to the lesser of:
<ul style="list-style-type: none"> If you are a partner, shareholder or similar principal in a business and the purpose of this cover supports a buy/sell, share purchase or business succession agreement and your value in the business increases If you are responsible for a business loan and there is an increase in the loan liability for the business 	<ul style="list-style-type: none"> 25% of the benefit amount at the cover start date the increase in the value of your financial interest in the business or business loan, and \$200,000.
<ul style="list-style-type: none"> If you are a key person in a business and your value to the business increases 	<ul style="list-style-type: none"> Five times the average of the last three consecutive annual increases in your gross remuneration package 25% of the benefit amount at the cover start date, and \$200,000.
Policy event	The Life/TPD/Trauma benefit amount may be increased by up to the lesser of:
<ul style="list-style-type: none"> Every third policy anniversary (if you have not increased the Life/TPD/Trauma benefit amount under the Future Increase Benefit in the previous three years) 	<ul style="list-style-type: none"> 25% of the benefit amount at the cover start date, and \$200,000.

To apply for an increase under this benefit, you must complete a 'Future Increase Benefit Application Form' and return it to us with any other information we have reasonably requested to demonstrate that the personal or business event has occurred.

Your application needs to be made:

- within 30 days of the occurrence of the personal, business or policy event, or
- within 30 days of the policy anniversary following the personal, business or policy event.

The increase in cover will take effect from the date we notify you in writing, which will be no later than 30 days from the date you satisfied our requirements.

Limitations

You may apply for an increase for only one personal, business or policy event per cover type in any 12 month period across all policies issued by us covering you.

Any increase in the benefit amount is subject to the following limits:

Increase limits	Life/TPD/Trauma Cover
<ul style="list-style-type: none"> Minimum for each increase 	\$10,000
<ul style="list-style-type: none"> For the life of the cover the lesser of the benefit amount at the cover start date and this maximum across all policies you have with us (subject to the maximum benefit amount applicable for each cover) 	\$2,000,000

The increased benefit amount does not apply until we have confirmed it in writing and your premium will increase to reflect the increase in cover.

The premium for the increased benefit amount will be calculated based on your age at the time of the increase.

Within the first six months of an increase to a benefit amount, the increased benefit amount is only payable for death, *total and permanent disability* or a trauma condition (as applicable) which results from an *accident*.

This benefit is not available:

- from the policy anniversary immediately after you turn age 60
- if you have exercised the Business Guarantee Option for the same event
- if you have made, or are eligible to make a claim under any policy issued by us, or
- if your cover is issued with a medical loading greater than 100%, as stated on your policy certificate.

This benefit does not apply to Accidental Death Cover or Accidental TPD Cover.

Financial Advice Benefit

If we pay the full Life Cover, Accidental Death Cover, TPD Cover, Accidental TPD Cover or Trauma Cover benefit amount, we will reimburse the cost of engaging a financial adviser who is operating under an Australian Financial Services Licence to prepare a financial plan(s) for you and/or any other beneficiaries under the policy.

The total amount payable under this benefit is the lesser of the actual fee charged by the financial adviser (including GST) and \$3,000.

Limitations

You must be able to provide a copy of the invoice or receipt showing the amount paid and the services provided.

The financial plan must be provided within 12 months of receiving the full benefit amount.

This benefit will only be paid once for each person insured, regardless of how many life insurance policies you have with us.

This benefit is not available if cover is held inside superannuation.

Waiver of Monthly Premium While Involuntarily Unemployed Benefit

If you become *involuntarily unemployed* (other than as a direct result of *sickness or injury*) we will waive the premium for up to three months while you are *involuntarily unemployed*.

To exercise this benefit you must notify us in writing within 30 days of the relevant premium due date for which you are applying to have premiums waived.

If your policy includes Child Cover, we will also waive any premiums that become payable for the Child Cover while we are waiving premiums under this benefit.

At the end of your waiver period, your premium payments will resume.

Limitations

Your policy must have been in place for at least 12 consecutive months before you can exercise the Waiver of Monthly Premium While Involuntarily Unemployed Benefit.

You must provide us with a letter from your employer confirming your involuntary unemployment or evidence you are registered with an Australian government approved employment agency as at the date you notify us that you want to exercise this benefit.

This benefit is not available for the self employed.

This benefit is only available if you are paying your premiums monthly and is only available in respect of future premiums (i.e. those that are due to become payable).

We will waive premiums under this benefit for separate periods of time you are *involuntarily unemployed* subject to a maximum of three months in total over the life of the policy.

Optional extras applicable to Life Cover, Accidental Death Cover, TPD Cover, Accidental TPD Cover and Trauma Cover

The following options may apply to Life Cover, Accidental Death Cover, TPD Cover, Accidental TPD Cover and Trauma Cover as indicated below (not all additional options apply to all cover types).

These options are available for an extra premium and if selected will be included on your policy certificate.

Business Guarantee Option

If you have this option, you may apply to us to increase your Life Cover, TPD Cover and/or Trauma Cover benefit amount without having to provide further medical evidence. It may be used for any of the following business insurance purposes which must be nominated by you and approved by us at the time of application for cover:

- buy/sell share purchase or business succession
- loan guarantee or debt protection
- key person insurance, or
- any other business insurance purpose which we approve.

If TPD Cover and/or Trauma Cover are linked or flexi linked to Life Cover, the Life Cover benefit amount must always be greater than or equal to the higher of the TPD Cover and Trauma Cover benefit amount.

If Trauma Cover is linked or flexi linked to TPD Cover, the TPD Cover benefit amount must always be greater than or equal to the Trauma Cover benefit amount.

You may apply for one increase in any 12 month period under this option.

If exercising this option within three years of the commencement of this option, or within three years of the last increase under this option, the maximum individual and maximum total increase available is outlined in the table below.

Type of cover	Maximum individual increase [#]	Maximum total cover available under this option
Life Cover	<ul style="list-style-type: none"> • the increase in value of the 'business insurance purpose' 	Lesser of: <ul style="list-style-type: none"> • three times the benefit amount at the cover start date, and • \$15,000,000*

Type of cover	Maximum individual increase [#]	Maximum total cover available under this option
TPD Cover	<ul style="list-style-type: none"> • the increase in value of the 'business insurance purpose' 	Lesser of: <ul style="list-style-type: none"> • three times the benefit amount at the cover start date, and • \$5,000,000*
Trauma Cover	<ul style="list-style-type: none"> • the increase in value of the 'business insurance purpose' 	Lesser of: <ul style="list-style-type: none"> • three times the benefit amount at the cover start date, and • \$2,000,000*

[#] Any individual increase subject to the maximum total cover available under this option.

* These amounts are the total to which your benefit amount may be increased and include all cover on the life of the person insured, including cover held inside superannuation and with other life insurance companies.

If at any time you have not increased your cover under this option for more than three years, the maximum individual increase available for all cover types is the lesser of:

- the increase in value of the business insurance purpose
- three times the benefit amount at the cover start date, and
- \$2,000,000

subject to the maximum benefit amount applicable for each cover.

The benefit amount as a percentage of your share of the value associated with the business insurance purpose must never increase.

To apply for an increase under this option:

- you must complete a 'Business Guarantee Increase Application Form' and return it to us with any other information we have reasonably requested to demonstrate that the business event has occurred
- you need to provide relevant, current financial information appropriate to the business insurance purpose originally applied for which we require, acting reasonably, and
- you must be actively at work in your usual occupation at the time of applying for the increase.

Your application needs to be made within 60 days of the date:

- a qualified accountant or valuer issues a written re-evaluation of the business (for buy/sell, share purchase or business succession business insurance purpose)
- a qualified accountant or valuer issues a written re-evaluation of your value to the business (for key person business insurance purpose)
- of the increase in the amount of the business loan (for loan guarantee or debt protection business insurance purpose).

The increase in cover will take effect from the date we notify you in writing, which will be no later than 30 days from the date you satisfied our requirements.

Limitations

The increased benefit amount does not apply until we have confirmed it in writing and your premium will increase to reflect the increase in cover.

The premium for the increased benefit amount will be calculated based on your age at the time of the increase.

This option cannot be exercised if:

- you have exercised the Future Increase Benefit on this cover for the same business event, or
- you or anyone else has made, or is eligible to make a claim for any benefit under this policy or any policy issued by us, (including a claim to waive premiums under the Disability Premium Waiver Option).

This option expires at the policy anniversary immediately after you turn age 60.

This option does not apply to Accidental Death Cover or Accidental TPD Cover.

Disability Premium Waiver Option

Life Cover, TPD Cover and/or Trauma Cover

While you are:

- *totally disabled* (as defined on page 43), and have been for a period longer than three consecutive months, or
- receiving a Total Disability Benefit under Income Protection Cover, Income Protection Plus Cover or Business Expense Cover

we will waive the premiums for any Life Cover, TPD Cover and Trauma Cover (as applicable) up until the policy anniversary immediately after you turn age 65.

If your policy includes Child Cover, we will also waive any premiums that become payable for the Child Cover while we are waiving premiums under this option.

Accidental Death Cover and/or Accidental TPD Cover

While you are:

- *totally disabled* as a result of an *accident* where *total disability* occurs within 90 days of the *accident* (as defined on page 86) and have been so disabled for a period longer than three consecutive months, or
- receiving a Total Disability Benefit under Accidental Income Protection Cover

we will waive the premiums for any Accidental Death Cover or Accidental TPD Cover (as applicable) up until the policy anniversary immediately after you turn age 65.

If your policy includes Child Cover, we will also waive any premiums that become payable for the Child Cover while we are waiving premiums under this option.

Limitations

A waiver of premium under this option will not apply where your *total disability* is caused directly or indirectly by:

- any intentional self-inflicted act
- war or act of war (whether declared or not), or
- anything we have specifically excluded as stated on your policy certificate.

You cannot exercise this option:

- if there are any premiums owing on your policy. All outstanding premiums must be paid before we will waive the premium, or
- for premiums payable for Life Cover provided under the Life Cover Buy Back Benefit or the Life Cover Purchase Option or for premiums payable for Trauma Cover provided under the Trauma Cover Reinstatement Benefit.

The Indexation Benefit will not apply to cover for which the premiums are being waived.

You cannot increase your cover under the Future Increase Benefit or Business Guarantee Option (if applicable) where premiums are being waived.

This option expires at the policy anniversary immediately after you turn age 65.

Child Cover

Child Cover will provide a lump sum payment in the event of the death or terminal illness of the child insured or where they are diagnosed with a specified trauma condition. You can insure more than one child on your policy but each child insured must have the same benefit amount.

Child Cover is not available inside superannuation.

Feature	Description
Insured events	<ul style="list-style-type: none"> • Diagnosis of a specified trauma condition • <i>Terminal illness</i> • Death
Minimum entry age	<ul style="list-style-type: none"> • 2
Maximum entry age	<ul style="list-style-type: none"> • 18
Expiry age	<ul style="list-style-type: none"> • 21
Minimum benefit amount	<ul style="list-style-type: none"> • \$10,000
Maximum benefit amount	<ul style="list-style-type: none"> • \$200,000
Premium type (explained on page 62)	<ul style="list-style-type: none"> • Stepped premium
Product structure combinations	<ul style="list-style-type: none"> • Child Cover can only be applied for in conjunction with Life, Accidental Death, TPD, Accidental TPD or Trauma Cover for an adult. If the adult lump sum cover is declined, cancelled (for reasons other than a claim) or lapses, we will also decline, cancel or lapse the Child Cover.
Built-in benefits at no extra cost	<ul style="list-style-type: none"> • Immediate Expenses Benefit • Grief Support Benefit • Continuation of Cover Benefit • Conversion of Child Cover Benefit • Indexation Benefit • Accommodation Benefit • Suspending Cover Benefit

When the Child Cover benefit amount is payable

The Child Cover benefit amount stated on your policy certificate (including any increases or decreases that have been made under the terms of the policy) will be paid if the child insured:

- is diagnosed with or suffers one of the trauma conditions listed in the following table, and survives 14 days from
 - for an *injury*, the date the *injury* occurs
 - for a *sickness*, the date a *medical practitioner* diagnoses the *sickness*, and
 - for a treatment, the date the child insured undergoes the treatment
- is *terminally ill*, or
- dies.

When a Child Cover benefit amount will not be paid

We will not pay any benefit under Child Cover if the child insured's trauma condition, *sickness, injury, terminal illness* or death:

- is caused directly or indirectly by any intentional self-inflicted act or any attempt at suicide within the first 13 months of:
 - the cover start date
 - an increase in the benefit amount (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), or
 - the date on which cover was last reinstated
- is the result of a malicious act of you, or the child insured's parent or guardian, or
- occurs within the 90-day qualifying period in respect of certain conditions as explained on page 37.

We will not pay any benefit under Child Cover for anything we have specifically excluded, as stated on your policy certificate.

Trauma conditions covered

Each of these trauma conditions has a specific meaning. Please refer to the 'Trauma definitions' section starting on page 90. Those conditions marked with:

- ^ are subject to a 90-day qualifying period as explained on this page.
- * will only pay a partial benefit amount as explained on page 38.

Heart condition

Cardiomyopathy – Significant Permanent Impairment
 Coronary Artery Angioplasty – Single or Double Vessel^{^*}
 Coronary Artery Angioplasty – Triple Vessel[^]
 Coronary Artery Bypass Surgery[^]
 Heart Attack – Specified Clinical Evidence [^]
 Open Heart Surgery – Specific Conditions
 Repair or Replacement of a Heart Valve – Surgery
 Primary Pulmonary Hypertension – Significant Permanent Impairment
 Surgery of the Aorta – Excluding Specified Procedures

Nervous system condition

Bacterial Meningitis and/or Meningococcal Septicaemia – Significant Permanent Impairment
 Coma – Specified Severity
 Encephalitis (Viral) – Significant Permanent Impairment
 Major Head Trauma – Significant Permanent Impairment
 Multiple Sclerosis – More Than One Episode
 Muscular Dystrophy
 Paralysis – Two Limbs
 Stroke – Excluding Specified Events[^]

Body organ condition

Benign Brain Tumour or Spinal Cord Tumour – Severe
 Burns – Severe Full Thickness
 Blindness – Both Eyes, Permanent, Specified Severity
 Cancer – Excluding Specified Early Stage Cancers[^]
 Kidney Failure (Double) – End Stage
 Loss of Hearing – Profound
 Loss of Speech – Total and Irrecoverable
 Liver Failure – End Stage
 Lung Disease – End Stage, Continuous Permanent
 Oxygen Therapy
 Major Organ or Bone Marrow Transplant
 Pneumonectomy – Removal of Entire Lung

Blood condition

Aplastic Anaemia – Specified Severity
 Diabetes – Advanced Complications
 HIV – Medically Acquired

Other condition

Cognitive Loss
 Intensive Care – 10 Days Continuous Mechanical Ventilation
 Loss of Limbs or Sight
 Loss of One Limb – Total and Permanent*
 Loss of Independent Existence

90-day qualifying period

No benefit will be paid under this cover for any of the trauma conditions marked with a ^ if the condition first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within the first 90 days immediately following:

- the date we received your fully completed application for Child Cover
- an increase in the Child Cover benefit amount (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), and
- the date this cover is last reinstated.

If you are replacing an existing child cover policy

Where we have agreed to replace an existing child cover policy on the life of the child insured which is issued by us or another insurer, the 90-day qualifying period will not apply if:

- the insurance under the policy to be replaced has been in place for at least 90 consecutive days immediately prior to the commencement of this cover
- the policy to be replaced provided similar cover for the same trauma conditions or events that are subject to a 90-day qualifying period under this cover
- the policy to be replaced is cancelled immediately after the issue of this cover
- all similar exclusions have expired under the policy to be replaced (including exclusions which were applied to the policy after its commencement due to, for example, reinstatements or increases), and
- no claim is payable or pending under the trauma policy to be replaced.

Where the benefit amount under this cover exceeds that of the policy that is being replaced, the 90-day qualifying period will apply to the excess benefit amount.

Partial trauma benefit payment

The benefit amount payable for:

- *Coronary Artery Angioplasty – Single or Double Vessel*, and
- *Loss of One Limb – Total and Permanent*

is 25% of the Child Cover benefit amount subject to a maximum of \$50,000 and a minimum of \$10,000.

Any partial benefit paid will reduce the Child Cover benefit amount. Where a partial benefit payment would reduce the remaining cover to below \$10,000, we will pay the entire benefit amount and your Child Cover will cease.

You can only claim for each type of trauma condition once, except for *Coronary Artery Angioplasty – Single or Double Vessel*. You may make multiple claims for this trauma condition.

Accommodation Benefit

If we pay the Child Cover Benefit and under advice from a *medical practitioner*, the child insured is confined to bed as a result of the trauma condition or *terminal illness* for which we have paid the Child Cover Benefit and:

- an *immediate family member* is required to travel more than 100 kilometres from their place of residence to be with the child insured, or
- the child insured is more than 100 kilometres from their place of residence and requires an *immediate family member* to be with them

we will reimburse you for the accommodation costs of the *immediate family member* of up to \$250 per day, for each day the child insured remains *confined to bed*, for a maximum period of 30 days.

Limitations

A copy of the invoice or receipt for the accommodation must be provided to us upon request.

This benefit will cease to apply on the death of the child insured.

Immediate Expenses Benefit

Upon the production of the child insured's death certificate, or any other reasonable evidence of the child insured's death, we will advance the lesser of \$25,000 and the Child Cover benefit amount while we assess the death claim.

The Child Cover benefit amount will be reduced by the amount paid under this benefit. Payment of the remaining Child Cover amount is subject to our assessment of the claim.

Payment of this benefit is not an admission of our liability to pay the Child Cover claim.

We reserve the right to recover the amount of the Immediate Expenses Benefit paid if the Child Cover claim is subsequently declined. If we exercise this right, we will provide reasonable notice and time to repay.

Grief Support Benefit

If we pay the full Child Cover benefit amount, we will reimburse the cost of up to four hours of grief counselling sessions for you or an *immediate family member*, with an accredited counsellor that we have approved acting reasonably.

The maximum total amount we will reimburse under this benefit for each child insured is \$1,000.

Continuation of Cover Benefit

If you die or your policy ends because you have made a claim under your policy, the child's parent or guardian may continue the Child Cover on the child insured under a new policy without the need to provide further medical evidence in relation to the child insured.

Conversion of Child Cover Benefit

On the policy anniversary immediately after the child insured is age 21, we will give them the option of converting the existing Child Cover to Life Cover, with the option to link or flexi link TPD and/or Trauma Cover, without having to supply further medical evidence. The type of TPD Cover available will be subject to occupation eligibility at the time.

The benefit amount may be up to the same amount of benefit that applied under Child Cover at the time it expired.

Any premium loadings, exclusions or varied terms that applied to the Child Cover will apply to the new Life Cover, Trauma Cover and/or TPD Cover.

If Life Cover, Trauma Cover and/or TPD Cover is no longer available when the continuation occurs, we will offer you the most like for like Life Cover, Trauma Cover and/or TPD Cover that we offer at the time.

The premium will be calculated based on the age of the child insured and the current premium rates at the time the new cover is issued.

If the child insured wishes to exercise this benefit, they must notify us in writing within 30 days before the expiry of the Child Cover.

Additional built-in benefits

The following benefits are also provided under Child Cover at no extra cost. Details of these benefits can be found on the page indicated. Please substitute references to 'you' and 'your' in the relevant section for 'child insured'.

Built-in benefit	Page
Indexation Benefit	30
Suspending Cover Benefit	31

When the Child Cover benefit amount will be reduced

Your Child Cover benefit amount will be reduced by an amount paid in respect of the child insured for a:

- partial trauma benefit
- *terminal illness* benefit, or
- Immediate Expenses Benefit.

When Child Cover ends

Child Cover for the child insured will end on the earlier of the:

- death of the child insured
- date on which all entitlements under the cover are paid
- policy anniversary immediately after the child insured is age 21, or
- date on which the policy ends (subject to the Continuation of Cover Benefit being exercised).

Income Protection Cover and Income Protection Plus Cover

Income protection provides a monthly benefit while you are disabled as a result of sickness or injury.

We offer two types of income protection covering *sickness* and *injury*; Income Protection Cover and Income Protection Plus Cover. The use of the words income protection in the PDS and Policy Document is generic and used to describe both cover types. Where there are features that are unique to a cover type, we have used the full name.

Income Protection Cover and Income Protection Plus Cover are available inside and/or outside super.

Feature	Description
Insured events	<ul style="list-style-type: none"> Total disability Partial disability
Eligibility requirements	<ul style="list-style-type: none"> Gainfully employed for at least 20 hours per week
Minimum entry age	<ul style="list-style-type: none"> 18 30 (hybrid premium)
Maximum entry age	<ul style="list-style-type: none"> 60 55 (hybrid premium) 45 (level premium)
Expiry ages	<ul style="list-style-type: none"> 60 (for an age 60 benefit period) 65 (for a 2 or 5 year, or to age 65 benefit period) 70 (for an age 70 benefit period)
Minimum insured monthly benefit amount	<ul style="list-style-type: none"> \$1,500 (excluding superannuation contribution monthly benefit)
Maximum insured monthly benefit amount	<p>For Indemnity 60 benefit type, this is calculated as 1/12 of:</p> <ul style="list-style-type: none"> 60% of the first \$320,000 of regular annual income, and 50% of the balance. <p>For Indemnity 75 benefit type, this is calculated as 1/12 of:</p> <ul style="list-style-type: none"> 75% of the first \$320,000 of regular annual income, and 50% of the balance. <p>In each case, the overall maximum insured monthly benefit amount is \$30,000 (including any superannuation contribution monthly benefit).</p>
Premium type (explained on page 62)	<ul style="list-style-type: none"> Stepped premium Level premium to age 65 (reverts to stepped at policy anniversary after age 65) Level premium to age 70 Hybrid premium (only available with age 65 and age 70 benefit period)
Waiting period	<ul style="list-style-type: none"> 14, 30, 60, 90 or 180 days 1 or 2 years
Benefit payment period	<ul style="list-style-type: none"> 2 or 5 years Age 60, 65 or 70
Benefit type	<ul style="list-style-type: none"> Indemnity 60 Indemnity 75
Built-in benefits at no extra cost	<ul style="list-style-type: none"> Flexibility to Reduce Two Year Waiting Period Benefit Waiver of Premium While on Claim Benefit Waiver of Waiting Period for Specific Medical Conditions Benefit Waiver of Monthly Premium While on Parental Leave Benefit Waiver of Monthly Premium While Involuntarily Unemployed Benefit Future Increase Benefit Suspending Cover Benefit Indexation Benefit Relapse Benefit Extended Cover Benefit Death Benefit Indemnity 60 Income Support Benefit Rehabilitation Benefit – non-super only Retraining Expenses Benefit – non-super only Medical Professionals Benefit – non-super only
Options available at an extra cost	<ul style="list-style-type: none"> Extras Package Option – non-super only Increasing Claim Option Accident Option Superannuation Contribution Option

Feature	Description
Option available at no extra cost	<ul style="list-style-type: none"> TPD Lump Sum Option (only available with age 65 or age 70 benefit period) – non-super only <p>Note: This option does not cost any extra in premium but will affect the tax deductibility of your premium.</p>

When the income protection monthly benefit amount is payable

In broad terms, if you are *totally disabled* or *partially disabled* for longer than the waiting period, we will pay you a *monthly benefit amount* less *offsets* for as long as you are *totally disabled* or *partially disabled* or to the end of your benefit period, whichever comes first.

When the income protection monthly benefit amount will not be paid

We will not pay any benefit under Income Protection Cover or Income Protection Plus Cover if your *disability*, *sickness*, *injury* or death is caused directly or indirectly by:

- an intentional self-inflicted act, suicide or any attempted suicide
- war or act of war (whether declared or not)
- normal or uncomplicated pregnancy or childbirth, or
- elective surgery or treatment which you voluntarily undergo within the first six months of:
 - the commencement of cover
 - an increase in the *insured monthly benefit amount* (but only in respect of the increased amount and does not include an increase in cover as a result of the Indexation Benefit), or
 - the date the cover is last reinstated.

We will not pay any benefit if your *disability* or death is caused by anything we have specifically excluded, as stated on your policy certificate.

We cannot pay a benefit which we are not permitted by law to pay or reimburse any expenses which are regulated by the *National Health Act 1953 (Cth)* or the *Private Health Insurance Act 2007 (Cth)*.

Benefit payment types

The benefit payment type which you select at the time of application will determine the monthly benefit amount.

Indemnity 60 (replacing up to 60% of your income)

The *monthly benefit* amount is the lesser of:

- 60% of your *pre-disability earnings*, and
- the *insured monthly benefit amount*.

Indemnity 75 (replacing up to 75% of your income)

The *monthly benefit* amount is the lesser of:

- 75% of your *pre-disability earnings*, and
- the *insured monthly benefit amount*.

The Indemnity 60 benefit payment type is offered at a lower premium rate than Indemnity 75.

Waiting period

Most benefits under income protection are subject to a waiting period. This is the minimum period of time you must be *totally disabled* or *partially disabled* as a result of the same *sickness* or *injury* before you are eligible to claim a Total or Partial Disability Benefit.

No benefit will be paid in arrears for this period unless the Accident Option or Bed Confinement Benefit applies.

The longer the waiting period the lower the premium. We offer the following waiting periods:

- 14, 30, 60, 90 or 180 days
- 1 or 2 years

Note: Not all waiting periods are available for all occupational categories. Please speak with your financial adviser or call us on **132 979** for more information on occupational categories.

When does the waiting period start?

The waiting period starts on the earlier of the following:

- when you first consult a *medical practitioner* about the *sickness* or *injury* that is causing your *total disability* or *partial disability* and you are certified as *totally disabled* or *partially disabled*, or
- when you first stop working due to that *sickness* or *injury* (as long as you consult a *medical practitioner* within seven days and you are certified as *totally disabled* or *partially disabled* and you provide reasonable medical evidence about when the condition began).

Do I need to be totally disabled during the waiting period?

This depends on the type of income protection you have chosen. To be eligible for a Total or Partial Disability Benefit at the end of the waiting period, you must have been:

Income Protection Cover

totally disabled for 14 days out of the first 19 consecutive days of the waiting period and *totally disabled* or *partially disabled* for the remainder of the waiting period.

Income Protection Plus Cover

totally disabled or *partially disabled* throughout the waiting period.

Provided you satisfy the above, any attempt to return to work during the waiting period (including days worked at full capacity) will not cause the waiting period to restart and the days worked will not be added to the end of your waiting period.

In all cases, if cover is held inside superannuation, your *total disability* or *partial disability* will need to have caused you to cease to be *gainfully employed* for at least one day prior to us being able to commence payment of monthly benefits.

Income Protection (IP) Super Solutions

This type of income protection allows you to have flexi linked cover where two policies will be issued – one inside super, and another flexi linked policy held outside super. Two policies will be issued but you will only be required to complete one application.

In the event of a claim, your eligibility for benefits will first be assessed under the cover held inside super. If you qualify for a benefit and therefore meet a condition of release under the SIS Act, the benefit will be paid to the trustee of the super fund and will be subject to superannuation and related taxation laws current as at the time of payment.

Where a benefit paid under the policy inside super is less than the amount you would be entitled to under the policy outside super or you do not qualify for benefits under the policy inside super, your claim will then be assessed under the policy outside super.

The *insured monthly benefit amount* under each of the two policies must always be the same. This means the *insured monthly benefit amounts* under each of the two policies may only be increased or reduced together. This includes any increase via the Indexation Benefit. In the event that one of the income protection policies is cancelled, the other flexi linked income protection policy must also be cancelled however we will offer you the option of the latest available standalone cover, outside or inside super, without additional underwriting, providing cover is on a like for like basis.

Waiver of Waiting Period for Specific Medical Conditions Benefit

If you are totally disabled as a result of suffering:

- *Blindness – Both Eyes, Permanent, Specified Severity*
- *Cardiomyopathy – Significant Permanent Impairment*
- *Dementia including Alzheimer’s Disease – Significant Permanent Impairment*
- *Loss of Hearing – Profound*
- *Loss of Independent Existence*
- *Loss of Speech – Total and Irrecoverable*
- *Lung Disease – End Stage, Continuous Permanent Oxygen Therapy*
- *Motor Neurone Disease*

- *Multiple Sclerosis – More Than One Episode*
- *Muscular Dystrophy*
- *Paralysis – Two Limbs*
- *Parkinson’s Disease – Unknown Cause*
- *Primary Pulmonary Hypertension – Significant Permanent Impairment*

and are unlikely to ever engage in your full time occupation you were engaged in prior to *total disability*, we will waive the waiting period.

Flexibility to Reduce Two Year Waiting Period Benefit

If you have selected a 2-year waiting period with a benefit period to age 60, age 65 or age 70 to complement an existing group income protection policy which provides a 2-year benefit period, we will allow you to reduce the waiting period, in the event that your group income protection cover ceases, without the need to supply further medical evidence.

You may apply to reduce the waiting period from 2 years to: 90 or 180 days or 1 year.

To exercise this benefit, you must apply in writing or by calling us within 30 days of the group income protection cover ceasing and provide reasonable evidence that the group cover is no longer in force.

The reduced waiting period and new increased premium will take effect from your next premium due date after we accept your change of the waiting period.

Limitations

This benefit is not available if you are on claim or eligible to make a claim under the group income protection policy.

Benefit period

This is the maximum amount of time we will pay you the *monthly benefit amount* for in respect of any one continuous period of *total disability* or *partial disability*. If your benefit period is 5 years or less, you can only claim one full benefit period for any one *sickness* or *injury* (including any related sickness or injury).

Subject to the rules on relapse of *sickness* or *injury* (set out under the Relapse Benefit on page 44), a new benefit period will start at the end of each waiting period.

The shorter the benefit period the lower the premium. We offer the following benefit periods:

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

Note: Not all benefit periods are available for all occupational categories. Please speak with your financial adviser or call us on **132 979** for more information on occupational categories.

Total Disability Benefit

If you are *totally disabled*, we will pay the Total Disability Benefit, calculated as the *monthly benefit amount* less *offsets*.

Payment will begin to accrue from the first day after the end of the waiting period and will continue for as long as you are *totally disabled*, to the end of the benefit period or the expiry of the policy, whichever occurs first.

We pay the Total Disability Benefit monthly in arrears.

If you are *totally disabled* for part of the month, we will pay 1/30th Total Disability Benefit for each day you are *totally disabled*.

What does it mean to be totally disabled?

You will be considered to be *totally disabled* if you satisfy any one of the following definitions at the time of claim.

Duties based

Solely because of *sickness* or *injury*, you are:

- unable to perform one or more *important income producing duties* of your *regular occupation*
- under the care and following the advice of a *medical practitioner* in relation to that *sickness* or *injury*, and
- not working.

OR

Hours based

Solely because of *sickness* or *injury*, you are:

- not working for more than ten hours per week in your *regular occupation* and not working in any other *gainful employment*
- unable to perform the *important income producing duties* of your *regular occupation* for more than ten hours per week, and
- under the care and following the advice of a *medical practitioner* in relation to that *sickness* or *injury*.

OR

Income based

Solely because of *sickness* or *injury*, you are:

- working in your *regular occupation* or any other *gainful employment* but are unable to generate more than 20% of your *pre-disability earnings*, and
- under the care and following the advice of a *medical practitioner* in relation to that *sickness* or *injury*.

Partial Disability Benefit

If you are *partially disabled*, we will pay you the Partial Disability Benefit, calculated as a proportion of the *monthly benefit amount* less *offsets*.

Payment will begin to accrue from the first day after the end of the waiting period and will continue for as long as you

are *partially disabled*, to the end of the benefit period or the expiry of the policy, whichever occurs first.

The Partial Disability Benefit is calculated as follows:

monthly benefit amount x $\frac{(A-B)}{A}$, less *offsets*

Where:

- A = your *pre-disability earnings*, and
- B = your *monthly earnings* for the month in which you are *partially disabled* and a Partial Disability Benefit is claimed.

We pay the Partial Disability Benefit monthly in arrears. If you are *partially disabled* for part of the month, we will pay 1/30th of the Partial Disability Benefit amount for each day you are *partially disabled*.

What does it mean to be partially disabled?

You will be considered *partially disabled* if you satisfy the following definition.

Solely because of *sickness* or *injury*, you are unable to work in your *regular occupation* at full capacity and:

- you are working in your *regular occupation* in a reduced capacity or working in any other *gainful employment*
- you are not *totally disabled*
- your *monthly earnings* are less than your *pre-disability earnings*, and
- you are under the care and following the advice of a *medical practitioner* in relation to that *sickness* or *injury*.

What happens if I am unemployed, or on parental leave or sabbatical leave?

Your cover under income protection will continue if you are *unemployed* or on *parental leave* or *sabbatical leave*. If you have been *unemployed* for more than 12 months or on *parental leave* or *sabbatical leave* for more than 24 months immediately prior to a *total disability* or *partial disability*, we will consider your *regular occupation* (for the purpose of the definition of *total disability* or *partial disability*) to be any occupation for which you are reasonably suited by way of education training or experience.

Income protection held inside superannuation

You will not be eligible to submit a *total disability* or *partial disability* claim during any period of *unemployment*.

However, your cover will continue provided you continue to pay the premiums, subject to any benefit under which we have agreed to waive premiums (e.g. Waiver of Monthly Premium While on Parental Leave Benefit or Waiver of Monthly Premium While Involuntarily Unemployed Benefit). This will ensure that when you do return to *gainful employment*, you are covered under the same terms and will be eligible to submit a claim if you subsequently suffer *total disability* or *partial disability*.

If you are concerned with the ineligibility to submit a *total disability* or *partial disability* claim during any period of unemployment, please speak with your financial adviser. They will be able to help you decide whether to:

- continue with this cover inside superannuation
- transfer this cover outside of superannuation, or
- cancel this cover.

Built-in benefits at no extra cost

Income Protection Cover and Income Protection Plus Cover provide a number of built-in benefits. Some of these benefits allow you to tailor your level of cover in line with your changing needs.

Waiver of Premium While on Claim Benefit

You don't have to pay premiums for your income protection cover while we are paying you a Total or Partial Disability Benefit.

This includes the situation where you have a benefit entitlement under this cover but it is reduced to nil due to benefit *offsets*.

We will refund any premiums in respect of the waiting period that you have already paid. For example, if you have paid an annual premium, we will refund a portion of the annual premium that relates to the waiting period and any subsequent period of *total disability* or *partial disability*.

Rehabilitation Benefit

If you are *totally disabled* or *partially disabled* and you participate in a rehabilitation program approved by us and/or incur costs for equipment that we agree are needed for your rehabilitation, we will reimburse the costs associated with your rehabilitation.

The maximum amount payable under this benefit over the life of the policy is 12 times the *monthly benefit amount*.

This benefit is payable during the waiting period and while on claim in addition to any other benefit payable under this policy.

Limitations

We must agree in writing before you commence the rehabilitation program or purchase any equipment and we will not approve any expense that you are entitled to have reimbursed by another source.

We will not reimburse any expenses that we are not permitted by law to reimburse, or are regulated by the *National Health Act 1953 (Cth)* or the *Private Health Insurance Act 2007 (Cth)*.

We will not reimburse any expenses that another service provider has agreed to reimburse.

This benefit is not available if cover is held inside superannuation.

Retraining Expenses Benefit

If we are paying a Total Disability Benefit and you participate in a reskilling or retraining program approved by us, we will reimburse the costs associated with the program.

The maximum amount payable under this benefit over the life of the policy is six times the *monthly benefit amount*.

This benefit is payable in addition to any other benefit payable under this policy and is payable monthly in arrears.

Limitations

We must agree in writing before you commence the retraining program and we will not approve any expenses that you are entitled to have reimbursed from another source.

This benefit is only available if you have a benefit period to age 60, 65 or 70.

We will not reimburse any expenses that we are not permitted by law to reimburse or are regulated by the *National Health Act 1953 (Cth)* or the *Private Health Insurance Act 2007 (Cth)*. We will not reimburse any expenses that another service provider has agreed to reimburse.

This benefit is not available if cover is held inside superannuation.

Relapse Benefit

If you return to work on a full time basis after receiving a Total or Partial Disability Benefit and you suffer a relapse of the same or a related *sickness* or *injury*, we will waive the waiting period and treat the relapse as a continuation of the original claim.

If the relapse benefit applies and the benefit period is 5 years or less, your benefit period is reduced by any benefits already paid for that same or related *sickness* or *injury*.

Future Increase Benefit

If your income increases, this benefit allows you to increase the *insured monthly benefit amount* by up to 15%, without having to provide further medical evidence.

You may increase the *insured monthly benefit amount* on each policy anniversary, up until the policy anniversary immediately after you turn age 55.

The maximum increase allowed is the lesser of:

- 15% of the *insured monthly benefit amount*, and
- the actual increase in your *monthly earnings*.

Limitations

The 'maximum *insured monthly benefit amount*' rules from the table on page 40 apply.

Any increase is subject to you providing financial evidence which is reasonably required to support the increase and confirmation that you are actively at work at the time of the increase.

The total of all increases in the *insured monthly benefit amount* cannot exceed the original *insured monthly benefit amount* at the cover start date.

This benefit cannot be exercised if:

- a claim is being paid under this cover, a claim is being assessed or you are eligible to make a claim under this policy or another policy on your life, or
- your cover is issued with a medical loading greater than 100%, as stated on your policy certificate.

Waiver of Monthly Premium While on Parental Leave Benefit

If you go on *parental leave*, we will waive the premium for up to three months while you are on *parental leave*.

To exercise this benefit, you must notify us in writing at least 30 days prior to you commencing *parental leave* and the relevant premium due date.

Limitations

Your policy must have been in place for at least six consecutive months before you can exercise the Waiver of Monthly Premium While on Parental Leave Benefit.

You must provide us with a statement from your employer and/or *medical practitioner* (where relevant) to evidence your parental leave.

This benefit is only available if you are paying your premiums monthly and is only available in respect of future premiums (i.e. premiums that have not yet been paid by you).

We will waive premiums under this benefit for separate periods of *parental leave* subject to a maximum of three months in total over the life of the policy.

Medical Professionals Benefit

This benefit will apply if you are a *medical professional* at the time of application and immediately prior to claiming this benefit. This benefit is paid in addition to any Total or Partial Disability Benefit payable.

If you suffer *HIV – Occupationally Acquired* or *Hepatitis B or C – Occupationally Acquired* and you:

- cease to perform or assist in *exposure-prone medical procedures* as a result of your condition, and
- cease this part of your practice in compliance with your demonstrable professional obligations to the public and the demonstrable policies of the body that authorises you to practise your profession, we will pay you a lump sum benefit amount once, which is the lesser of:
 - 50 times the *monthly benefit amount*, and
 - \$1,000,000.

Please refer to the 'Trauma definitions' section starting on page 90 for the definition of *HIV – Occupationally Acquired* and *Hepatitis B or C – Occupationally Acquired*.

Any accident giving rise to a potential claim must be reported to us as soon as reasonably practical and be supported by a negative HIV, Hepatitis B or Hepatitis C test (as applicable) taken within seven days after the accident.

We require access to all blood samples taken that are reasonably required in order to facilitate independent testing.

Limitations

The benefit will not be payable if:

- the HIV, Hepatitis B or Hepatitis C virus is caused by any other means, including sexual activity or recreational intravenous drug use
- in practising your medical profession, you have not made reasonable efforts to comply with relevant State and Commonwealth guidelines in relation to dealing with HIV, Hepatitis B or Hepatitis C, which has given rise to infection
- the Australian government or relevant government body has approved a medical treatment which renders the Hepatitis B or Hepatitis C virus (as applicable) inactive and non-infectious to others
- a medical cure is found for AIDS or the effects of the HIV virus, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any Australian government approved treatment, which renders HIV inactive and non-infectious, or
- you have not taken an approved vaccine that is recommended by the relevant government body for use in your occupation and is reasonably available to you prior to the accident which causes infection.

This benefit is not available if cover is held inside superannuation.

Death Benefit

If you die while this cover is in place, we will pay a lump sum benefit equal to six times the *monthly benefit amount*, subject to a maximum of \$60,000 (across all ClearView income protection and business expense policies which cover your life).

You do not have to be claiming a Total or Partial Disability Benefit at the time of your death to be eligible for this benefit.

Extended Cover Benefit

This benefit applies if you are working in a white collar occupational category we classify as AAA, AA, A, AM, AL or BB and the cover expiry date is age 65.

If immediately prior to the cover expiry date you are still working, you may request to extend your cover beyond the policy expiry date, on modified terms as set out below.

Extended cover will be based on the following conditions, irrespective of what is stated on your policy certificate:

- the waiting period will be the greater of 30 days and the waiting period stated on your policy certificate
- the benefit period will be 1 year
- benefits will only be payable for *total disability*
- any Increasing Claim Option, Extras Package Option, Superannuation Contribution Option, Accident Option and TPD Lump Sum Option you have will cease to apply
- any benefit payable will be determined on the indemnity benefit type basis, as stated on your policy schedule, and
- the maximum *monthly benefit amount* we will pay is \$30,000.

Cover can continue under the extended cover modified basis until the earlier of:

- the policy anniversary immediately after you turn age 70, and
- when you are no longer working in *gainful employment* for at least 20 hours per week for six consecutive months.

Limitations

This benefit must be requested within 30 days of policy expiry. This benefit is not available if:

- the original cover was issued with a premium loading, exclusion or varied terms, as stated on your policy certificate, or
- you are on claim or eligible to make a claim during the 12 months prior to the cover expiry age.

Indemnity 60 Income Support Benefit

If we are paying a Total Disability Benefit under the ‘Duties based’ definition, and your monthly benefit amount is limited by an Indemnity 60 benefit type, we will increase the Total Disability Benefit by 25% for up to six months in total for any one claim.

For example, if the ‘Duties based’ Total Disability Benefit payable in a month is \$6,000 (from pre-disability earnings of \$10,000), this additional benefit would be \$1,500 to boost the total benefit payable in that month to \$7,500.

Additional built-in benefits

The following benefits are also provided under Income Protection Cover and Income Protection Plus Cover at no extra cost. Detail of these benefits is included on the pages indicated.

Built-in benefit	Page
Indexation Benefit	61
Suspending Cover Benefit	61
Waiver of Monthly Premium While Involuntarily Unemployed Benefit	61

Optional extras which allow you to tailor your income protection cover

When you apply for Income Protection Cover or Income Protection Plus Cover, there are a number of options available which allow you to tailor your cover to best suit your needs. The following options are available for an extra premium and if selected will be included on your policy certificate.

Increasing Claim Option

If we have paid a Total or Partial Disability Benefit for 12 months or more, we will increase the *monthly benefit amount* (and any superannuation contribution monthly benefit) by the rate of the *Consumer Price Index (CPI)* on each yearly anniversary from when benefits first become payable for as long as we continue to pay a benefit.

When we stop paying the Total or Partial Disability Benefit, we will increase your *insured monthly benefit amount* to be equal to the indexed *monthly benefit amount* applying immediately prior to the end of the *total disability* or *partial disability* claim.

Superannuation Contribution Option

This option allows you to cover up to 100% of superannuation contributions made by you or your employer in the 12 months prior to the cover start date, subject to a maximum of 15% of your annual income. Contributions exceeding 15% of your annual income can be included in the income for the purpose of calculating your *monthly benefit amount*.

Any time we pay a Total or Partial Disability Benefit, we will pay the superannuation contribution benefit or a proportion of that benefit (in the case of a Partial Disability Benefit, using the same proportion as applies for the Partial Disability Benefit) directly to your nominated complying superannuation fund.

The amount we pay to your superannuation fund is paid on your behalf as a personal contribution and subject to the standard superannuation rules relating to contributions, taxation and preservation.

The amount we pay is the lesser of the superannuation contributions insured for at the time of application and the actual average monthly superannuation contributions made by you or your employer in the 12 months immediately prior to any claim.

In the event that superannuation or taxation laws prevent us from making the payment to your fund, these amounts will be paid directly to you.

If the Increasing Claim Option applies, we will also increase the superannuation contribution benefit.

Limitations

No benefit will be payable under this benefit until you have nominated a complying superannuation fund and provided

us with all necessary information in order for us to make the contribution on your behalf.

Accident Option

If you are *totally disabled* as a result of an *accident* for a period of at least three consecutive days from the day you first seek medical advice for your *injury*, we will pay 1/30th of the Total Disability Benefit for each day you are *totally disabled* during the waiting period. Your *total disability* must occur within 90 days of the *accident*.

This benefit will accrue from the first day that you are *totally disabled* and will continue until the earlier of:

- the end of the waiting period, or
- when you are no longer *totally disabled*.

Limitations

This benefit is not available if we are paying the Bed Confinement Benefit, Specific Injuries Benefit or Trauma Benefit under the Extras Package Option for the same period of *total disability*.

This option is only available if you have a 14, 30, 60 or 90 day waiting period and is not available if, at the date of application, you work in a heavy risk occupational category we classify as C or SR. Please speak with your financial adviser or call us on **132 979** for more information on occupational categories.

Extras Package Option

This optional package of additional benefits includes:

- Specific Injuries Benefit
- Trauma Benefit
- Bed Confinement Benefit
- Overseas Assist Benefit
- Family Support Benefit
- Home Care Benefit.

Limitations

This option is not available inside superannuation but may be flexi linked to income protection held inside superannuation.

This option is only available if you have a 14, 30, 60 or 90-day waiting period. It is not available if, at the date of application, you work in a heavy risk occupational category we classify as C or SR. Please speak with your financial adviser or call us on **132 979** for more information on occupational categories.

Specific Injuries Benefit

This benefit applies under the Extras Package Option.

If you suffer any of the specific injuries listed in the following table before the cover expiry, we will pay the *monthly benefit amount* for the period indicated regardless of whether or not you are working. There is no waiting period.

You can choose to receive this benefit as either:

- a lump sum benefit, calculated by multiplying the *monthly benefit amount* by the specified payment period, or
- a *monthly benefit amount* payable monthly in advance for the specified number of months.

If you are *totally disabled* or *partially disabled* as a result of the specific *injury* at the end of the payment period you may be assessed for a Total or Partial Disability Benefit, subject to all terms of the policy being met and the Specific Injuries Benefit payment period may count towards the waiting period.

Specific injury	Payment period (months)
Total and permanent loss of use of:	
Both feet, both hands or sight in both eyes	24
Any combination of two of: A hand A foot Sight in one eye	24
One arm or one leg	18
One hand, one foot or sight in one eye	12
Thumb and index finger on the same hand at or above the first joint	6
Fracture requiring the application of a plaster, pin or other immobilising device of the following bones:	
Spine, resulting in <i>Paralysis – Two Limbs</i>	60*
Spine, <i>not resulting in Paralysis – Two Limbs</i>	3
Thigh	3
Pelvis	3
Skull (excluding bones of face or nose)	2
Upper arm	2
Shoulder bone	2
Jaw	2
Leg (excluding ankle)	2
Knee cap	2
Forearm (including the wrist)	1
Collarbone	1
Ankle	1

* If a 2-year benefit period applies, the payment period is reduced to 24 months.

Limitations

If you suffer more than one specific injury at the same time or one specific injury and one of the specific medical conditions under the Trauma Benefit, we will only pay one benefit and this will be the one which provides the highest payment.

This benefit will be paid instead of the Total Disability Benefit, Partial Disability Benefit, Bed Confinement Benefit or any benefit payable under the Accident Option.

Trauma Benefit

This benefit applies under the Extras Package Option.

If you suffer any one of the specific medical conditions listed in the table below before the cover expiry date, we will pay a lump sum benefit equal to six times the *monthly benefit amount*, regardless of whether or not you are working. There is no waiting period.

If at the end of the six month period, you are *totally disabled* or *partially disabled* as a result of the same specific medical condition, you may be assessed for a Total or Partial Disability Benefit, subject to all terms of the policy being met.

Heart condition
Cardiomyopathy – Significant Permanent Impairment
Coronary Artery Bypass Surgery [^]
Coronary Artery Angioplasty – Triple Vessel [^]
Open Heart Surgery – Specified Conditions
Heart Attack – Specified Clinical Evidence [^]
Primary Pulmonary Hypertension – Significant Permanent Impairment
Repair or Replacement of a Heart Valve – Surgery
Surgery of the Aorta – Excluding Specified Procedures
Nervous system condition
Coma – Specified Severity
Dementia including Alzheimer’s Disease – Significant Permanent Impairment
Encephalitis (Viral) – Significant Permanent Impairment
Major Head Trauma – Significant Permanent Impairment
Motor Neurone Disease
Multiple Sclerosis – More Than One Episode
Muscular Dystrophy
Paralysis – Two Limbs
Parkinson’s Disease – Unknown Cause
Stroke – Excluding Specified Events [^]
Body organ condition
Benign Brain Tumour or Spinal Cord Tumour – Severe
Blindness – Both eyes, Permanent, Specified Severity
Burns – Severe Full Thickness
Cancer – Excluding Specified Early Stage Cancers [^]
Kidney Failure (Double) – End Stage
Liver Failure – End Stage
Loss of Hearing – Profound
Loss of Speech – Total and Irrecoverable
Lung Disease – End Stage, Continuous Permanent Oxygen Therapy
Major Organ or Bone Marrow Transplant
Pneumonectomy – Removal of Entire Lung
Blood condition
Aplastic Anaemia – Specified Severity
Diabetes – Advanced Complications

Hepatitis B or C – Occupationally Acquired
HIV – Medically Acquired
HIV – Occupationally Acquired
Other condition
Cognitive Loss
Intensive Care – 10 Days Continuous Mechanical Ventilation
Loss of Independent Existence
Loss of Limbs or Sight

Limitations

No Trauma Benefit will be paid for any of the specific medical conditions marked with an [^], if the specific medical condition first occurs or symptoms leading to the condition occurring or being diagnosed first became apparent within the 90-day qualifying period (as explained on page 25).

This benefit will be paid instead of any Total Disability Benefit, Partial Disability Benefit, Bed Confinement Benefit or any benefit payable under the Accident Option.

You can only claim a Trauma Benefit once in any 12 month period.

You cannot claim a Specific Injuries Benefit at the same time as a Trauma Benefit. We will only pay one benefit and this will be the one which provides the highest payment. For this purpose the Trauma Benefit will be considered a six month benefit payment.

If you are replacing an existing income protection policy

If your income protection policy is replacing an existing income protection policy issued by us or another insurer that contains this benefit, the 90-day qualifying period will not apply if:

- the insurance under the policy to be replaced has been in place for at least 90 consecutive days immediately prior to the commencement of this cover, and
- the policy to be replaced provided similar cover for the same trauma conditions or events that are subject to a 90-day qualifying period.

Where the *insured monthly benefit amount* exceeds that of the policy to be replaced, the 90-day qualifying period will apply to the excess benefit amount.

Bed Confinement Benefit

This benefit applies under the Extras Package Option.

If you are *totally disabled* and under advice from a *medical practitioner* you are confined to bed for at least three consecutive days during the waiting period and a *medical practitioner* certifies that the continuous care of a registered nurse is required, we will pay you 1/30th of the Total Disability Benefit for each day (including the first three days) you continue to qualify for this benefit.

This benefit is payable for a maximum of 90 days or until the end of the waiting period, whichever occurs first.

Limitations

This benefit is not available if we are paying a Specific Injuries Benefit or Trauma Benefit.

Overseas Assist Benefit

This benefit applies under the Extras Package Option.

If you are *totally disabled* for at least one month while outside Australia and return to Australia because of continuing *total disability*, we will reimburse the cost of a return economy airfare to Australia by the most direct route, including connecting flights, less any amounts that are reimbursed from another source.

The maximum amount payable is three times the *monthly benefit amount*.

Family Support Benefit

This benefit applies under the Extras Package Option.

If, due to *total disability*, you are totally dependent on an *immediate family member* for essential everyday home care needs to enable you to live at home (excluding nursing or similar services), and this causes a reduction in the income of the immediate family member, we will pay a benefit to you to subsidise their income.

We will pay the lesser of:

- the reduction in the income of the *immediate family member*, and
- 50% of the *monthly benefit amount*.

This benefit is payable monthly in arrears for up to three months, provided you continue to qualify for this benefit.

Limitations

This benefit is only payable while we are paying a Total Disability Benefit.

Home Care Benefit

This benefit applies under the Extras Package Option. If you are *totally disabled* after the waiting period, and under advice from a *medical practitioner* you are *confined to bed* (other than in a hospital or similar institution) and are totally dependent upon a paid professional housekeeper for essential everyday home care needs (excluding nursing and similar services), we will pay a benefit to you to cover the cost. We will pay the lesser of:

- \$150 a day, and
- 1/30th of the *monthly benefit amount* per day.

This benefit is payable monthly in arrears for up to six months, provided you continue to qualify for this benefit.

Limitations

This benefit is not available if we are paying the Family Support Benefit.

Total and Permanent Disability (TPD) Lump Sum Option

This option will be considered if we have been paying you a Total Disability Benefit for two years or more, and any rehabilitation and retraining options available under the policy have been exhausted or deemed not suitable.

We may offer you a lump sum payment in lieu of all future benefit payments if you are *totally and permanently disabled* and meet the Own occupation TPD definition as defined on page 16.

The lump sum benefit amount we pay is calculated as the lesser of:

- \$5,000,000, and
- an amount equal to 'A' times the annualised Total Disability Benefit, where:
- the annualised Total Disability Benefit is 12 times the total of your Total Disability Benefit and any superannuation contribution benefit which would have applied had you not chosen to receive a lump sum benefit amount, and
- 'A' is determined as:

Age*	Multiple to age 65 benefit period	Multiple to age 70 benefit period
39 or less	15	16
40 to 43	13	14
44 to 48	11	12
49 to 54	9	11
55 to 59	65 minus age next birthday	9
60 to 64	65 minus age next birthday	70 minus age next birthday
65 to 69	n/a	70 minus age next birthday

* Age refers to your age at the date we offer the lump sum benefit amount to you, not when the request for the lump sum benefit amount is received.

If we pay the lump sum benefit amount, no other Total Disability or Partial Disability Benefits under the 'to age 65' or 'to age 70' benefit period (as applicable) will be payable and your income protection cover will end (subject to any other benefit period amounts being payable).

Limitations

This option must be selected when you first apply for your policy and, if selected, cannot be cancelled.

You cannot choose to receive your benefit as a lump sum if you have a terminal illness.

This offer will only be made once. To exercise this option you must notify us in writing within 30 days of the date of our letter of offer.

This option is only available if you select a benefit period to age 65 or age 70.

This option is not available if cover is held inside superannuation, or where part of the Income Protection Cover is held in superannuation using IP Super Solutions.

When the income protection monthly benefit amount will be reduced

Total or Partial Disability Benefits will be reduced by the amount of *offsets*, calculated as payments received by you from any of the sources in the table below which exceed 10% of your *pre-disability earnings*.

For example, if your benefit excluding *offsets* is \$5,000 and your *offsets* are \$1,000, then the amount we would pay you is \$4,000.

What is considered to be *offsets* will depend on your type of cover.

Income Protection Cover

The following *offsets* apply:

- any payment received as a result of a worker’s compensation or motor accident scheme or accident compensation scheme
- any payments received from any other disability, group, sickness or accident insurance cover, including cover under a mortgage replacement policy or through a superannuation fund which:
 - you held but did not disclose to us at the time you applied for the cover, or
 - you have since acquired and the payments from these sources when combined with payments made under this policy exceed 75% of *pre-disability earnings*, and
- payments received from any social security benefits.

Income Protection Cover Plus

The following *offsets* apply:

- payments received from any other disability insurance that provides income payments due to sickness or injury, unless we have expressly agreed not to apply a reduction.

Further reductions that may apply to income protection

We will reduce the Total or Partial Disability Benefit to ensure that, when combined with *offsets* (and *monthly earnings* if you are *partially disabled*) you do not receive more than:

- 75% of your *pre-disability earnings* or *insured monthly benefit amount* when you are *totally disabled*, or
- 100% of your *pre-disability earnings* when you are *partially disabled*.

Where cover is held inside super, we will also reduce the Total or Partial Disability Benefit to ensure that, when combined with other income (which is *monthly earnings*, sick leave, long service and annual leave payments and any other employment payments required to be taken into account under the *SIS Act*) you do not receive more than your *pre-disability earnings*. The Trustee will pay benefits in accordance with superannuation law.

More than one benefit payable

Other than as specifically stated in this policy, if you are concurrently eligible for more than one benefit under this cover, we will only pay one benefit and this will be the one which provides the highest payment.

When income protection ends

Income protection will end on the earlier of the:

- date of your death
- date on which all entitlements under the cover are paid policy anniversary immediately after you turn age 60, 65 or 70, for an age based benefit period (as applicable) depending on what is the stated expiry date as set out in your policy certificate, or
- date on which the policy ends.

How we will consider a lump sum payment

If the offset is a lump sum payment, then for the purpose of the reduction, this will be treated as a series of 60 monthly payments with each monthly payment equal to 1/60th of the lump sum payment.

Accidental Income Protection Cover

Accidental Income Protection Cover provides a monthly benefit while you are disabled as a result of an accident.

Accidental Income Protection Cover is available inside and/or outside super.

Feature	Description
Insured events	<ul style="list-style-type: none"> • <i>Total disability</i> • <i>Partial disability</i>
Eligibility requirements	<ul style="list-style-type: none"> • <i>Gainfully employed</i> for at least 20 hours per week
Minimum entry age	<ul style="list-style-type: none"> • 18
Maximum entry age	<ul style="list-style-type: none"> • 60
Expiry ages	<ul style="list-style-type: none"> • 60, 65 or 70 (age 70 expiry is only available with age 70 benefit period)
Minimum <i>insured monthly benefit amount</i>	<ul style="list-style-type: none"> • \$1,500 (excluding superannuation contribution benefit)
Maximum <i>insured monthly benefit amount</i>	<p>For Indemnity 60 benefit type, this is calculated as 1/12 of:</p> <ul style="list-style-type: none"> • 60% of the first \$320,000 of regular annual income, and • 50% of the balance. <p>For Indemnity 75 benefit type, this is calculated as 1/12 of:</p> <ul style="list-style-type: none"> • 75% of the first \$320,000 of regular annual income, and • 50% of the balance. <p>In each case, the overall maximum <i>insured monthly benefit amount</i> is \$30,000 (including any superannuation contribution monthly benefit).</p>
Premium type (explained on page 62)	<ul style="list-style-type: none"> • Stepped premium
Waiting period	<ul style="list-style-type: none"> • 14, 30, 60, 90 or 180 days • 1 or 2 years
Benefit period	<ul style="list-style-type: none"> • 2 or 5 years • Age 60, 65 or 70
Benefit payment type	<ul style="list-style-type: none"> • Indemnity 60 • Indemnity 75
Built-in benefits at no extra cost	<ul style="list-style-type: none"> • Flexibility to Reduce Two Year Waiting Period Benefit • Indexation Benefit • Relapse Benefit • Rehabilitation Benefit – non-super only • Retraining Expenses Benefit – non-super only • Waiver of Premium While on Claim Benefit • Waiver of Monthly Premium While on Parental Leave Benefit • Waiver of Monthly Premium While Involuntarily Unemployed Benefit • Suspending Cover Benefit • Extended Cover Benefit • Medical Professionals Benefit – non-super only • Death Benefit • Indemnity 60 Income Support Benefit
Options available at an extra cost	<ul style="list-style-type: none"> • Increasing Claim Option • Accident Option • Superannuation Contribution Option
Option available at no extra cost	<ul style="list-style-type: none"> • TPD Lump Sum Option (only available with age 65 or 70 benefit period) – non-super only <p>Note: This option does not cost any extra in premium but may affect the tax deductibility of your premium</p>

When the Accidental Income Protection benefit amount is payable

In broad terms, if you are *totally disabled* or *partially disabled* as a result of an *accident* for longer than the waiting period, we will pay you a *monthly benefit amount* less *offsets* for as long as you are *totally disabled* or *partially disabled* or to the end of your benefit period, whichever comes first.

accident

Means an unintended or unexpected event which occurs while this policy is in force (or while Complimentary Interim Accident Cover is in place) and results in an *injury* which is independent of any other cause. For the avoidance of doubt, *accident* excludes:

- suicide and/or events where the *injury* and/or death was unintended and unexpected but was the result of an intentional act by the person insured
- death or *injury* due to natural causes
- vascular accidents, such as a heart attack or stroke
- allergic reactions, or
- any event relating directly or indirectly to having undergone, or undergoing, any surgical procedure.

When the Accidental Income Protection Cover benefit amount will not be paid

We will not pay any benefit under Accidental Income Protection Cover if your *total disability*, *partial disability*, *injury* or death is caused directly or indirectly by:

- attempted suicide or any intentional self-inflicted act
- war or act of war (whether declared or not)
- you committing or attempting to commit a criminal offence, or
- you taking alcohol or drugs, other than a drug prescribed by a *medical practitioner* and taken as directed.

We will not pay any benefit under Accidental Income Protection Cover for anything we have specifically excluded, as stated on your policy certificate.

We cannot pay a benefit which we are not permitted by law to pay or reimburse any expenses which are regulated by the *National Health Act 1953 (Cth)* or the *Private Health Insurance Act 2007 (Cth)*.

Benefit payment types

The benefit payment type which you select at the time of application will determine the *monthly benefit amount*.

Indemnity 60 (replacing up to 60% of your income)

The *monthly benefit amount* is the lesser of:

- 60% of your *pre-disability earnings*, and
- the *insured monthly benefit amount*.

Indemnity 75 (replacing up to 75% of your income)

The *monthly benefit amount* is the lesser of:

- 75% of your *pre-disability earnings*, and
- the *insured monthly benefit amount*.

The Indemnity 60 benefit payment type is offered at a lower premium rate than Indemnity 75.

Waiting period

Most benefits under Accidental Income Protection Cover are subject to a waiting period. This is the minimum period of time you must be *totally disabled* or *partially disabled* as a result of the same *injury* before you are eligible to claim a Total or Partial Disability Benefit.

The longer the waiting period the lower the premium. We offer the following waiting periods:

- 14, 30, 60, 90 or 180 days
- 1 or 2 years

Note: Not all waiting periods are available for all occupational categories. Please speak with your financial adviser or call us on **132 979** for more information on occupational categories.

When does the waiting period start?

The waiting period starts on the earlier of the following:

- when you first consult a *medical practitioner* about the *injury* that is causing your *disability* and you are certified as *totally disabled* or *partially disabled*, or
- when you first stop working due to that *injury* (as long as you consult a *medical practitioner* within seven days and you are certified as *totally disabled* or *partially disabled* and you provide reasonable medical evidence about when the condition began).

Do I need to be totally disabled during the waiting period?

To be eligible for a Total or Partial Disability Benefit at the end of the waiting period, you must have been *totally disabled* for 14 days out of the first 19 consecutive days of the waiting period and *totally disabled* or *partially disabled* for the remainder of the waiting period.

Provided you satisfy the above, any attempt to return to work during the waiting period (including days worked at full capacity) will not cause the waiting period to restart and the days worked will not be added to the end of your waiting period.

In all cases, if cover is held inside superannuation, your *total disability* or *partial disability* will need to have caused you to cease to be *gainfully employed* for at least one day prior to us being able to commence payment of monthly benefits.

Income Protection (IP) Super Solutions

This type of income protection allows you to have flexi linked cover where two policies will be issued – one inside super, and another flexi linked policy held outside super. Two policies will be issued but you will only be required to complete one application.

Refer to page 42 'Income Protection (IP) Super Solutions' for details of how the two policies will operate in the event of a claim, how the insured monthly benefit amounts must stay the same, and what happens if one policy is cancelled.

Benefit period

This is the maximum amount of time we will pay you the *monthly benefit amount* for in respect of any one continuous period of *disability*. If your benefit period is 5 years or less, you can only claim one full benefit period for any one *injury* (including any related *injury*).

Subject to the rules on relapse of *injury* (set out under the Relapse Benefit on page 54), a new benefit period will start at the end of each waiting period.

The shorter the benefit period the lower the premium. We offer the following benefit periods:

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

Note: Not all benefit periods are available for all occupational categories. Please speak with your financial adviser or call us on **132 979** for more information on occupational categories.

Total Disability Benefit

If you are *totally disabled* as a result of an *accident*, we will pay the Total Disability Benefit, calculated as the *monthly benefit amount* less *offsets*.

Payment will begin to accrue from the first day after the end of the waiting period and will continue for as long as you are *totally disabled*, to the end of the benefit period or the expiry of the policy, whichever occurs first.

We pay the Total Disability Benefit monthly in arrears.

If you are *totally disabled* for part of the month, we will pay 1/30th Total Disability Benefit for each day you are *totally disabled*.

What does it mean to be totally disabled?

You will be considered to be *totally disabled* if you satisfy any one of the following definitions at the time of claim.

Duties based

Solely because of an *accident*, you are:

- unable to perform one or more *important income producing duties* of your *regular occupation*
- under the care and following the advice of a *medical practitioner* in relation to the *injury*, and
- not working.

OR

Hours based

Solely because of an *accident*, you are:

- not working for more than ten hours per week in your *regular occupation* and not working in any other *gainful employment*
- unable to perform the *important income producing duties* of your *regular occupation* for more than ten hours per week, and
- under the care and following the advice of a *medical practitioner* in relation to the *injury*.

OR

Income based

Solely because of an *accident*, you are:

- working in your *regular occupation* or any other *gainful employment* but are unable to generate more than 20% of your *pre-disability earnings*, and
- under the care and following the advice of a *medical practitioner* in relation to the *injury*.

Partial Disability Benefit

If you are *partially disabled* as a result of an *accident*, we will pay you the Partial Disability Benefit, calculated as a proportion of the *monthly benefit amount* less *offsets*.

Payment will begin to accrue from the first day after the end of the waiting period and will continue for as long as you are *partially disabled*, to the end of the benefit period or the expiry of the policy, whichever occurs first.

The Partial Disability Benefit is calculated as follows:

Monthly benefit amount x $\frac{(A-B)}{A}$, less *offsets*

Where:

- A = your *pre-disability earnings*, and
- B = your *monthly earnings* for the month in which you are *partially disabled* and a Partial Disability Benefit is claimed.

We pay the Partial Disability Benefit monthly in arrears. If you are *partially disabled* for part of the month, we will pay 1/30th of the Partial Disability Benefit amount for each day you are *partially disabled*.

What does it mean to be partially disabled?

You will be considered *partially disabled* if you satisfy the following definition.

Solely because of an *accident*, you are unable to work in your *regular occupation* at full capacity and:

- you are working in your *regular occupation* in a reduced capacity or working in any other *gainful employment*
- you are not *totally disabled*
- your *monthly earnings* are less than your *pre-disability earnings*, and
- you are under the care and following the advice of a *medical practitioner* in relation to the *injury*.

Relapse Benefit

If you return to work on a full time basis after receiving a Total or Partial Disability Benefit and you suffer a relapse of the same or a related *injury*, we will waive the waiting period and treat the relapse as a continuation of the original claim.

If the relapse benefit applies and the benefit period is 5 years or less, your benefit period is reduced by any benefits already paid for that same or related *injury*.

Death Benefit

If you die as a result of an *accident* while this cover is in place and death occurs within 90 days of the *accident*, we will pay a lump sum benefit equal to six times the *monthly benefit amount*, subject to a maximum of \$60,000 (across all ClearView income protection and business expense policies which cover your life).

You do not have to be claiming a Total or Partial Disability Benefit at the time of your death to be eligible for this benefit.

Additional built-in benefits

The following benefits are also provided at no extra cost under Accidental Income Protection Cover.

Built-in benefit	Page
Flexibility to Reduce Two Year Waiting Period Benefit	42
Indexation Benefit	61
Rehabilitation Benefit – non-super only	44
Retraining Expenses Benefit – non-super only	44
Medical Professionals Benefit – non-super only	45
Waiver of Premium While on Claim Benefit	44
Waiver of Monthly Premium While on Parental Leave Benefit	45
Suspending Cover Benefit	61
Extended Cover Benefit	45
Waiver of Monthly Premium While Involuntarily Unemployed Benefit	61
Indemnity 60 Income Support Benefit	46

Optional extras which allow you to tailor your Accidental Income Protection Cover

When you apply for Accidental Income Protection Cover, there are a number of options available which allow you to tailor your cover to best suit your needs. The following options are available for an extra premium and if selected will be included on your policy certificate.

Detail of these benefits is included on the pages indicated. Please substitute references to income protection or Income Protection Cover for references to Accidental Income Protection Cover.

Optional extra	Page
Increasing Claim Option	46
Superannuation Contribution Option	46
Accident Option	47
TPD Lump Sum Option	49

When the Accidental Income Protection Cover monthly benefit amount will be reduced

Total or Partial Disability Benefits will be reduced by the amount of *offsets*, calculated as payments received by you from any of the sources in the table below which exceed 10% of your *pre-disability earnings*.

For example, if your benefit excluding *offsets* is \$5,000 and your *offsets* received are \$1,000, then the amount we would pay you is \$4,000.

Accidental Income Protection Cover

The following *offsets* apply:

- any payment received as a result of a worker's compensation scheme or an accident compensation scheme
- payments received from any social security benefits
- any payment received from any other disability, group, sickness or accident insurance cover, including cover under a mortgage replacement policy or through a superannuation fund which:
 - you held but did not disclose to us at the time you applied for the cover, or
 - you have since acquired and the payments from these sources when combined with payments made under this policy exceed 75% of *pre-disability earnings*.

How we will consider a lump sum payment

If the *offset* is a lump sum payment, then for the purpose of the reduction, this will be treated as a series of 60 monthly payments with each monthly payment equal to 1/60th of the lump sum payment.

Further reductions that may apply to income protection

We will reduce the Total or Partial Disability Benefit to ensure that, when combined with *offsets* (and *monthly earnings* if you are *partially disabled*) you do not receive more than:

- 75% of your *pre-disability earnings* or *insured monthly benefit amount* when you are *totally disabled*, or
- 100% of your *pre-disability earnings* when you are *partially disabled*.

Where cover is held inside superannuation, we will also reduce the Total or Partial Disability Benefit to ensure that, when combined with other income (which is monthly earnings, sick leave, long service and annual leave payments and any other employment payments required to be taken into account under the *SIS Act*) you do not receive more than your *pre-disability earnings*.

When we will not reduce income protection monthly benefits

We will not reduce the Total or Partial Disability Benefit if you receive a payment for:

- work attributable to you working ten hours (or five hours, if applicable) or less per week as described under the 'hours based' definition for *total disability*
- work attributable to you working where earnings are less than 20% of *pre-disability earnings* as described under the 'income based' definition for *total disability*
- a lump sum compensation payment for pain or suffering or loss of use of part of the body
- a lump sum trauma benefit or total and permanent disablement benefit paid under an insurance policy, or
- sick, long service or annual leave payments (non-super only).

When Accidental Income Protection Cover ends

Accidental Income Protection Cover will end on the earlier of the:

- date of your death
- date on which all entitlements under the cover are paid
- policy anniversary immediately after you turn age 60, 65 or 70, for an age based benefit period (as applicable) depending on what is the stated expiry date as set out in your policy certificate, or
- date on which the policy ends.

Business Expense Cover

Business Expense Cover provides a monthly benefit while you are disabled as a result of sickness or injury and unable to meet the fixed operating expenses of your business.

Business Expense Cover is not available inside superannuation.

Feature	Description
Insured events	<ul style="list-style-type: none"> Total disability Partial disability
Eligibility requirements	<ul style="list-style-type: none"> Available if you are self-employed or a small business owner (with no more than five staff including yourself and other owners), and work a minimum of 20 hours per week in your principal occupation. Type of occupation and employment status are also taken into account.
Minimum entry age	<ul style="list-style-type: none"> 18
Maximum entry age	<ul style="list-style-type: none"> 60 45 (level premium)
Expiry ages available	<ul style="list-style-type: none"> 60 or 65
Minimum insured monthly benefit amount	<ul style="list-style-type: none"> \$1,500
Maximum insured monthly benefit amount	<ul style="list-style-type: none"> \$60,000 per month (can be up to 100% of eligible business expenses)
Premium type (explained on page 62)	<ul style="list-style-type: none"> Stepped premium Level premium to age 65 (reverts to stepped at policy anniversary after age 65)
Waiting period	<ul style="list-style-type: none"> 14, 30, 60 or 90 days
Benefit period	<ul style="list-style-type: none"> 1 year
Benefit type	<ul style="list-style-type: none"> Indemnity
Built-in benefits at no extra cost	<ul style="list-style-type: none"> Indexation Benefit Relapse Benefit Future Increase Benefit Death Benefit Waiver of Premium While on Claim Benefit Waiver of Monthly Premium While Involuntarily Unemployed Benefit Suspending Cover Benefit Extended Cover Benefit
Option available at an extra cost	<ul style="list-style-type: none"> Accident Option

When the Business Expense monthly benefit amount is payable

In broad terms, if you are *totally disabled* or *partially disabled* for longer than the waiting period, we will pay you a *monthly benefit amount* for as long as you are *totally disabled* or *partially disabled* or until the expiry of the benefit period, whichever comes first.

You can only claim one full benefit period for any one *sickness* or *injury* (including any related *sickness* or *injury*).

When the Business Expense Cover monthly benefit amount will not be paid

We will not pay any benefit under Business Expense Cover if your *disability*, *sickness*, *injury* or death is caused directly or indirectly by:

- an intentional self-inflicted act or any attempt at suicide
- war or act of war (whether declared or not)
- normal or uncomplicated pregnancy or childbirth, or
- elective surgery or treatment which you voluntarily undergo within the first six months of:
 - the commencement of cover
 - an increase in the *insured monthly benefit amount* (but only in respect of the increased amount and does not include an increase in cover as a result of indexation), or
 - the date the cover is last reinstated.

If your condition is directly or indirectly related to pregnancy, childbirth or miscarriage (including postnatal depression) a three month qualifying period applies. This means that if you have been *totally disabled* for three months as a result of pregnancy, benefits will begin to accrue at the end of this three month period or at the end of your waiting period, whichever is greater.

We will not pay a benefit under Business Expense Cover for anything we have specifically excluded, as stated on your policy certificate.

We cannot pay any benefit which we are not permitted by law to pay or reimburse any expenses which are regulated by the *National Health Act 1953* (Cth) or the *Private Health Insurance Act 2007* (Cth).

Indemnity benefit payment

The *monthly benefit amount* is the lesser of:

- 1/12th part of the *eligible business expenses* actually incurred by you in the operation of your profession, business or occupation during the 12 months immediately preceding your *disability*
- your share of actual *eligible business expenses* incurred while you are *totally disabled* or *partially disabled*, and
- the *insured monthly benefit amount*.

If more than one person is directly responsible for the generation of income in your business, we apportion the *eligible business expenses* in the same proportion as your share of *business income* prior to the claim, between you and the other person(s), to determine your share. We will act reasonably when considering requests to divide the *eligible business expenses* on a different basis.

We require you to provide financial evidence which is reasonably required for the purpose of determining your share of *eligible business expenses* at the time of claim, as well as your share of *pre-disability business income*.

Waiting period

Most benefits under Business Expense Cover are subject to a waiting period. This is the minimum period of time you must be *totally disabled* or *partially disabled* for as a result of the same *sickness* or *injury* before you are eligible to claim a Total or Partial Disability Benefit.

The longer the waiting period, the lower the premium. We offer the following waiting periods:

- 14, 30, 60 or 90 days

Note: Not all waiting periods are available for all occupational categories. Please speak with your financial adviser or call us on **132 979** for more information on occupational categories.

When does the waiting period start?

The waiting period starts on the earlier of the following:

- when you first consult a *medical practitioner* about the *sickness* or *injury* that is causing your *disability* and you are certified as *totally disabled* or *partially disabled*, or
- when you first stop working due to that *sickness* or *injury* (as long as you consult a *medical practitioner* within seven days and you are certified as *totally disabled* or *partially disabled* and you provide reasonable medical evidence about when the condition began).

Do I need to be totally disabled during the waiting period?

To be eligible for a Total or Partial Disability Benefit at the end of the waiting period, you must have been *totally disabled* for 14 days out of the first 19 consecutive days of the waiting period and *totally disabled* or *partially disabled* for the remainder of the waiting period.

However, if you also have Income Protection Plus Cover you may satisfy the requirements of the waiting period, even if you are only *partially disabled* throughout the waiting period.

Provided you satisfy the above, any attempt to return to work during the waiting period (including days worked at full capacity) will not cause the waiting period to restart and the days worked will not be added to the end of your waiting period.

Benefit period

The benefit period is the maximum amount of time we will pay the *monthly benefit amount* for in respect of any one continuous period of *disability*.

You can only claim one full benefit period for any one *sickness or injury* (including any related *sickness or injury*).

Subject to the rules on relapse of *sickness or injury* (set out under the Relapse Benefit on page 59), a new benefit period will start at the end of each waiting period.

The benefit period is 1 year but may be extended until 12 times the *monthly benefit amount* has been paid in total.

Total Disability Benefit

If you are *totally disabled*, we will pay the Total Disability Benefit, calculated as the *monthly benefit amount* less *offsets*.

Payment will begin to accrue from the first day after the end of the waiting period and will continue for as long as you are *totally disabled* or to the end of the benefit period, whichever occurs first.

We pay the Total Disability Benefit monthly in arrears.

If you are *totally disabled* for part of the month, we will pay 1/30th of the Total Disability Benefit for each day you are *totally disabled*.

What does it mean to be totally disabled?

You will be considered to be *totally disabled* if you satisfy any one of the following definitions at the time of claim.

Duties based

Solely because of *sickness or injury*, you are:

- unable to perform one or more *important income producing duties* of your *regular occupation*
- under the care and following the advice of a *medical practitioner* in relation to that *sickness or injury*, and
- not working.

OR

Hours based

Solely because of *sickness or injury*, you are:

- not working for more than ten hours per week in your *regular occupation* and not working in any other *gainful employment*
- unable to perform the *important income producing duties* of your *regular occupation* for more than ten hours per week, and
- under the care and following the advice of a *medical practitioner* in relation to that *sickness or injury*.

OR

Income based

Solely because of *sickness or injury*, you are:

- working in your *regular occupation* or any other *gainful employment* but are unable to generate more than 20% of your share of *pre-disability business income*, and
- under the care and following the advice of a *medical practitioner* in relation to that *sickness or injury*.

Partial Disability Benefit

If you are *partially disabled*, we will pay you the Partial Disability Benefit, calculated as a proportion of the *monthly benefit amount*, less *offsets*.

Payment will begin to accrue from the first day after the end of the waiting period and will continue for as long as you are *partially disabled* or to the end of the benefit period, whichever occurs first.

The Partial Disability Benefit amount we will pay is calculated as follows:

$$\text{monthly benefit amount} \times \frac{(A-B)}{A}, \text{ less offsets}$$

Where:

- A = your share of the *pre-disability business income*, and
- B = your share of the *business income* for the month in which you are *partially disabled* and claiming a Partial Disability Benefit before any benefit is payable under the cover.

We pay the Partial Disability Benefit monthly in arrears. If you are *partially disabled* for part of the month, we will pay 1/30th of the Partial Disability Benefit amount for each day you are *partially disabled*.

What does it mean to be partially disabled?

You will be considered to be *partially disabled* if you satisfy the following definition.

Solely because of *sickness or injury*, you are unable to work in your *regular occupation* at full capacity and:

- you are working in your *regular occupation* in a reduced capacity or working in any other *gainful employment*
- you are not *totally disabled*
- the monthly *business income* is less than your share of the *pre-disability business income*, and
- you are under the care and following the advice of a *medical practitioner* in relation to that *sickness or injury*.

Relapse Benefit

If you return to work on a full time basis after receiving a Total or Partial Disability Benefit and you suffer a relapse of the same or a related *sickness or injury*, we will waive the waiting period and treat the relapse as a continuation of the original claim.

If the relapse benefit applies, your benefit period is reduced by any benefits already paid for that same or any related *sickness or injury*.

Future Increase Benefit

If your *eligible business expenses* increase, this benefit allows you to increase the *insured monthly benefit amount* by up to 15%, without having to provide further medical evidence.

You may increase the *insured monthly benefit amount* on each policy anniversary, up until the policy anniversary immediately after you turn age 55.

The increase allowed is the lesser of:

- 15% of the *insured monthly benefit amount*, and
- the actual increase in the *eligible business expenses*.

This increase is in addition to any increase in cover under the Indexation Benefit.

Limitations

Any increase is subject to you providing financial evidence which is reasonably required to support the increase and confirmation that you are actively at work at the time of the increase. The total of all increases in the *insured monthly benefit amount* cannot exceed the original *monthly benefit amount* at the cover start date.

This benefit cannot be exercised if:

- a claim is being paid under this cover, a claim is being assessed or you are eligible to make a claim in relation to this policy or another policy which provides you with a benefit if you are sick or injured, or
- cover was issued with a medical premium loading of greater than 100%.

Optional extra which allows you to tailor your Business Expense Cover

When you apply for Business Expense Cover, there is an option available which allows you to tailor your cover to best suit your needs. The following option is available for an extra premium and if selected will be included on your policy certificate.

Accident Option

If you are *totally disabled* as a result of an *accident* for a period of at least three consecutive days from the day you first seek medical advice for your *injury*, we will pay 1/30th of the Total Disability Benefit for each day you are *totally disabled* during the waiting period. Your *total disability* must occur within 90 days of the *accident*.

This benefit will accrue from the first day that you are *totally disabled* and will continue until the earlier of:

- the end of the waiting period, or
- until you are no longer *totally disabled*.

Limitations

This option is not available if, at the date of application, you work in a heavy risk occupational category we classify as C or SR. Please speak with your financial adviser or call us on **132 979** for more information on occupational categories.

Additional built-in benefits

The following benefits are also provided under Business Expense Cover at no extra cost. Details of these benefits are included on the pages indicated. Please substitute references to income protection for references to Business Expense Cover.

Built-in benefit	Page
Indexation Benefit	61
Suspending Cover Benefit	61
Waiver of Premium While on Claim Benefit	44
Death Benefit	45
Extended Cover Benefit	45
Waiver of Monthly Premium While Involuntarily Unemployed Benefit	61

When the Business Expense Cover monthly benefit amount will be reduced

The amount we pay will be reduced if you receive other business expense benefits from another insurance policy. We will reduce the Total or Partial Disability Benefit to ensure that, when combined with your *offsets* you do not receive more than 100% of your *eligible business expenses*.

When Business Expense Cover ends

Business Expense Cover will end on the earlier of the:

- date of your death
- date on which all entitlements under the cover are paid
- stated expiry date as set out in your policy certificate, or
- date on which the policy ends.

Additional benefits applicable to Income Protection Cover, Income Protection Plus Cover, Accidental Income Protection Cover and Business Expense Cover

The following additional benefits apply to Income Protection Cover, Income Protection Plus Cover, Accidental Income Protection Cover and Business Expense Cover as indicated below.

Indexation Benefit

We will automatically increase the *insured monthly benefit amount* at each policy anniversary. The rate of increase will be the percentage increase in the *Consumer Price Index (CPI)*.

The premium will be increased at the same time to reflect the increased *insured monthly benefit amount*.

You may choose not to accept this increase in any year by notifying us prior to the relevant policy anniversary.

If you decline an increase, you will not be excluded from being offered increases in future years unless you ask that we stop applying the Indexation Benefit going forward.

Limitations

The Indexation Benefit will not apply while we are paying a Total or Partial Disability Benefit under Income Protection Cover, Income Protection Plus Cover, Accidental Income Protection Cover or Business Expense Cover, unless the Increasing Claim Option applies, as explained on page 46.

The Indexation Benefit will not apply if the Suspending Cover Benefit is being exercised.

Suspending Cover Benefit

You may suspend all cover/s under your policy and premiums associated with them for up to 12 months. During this period, you will be unable to claim in respect of any *sickness or injury* that occurs during the suspension period.

You may exercise the Suspending Cover Benefit by notifying us within 30 days of the relevant premium due date (monthly or annually) from which you wish to suspend your cover.

To cancel the suspension of your policy, you must notify us. Cover and premiums will resume as of the next premium due date after we received your notice. At the end of your suspension period, we will continue your cover and your premium payments will resume.

Limitations

Your policy must have been in place for at least 12 consecutive months before you can exercise the Suspending Cover Benefit.

If the suspended cover is linked or flexi-linked to other cover, that other cover must also be suspended at the same time.

Your premiums must be paid up to date at the time you request this benefit to apply.

Your policy may be suspended under this benefit for a maximum of 12 months in total over the life of the policy.

Waiver of Monthly Premium While Involuntarily Unemployed Benefit

If you become *involuntarily unemployed* (other than as a direct result of sickness or injury) we will waive the premium for up to three months while you are *involuntarily unemployed*.

To exercise this benefit you must notify us in writing within 30 days of the relevant premium due date from which you are applying to have premiums waived.

At the end of your waiver period, your premium payments will resume.

Limitations

Your policy must have been in place for at least 12 consecutive months before you can exercise the Waiver of Monthly Premium While Involuntarily Unemployed Benefit.

You must provide us with a letter from your employer confirming your *involuntary unemployment* or evidence that you are registered with an Australian government approved employment agency as at the date you notify us that you want to exercise this benefit.

This benefit is not available for the self-employed.

This benefit is only available if you are paying your premiums monthly and is only available in respect of future premiums (i.e. those that are due to become payable).

We will waive premiums under this benefit for separate periods of time you are *involuntarily unemployed* subject to a maximum of three months in total over the life of the policy.

Premiums and other costs

How much will it cost?

The amount you pay for a ClearView LifeSolutions policy or cover through ClearView LifeSolutions Super is called the premium.

As part of the application process, an indicative premium (quote) will be provided to you. The actual premium you pay may be different if:

- you have a birthday during the period between when the quote was provided and when the cover starts
- after assessing your application we are only able to offer cover on varied terms which may involve you paying a higher premium (which you agree to)
- government taxes or charges such as stamp duty are introduced or existing rates amended, and/or
- premium rates have changed in accordance with the 'Can premium rates change' section below.

What factors affect my premium?

A number of factors will determine the premium you pay including the type of insurance, the benefit amount, any optional extras you have selected, the frequency of your premium payments, as well as a range of personal factors such as your age, gender, smoking status, state of health, occupation, pastimes and when the cover starts.

For Income Protection Cover, Income Protection Plus Cover, Accidental Income Protection Cover and Business Expense Cover, the waiting period, benefit period and benefit payment type will also affect the premium you pay.

If you have selected an extra cost option and the option expires or you are no longer eligible to exercise the option, we will remove it from your cover so you are no longer charged for it, provided you have not exercised any benefit under the option.

Can premium rates change?

Premium rates are not guaranteed and we may review the premium rates both up or down in the future, regardless of which premium type you select. Any change to the premium rates will apply to all policies in a defined group. We will not single out an individual policy. Should we consider increasing premiums we will do so acting reasonably.

These changes would be in addition to any age-based increases under a stepped premium type, increases under the indexation benefit, or any change in eligibility for premium discounts over time.

If we change the premium rates, we will give you at least 30 days notice in writing and the change will take effect from the next policy anniversary or cover alteration request after the change is introduced.

Premium type

You can choose the premium type that best suits your needs.

The premium type describes the way that future premium rates are calculated. None of these premium types offer a guarantee against increases due to a premium rate change, as described in the previous section 'Can premium rates change?'.
Stepped premium (premiums can increase due to age, benefit indexation or a premium rate review)

Where your premium type is specified as 'Stepped premium', your policy premiums are recalculated each year based on your changing benefit amounts and your increase in age.

Premiums can also vary, up or down, if we review our premium rates in accordance with the 'Can premium rates change' section on this page.

Any taxes or monthly payment loading applicable, and any policy discounts you are eligible for, are then applied.

Any taxes or monthly payment loading applicable, and any policy discounts you are eligible for, are then applied.

Level premium (premiums will not increase due to age, but can increase due to benefit indexation or a premium rate review)

Where your premium type is specified as 'Level premium', your policy premiums are recalculated each year for changes in your benefit amount (benefit indexation or benefit reduction), but not for a change in your age.

Premiums can also vary, up or down, if we review our premium rates in accordance with the 'Can premium rates change' section on this page.

The premium is calculated based on your age at the cover start date when level premiums were selected (including indexation of that cover amount). The premium for other increases in cover will be based on your age at the time of commencement of the increased cover.

If you have a level premium and exercise the Trauma Cover Reinstatement Benefit or Life Cover Buy Back Benefit, the cost of the reinstated cover is calculated based on your age at the cover start date when premiums were selected, rather than your age at the time the relevant cover is reinstated.

Any taxes or monthly payment loading applicable, and any policy discounts you are eligible for, are then applied.

A level premium is only available up to a maximum entry age of 45 and will expire on the policy anniversary immediately after you turn age 65 or 70 (depending on the level type you select at the time of application). If you continue your policy past this age, your premium will convert to a stepped premium basis.

Hybrid premium (premiums can increase due to benefit indexation or a premium rate review. After seven years, premiums can also increase due to age)

Where your premium type is specified as 'Hybrid premium', your policy premiums are initially determined on a level premium basis and then convert to a stepped premium basis. For the first seven years, the premium rate is a level premium and is not recalculated each year based on your change in age.

Premiums can also vary, up or down, if we review our premium rates in accordance with the 'Can premium rates change' section on the previous page.

At the seventh policy anniversary, the premium converts to a stepped premium and changes each year thereafter in line with your age.

The premium is calculated based on your age at the cover start date when hybrid premiums were selected (including indexation of that cover amount).

If you exercise the Trauma Cover Reinstatement Benefit or Life Cover Buy Back Benefit during the first seven years, the cost of the reinstated cover is calculated based on your age at the cover start date when hybrid premiums were selected, rather than your age at the time the relevant cover is reinstated.

A hybrid premium is only available if you are aged between 30 and 60 at the time of application for Life, TPD or Trauma Cover and aged between 30 and 55 for Income Protection or Income Protection Plus Cover and only available with an age 65 or 70 benefit period.

Paying your premium

You may pay your premiums monthly or annually, via the following payment methods.

Premium frequency	Method of payment/contribution			
	MasterCard Visa or Direct Debit	Platform Billing	BPAY®	Rollover (transfer)*
Annually	Yes	Yes	Yes	Yes
Monthly	Yes	Yes	No	No

*This method of payment is only available where cover is held through ClearView LifeSolutions Super. Please refer to ClearView LifeSolutions Super Rollover PDS for more information on this payment method.

If paying via BPAY, you will need to quote the following:

Biller Code: 196568

Reference Number: Policy number

If you pay your premium monthly, we will apply a premium frequency loading to your premium. This loading is a percentage of the annual premium and helps cover the costs of collecting your premium on a deferred and more frequent basis, and includes premium waiver benefits only available with a monthly payment frequency.

The frequency loading for paying monthly is 8% at the time this PDS and Policy Document was prepared.

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If you stop paying your premiums

To ensure your cover continues you must pay your premium, as and when due. If you don't pay your premium within 30 days of the due date, we will write to you explaining that we will cancel your policy. If we cancel your policy all cover will cease and you will be unable to make a claim for an event which occurs after the date cover ceases.

IMPORTANT INFORMATION FOR CLEARVIEW LIFESOLUTIONS SUPER

For ClearView LifeSolutions Super, you, as the member and the person insured are responsible for ensuring that you make contributions or rollovers to the HUB24 Super Fund to fund your premiums payable by the Trustee. Government legislation, including taxation legislation, affects and restricts the circumstances when contributions can be made to a superannuation fund. If you cannot or do not make such contributions or rollovers, the Trustee will not pay the premiums to keep this policy in force.

If the policy discontinues, your entitlement to benefits under ClearView LifeSolutions Super will also discontinue.

Government taxes and charges

The premium may include allowances for current government charges and taxes including stamp duty. Stamp duty is either incorporated into the base premium rate or is an additional charge. If it is an additional charge it will be shown on your annual statement.

No goods and services tax is payable on your policy.

We may pass on to you any applicable new or increased government taxes or charges.

Premium discounts

You may be eligible for a premium discount if you are:

- applying for a large benefit amount
- a new customer enjoying the benefit of our New Cover Reward, and/or
- participating in our Health Maintenance Reward Program.

The discounts available and the discount scales adopted are not guaranteed and may be varied from time to time at our absolute discretion. A change in the premium discount we apply does not constitute a change in premium rate under this policy.

For information regarding whether you are eligible for a large benefit amount discount or the amount of any discount which may be applicable, contact your financial adviser or call us on **132 979**.

New Cover Reward

We offer a reward for customers who have completed the application process and have obtained cover under ClearView LifeSolutions or ClearView LifeSolutions Super. New policies contain an initial 10% discount which is built into the quoted premium and continues or reduces depending on when the New Cover Reward was last reset as shown in the table immediately below. The Health Maintenance Reward section which follows provides further information on the reset process, including eligibility.

Years in place or since last reset	Premium discount
1	10%
2	9%
3	8%
4	7%
5	6%
6	5%
7	4%
8	3%
9	2%
10	1%

Health Maintenance Reward

Our health maintenance reward program is a voluntary program that encourages you to actively manage your health and wellbeing. Your reward is the reset of your New Cover Reward discount back to year 1, as described below.

We will give you the opportunity to complete an online questionnaire on your health at least every two years.

The types of questions that will be asked include your height and current weight, if you have seen a doctor in the last three years and if you have taken up smoking.

If your answers indicate that you are proactively managing your health, your New Cover Reward premium discount will reset back to the year 1 discount of 10%. The discount will apply from the policy anniversary immediately after you have completed the questionnaire.

If you choose not to complete the questionnaire or you are unable to give a positive answer, then your premium will simply continue to be determined without a reset to the discount. If, for example, you did not complete the questionnaire in year 2 or 4 but decide to participate in year 6 and provide a positive answer, your premium discount will be reset back to the year 1 New Cover Reward discount of 10%. If you choose not to participate in the program again, the 10% discount will simply reduce each year thereafter until it no longer applies.

We will notify you two months prior to the policy anniversary and provide you with details of how to complete the questionnaire. You will have 14 days to complete this and the questionnaire can only be completed during this period. We will issue your renewal notice approximately 45 days prior to each policy anniversary and will confirm if your New Cover Reward discount scale has been reset to year 1.

This program is offered on a 'no regrets' basis, which means that you can be no worse off in terms of the premium you pay as a result of participating in this program. We will not apply a medical premium loading as a result of any change in your health.

This program is not available if your cover has been issued with a medical premium loading or is accidental cover, as stated on your policy certificate. This program is not available for Child Cover.

All discounts are current as at the time of the PDS and Policy Document but are subject to change. Please refer to page 63 for more information.

Taxation information (for insurance held outside superannuation)

The information provided in this section relates to cover held outside superannuation and is general in nature and based on our interpretation of the tax laws and rulings current at the date the PDS and Policy Document was prepared (see section on ClearView LifeSolutions Super for taxation information on cover held inside superannuation). Individual circumstances can be quite different and the law may change so we recommend that you speak with a taxation professional in regards to your own situation.

Type of Cover	Tax treatment of premium	Tax treatment of benefit
Life Cover, including Accidental Death Cover	Generally not deductible	Generally not assessable income*
Total and Permanent Disability Cover (TPD), including Accidental TPD Cover	Generally not deductible	Generally not assessable income*
Trauma Cover	Generally not deductible	Generally not assessable income*
Child Cover	Generally not deductible	Generally not assessable income*
Income Protection and Income Protection Plus Cover, including Accidental Income Protection Cover (income replacement benefits)	Generally deductible	Generally treated as assessable income
Income Protection and Income Protection Plus Cover, including Accidental Income Protection Cover (lump sum benefits)	Generally not deductible	Generally not assessable income*
Business Expense Cover	Generally deductible	Generally treated as assessable income

* Capital gains tax may apply if the benefit is paid to someone who is not the original owner of the policy or paid to someone who is not a relative of the person insured (as defined for tax purposes).

Accidental Income Protection Cover, Income Protection Cover and Income Protection Plus Cover

The premium for your cover will generally be deductible from your assessable income under Section 8-1 of the *Income Tax Assessment Act 1997* (Cth) and any benefit will be treated as income and taxed at your marginal tax rate. However, there are some special considerations that apply to some of the features included in Accidental Income Protection Cover, Income Protection Cover and Income Protection Plus Cover.

The following benefits and options are treated as follows:

TPD Lump Sum Option

This option is not at an extra cost, however if you select this option the portion of your premium attributed to lump sum benefits is approximately 10%. The premiums for this portion of your income protection cover are generally not tax deductible and the TPD Lump Sum Option benefits are generally not assessable as income.

Extras Package Option

This option is available at an extra cost. If you select this option, the portion of your total Income Protection premium attributed to lump sum benefits is approximately 10%. The premiums for this portion of your income protection cover are generally not tax deductible and any amounts paid under the Trauma Benefit or the Specific Injuries Benefit are generally not assessable as income.

Superannuation Contribution Option

If you select this option and a benefit is payable, we will pay a superannuation contribution monthly benefit to your nominated superannuation fund as your personal contribution. This should be included in your assessable income and accordingly treated by the fund trustee as a non-concessional contribution.

However, if you satisfy the tests for claiming a tax deduction for personal superannuation contributions and give the trustee the appropriate notice, you may be entitled to a tax deduction for some or all of the superannuation contribution monthly benefit and the equivalent amount will be treated by the fund trustee as a taxable contribution.

ClearView LifeSolutions Super

The information provided in this section is general in nature and based on our interpretation of the superannuation laws as at the date of the PDS and Policy Document. Individual circumstances can be quite different and the law may change so we recommend that you speak with a taxation and/or superannuation professional in regards to your own situation.

ClearView LifeSolutions Super is a risk-only product of the HUB24 Super Fund (Fund). ClearView LifeSolutions Super allows you to hold your Life, Accidental Death, TPD, Accidental TPD, Income Protection, Income Protection Plus and Accidental Income Protection Cover inside the superannuation environment. This may be a tax effective solution if you choose to pay your premiums via rollover from another super fund.

In order to do this, you will need to apply for a ClearView LifeSolutions Super Rollover account in the Fund. ClearView LifeSolutions Super Rollover is issued by HTFS Nominees Pty Limited ABN78 000 880 553, AFSL 232500 as the trustee for the HUB24 Super Fund ABN 60 910 190 523. You should consider the ClearView LifeSolutions Super Rollover PDS, which is available free of charge online at clearview.com.au/pds-and-brochures or by contacting us on **132 979**, in deciding whether to acquire or continue to hold the product.

Please note that some benefits and optional extras are not available if cover is held inside superannuation. Please refer to the relevant benefit or option to understand if this is the case.

When you apply for ClearView LifeSolutions Super, you are actually applying to become a member of the Fund. Cover provided through ClearView LifeSolutions Super is provided under a policy issued to the Trustee and you are the person insured. The Trustee will only accept your application for membership if we accept your application for cover.

The Trustee is not bound to accept your application for membership.

While it is a superannuation product, ClearView LifeSolutions Super is not an accumulation product, which means it does not have an investment component. For this reason, the Trustee is unable to accept the government co-contribution, ATO super guarantee contributions, downsizer contributions or the low income super tax offset.

To apply for cover through ClearView LifeSolutions Super, you must be eligible to contribute to superannuation, have contributions made on your behalf or be able to fund premiums by rolling over superannuation benefits from another superannuation fund into the Fund. The following table highlights eligibility rules.

If you are	Allowable contributions include
Under 67	<ul style="list-style-type: none"> Compulsory employer contributions Other employer or personal contributions (including spouse contributions)
Age 67 to 74	<ul style="list-style-type: none"> Compulsory employer contributions Other employer or personal contributions (including spouse contributions) if you meet the work test (i.e. you are <i>gainfully employed</i> for at least 40 hours in a period of not more than 30 consecutive days in the financial year in which the contributions are made) Other employer or personal contributions (including spouse contributions) if you meet the work test exemption¹
Age 75 and over ²	<ul style="list-style-type: none"> Compulsory employer contributions

- To meet the work test exemption, you must:
 - not have met the work test in the financial year in which the contribution is made but must have met the work test in the previous financial year
 - have a total superannuation balance (see definition of 'total superannuation balance' on page 68) of less than \$300,000 at the end of the previous financial year, and
 - not have relied on the work test exemption in a previous financial year.
- Other employer or personal contributions (including spouse contributions) can be accepted after age 75, if made in the 28 days following the end of the month you turn age 75 and provided you are otherwise eligible to make super contributions in the financial year the contributions are made.

How can I pay my premium for ClearView LifeSolutions Super?

You can pay your premium via:

- an allowable contribution (as outlined in the table above), or
- rollover from another superannuation fund (if you have applied for a ClearView LifeSolutions Super Rollover account in the Fund under the ClearView LifeSolutions Super Rollover PDS).

Allowable contribution	Description
Personal	Personal contributions are member contributions made by you or on your behalf and include payments from your after-tax income (or personal contributions for which you claim a tax deduction).

Spouse	Spouse contributions are where your spouse makes a member contribution for your benefit. This must be made with after-tax money and will be treated as a non-concessional contribution. Your spouse may be eligible for a tax offset of up to \$540 when making a spouse contribution.
Employer	Employer contributions are contributions made by your employer for your benefit. This also includes salary sacrifice contributions which are an arrangement between you and your employer instead of making an equivalent gross payment as salary to you.

What are the superannuation contribution caps?

As superannuation enjoys concessional taxation treatment, limits known as 'contribution caps' have been placed on superannuation contributions which are monitored by the Australian Taxation Office (ATO). The contributions you make to the Trustee to cover your insurance premium are recorded as superannuation contributions and will count towards these contributions caps.

It is important to be aware that excess contributions tax of up to 45% plus Medicare Levy may apply if these contribution caps are exceeded in a financial year.

The cap and the amount of extra tax you pay once you exceed the cap will depend on the type of contribution.

Concessional contributions

These are generally made by you or for you in a financial year and are included as assessable income for the superannuation fund, including:

- employer contributions (such as Superannuation Guarantee (SG), award, and salary sacrifice contributions), and
- personal contributions for which a tax deduction has been claimed.

Note: Concessional contributions which are split with a spouse are assessed against your cap and not your spouse's cap.

Non-concessional contributions

These are generally made by you or for you in a financial year and are not included as assessable income for the superannuation fund, including:

- personal contributions for which no tax deduction has been claimed
- spouse contributions
- non-assessable portions of a foreign superannuation fund amount, and
- contributions in excess of your concessional contributions cap.

	Concessional cap	Non-concessional cap
2020/21 financial year	\$25,000 The \$25,000 cap is indexed to Average Weekly Ordinary Time Earnings (AWOTE) but will only increase in \$2,500 increments	\$100,000* The non-concessional cap is set at four times the concessional contributions cap.
Tax on amounts in excess of the cap	Excess concessional contributions will be included in your personal income tax return and will be taxed at your marginal tax rate (less a 15% tax offset) plus an excess concessional contributions charge (i.e. interest charge). [^]	45% plus Medicare Levy. [^]

* Your non-concessional cap will be nil for a financial year if you have a total superannuation balance greater than or equal to the general transfer balance cap (\$1.6 million in 2020-21) at the end of 30 June of the previous financial year (see the footnote on the next page for details of how your total superannuation balance is calculated). In this case if you make non-concessional contributions in that year, they will be excess non-concessional contributions.

Note: From 1 July 2021, all individuals will have a personal transfer balance cap of between \$1.6 million and \$1.7 million, and the precise amount of the personal transfer balance cap applicable to an individual will depend on their individual circumstances. For more information, go to www.ato.gov.au

[^] Generally, you will have the option to withdraw up to 85% of excess concessional contributions, and all excess non-concessional contributions plus 85% of a deemed earnings amount, from any other super account you hold. Any excess concessional contributions left in your super will count towards your non-concessional cap and any excess non-concessional contributions left in your super will be subject to the applicable penalty tax. As any contributions made to this product are paid to cover your insurance premiums, no excess contributions can be withdrawn from this product.

Concessional cap (other information)	Non-concessional cap (other information)
<p>From 1 July 2018, you can carry forward any unused portion of your concessional contributions cap to add contributions above the cap in subsequent years, on a rolling basis for a period of up to 5 years.</p> <p>The first financial year in which you can increase your concessional contributions cap by the amount of unused cap is 2019-20.</p> <p>To be eligible for the carry forward, you must have a total superannuation balance* of less than \$500,000 at the end of 30 June in the previous year.</p>	<p>If you are under age 65 at 1 July of the financial year in which the contribution was made, you may be eligible for the 'bring forward' option. This effectively allows you to contribute up to three times the annual non-concessional contributions cap in a single year.</p> <p>The non-concessional contributions cap amount that you can bring forward, and whether you have a two or three year bring forward period, depends on your total superannuation balance.*</p> <p>The Federal Government has proposed, effective from 1 July 2020, to allow access to the 'bring forward' option to people aged under 67 at 1 July of the financial year in which the contribution was made. As at the date of this document, this proposal has not yet been made law.</p> <p>The rules regarding the bring-forward option for non-concessional contributions are complex. Please speak to your financial adviser or a qualified tax professional for further information regarding the bring-forward option.</p>

* Your total superannuation balance consists of the total amount of your superannuation interest(s) (including any pensions you hold through superannuation) less any personal injury or structured settlement contributions that have been paid into your superannuation. Please speak to your financial adviser or a qualified tax professional for further information regarding how your total superannuation balance is calculated.

Rollovers from a complying superannuation fund

If you wish to pay your insurance premium for cover held inside ClearView LifeSolutions Super with a rollover from a complying superannuation fund, you will need to apply for a ClearView LifeSolutions Super Rollover account in the Fund. You can obtain a copy of the ClearView LifeSolutions Super Rollover PDS from your financial adviser or go to clearview.com.au/tools/pds-and-brochures.

You will also need to complete an 'Enduring partial transfer request and authority form'. Once completed, this form can be forwarded to the trustee of your existing superannuation

fund (where you are requesting the funds to come from) or to us, and we will contact the trustee of your superannuation fund on your behalf. This authority is a standing order, which means you authorise the trustee to rollover amounts annually. The authority continues until you die, it is revoked or replaced in writing by you, or your cover ceases.

You may also prefer to rollover a lump sum amount to cover the next few years' annual premium.

Premiums may only be paid annually if you are using a rollover to pay your ClearView LifeSolutions Super insurance premium.

It is important that you are aware of any fees and charges that may apply in relation to a full or partial rollover of benefits from or to any other superannuation account, and you should consider where future contributions will be paid and the effect of the rollover on any benefit entitlements (including insurance).

Superannuation rollover tax benefit

When you pay your ClearView LifeSolutions Super premium via a rollover, you may receive the benefit of a 15% tax deduction on the premium.

If you have paid your annual premium via a combination of rollover and a contribution, the benefit will only apply to the portion of your premium covered by the rollover.

The superannuation rollover tax benefit has no cash value and will not be carried forward. The benefit applies under an arrangement between us and the Trustee and may be withdrawn or changed at any time. We will notify you if this occurs.

Contributions tax and tax deductions

Generally, 15% contributions tax is required to be paid by your superannuation fund on all concessional contributions (e.g employer contributions, salary sacrifice and personal contributions for which you claim a tax deduction).

Some high income earners may be required to pay an additional 15% tax (Division 293 tax) on certain contributions. Individuals with income (as calculated for surcharge purposes, other than reportable super contributions) and low tax contributions (i.e. concessional contributions less any excess concessional contributions) greater than \$250,000 are subject to Division 293 tax.

If applicable, the Division 293 tax of 15% will apply to the lesser of the person's low tax contributions and the excess over the \$250,000 threshold.

In many cases, the payment of the insurance premium by the Trustee to ClearView will be deductible to the Fund. The benefit of the deduction may be passed, in whole or part, to you in offsetting contributions tax payable on the contribution, as determined by the Trustee. Currently, where no tax is payable on the contribution or where your premiums are funded by a personal contribution for which

you claim a tax deduction, the benefit of the deduction will not be passed to you in whole or part.

This information is of a general nature only. You should seek tax advice specific to your personal circumstances from a tax adviser or registered tax agent.

When does the cover start?

If you have elected to pay your annual premium via a rollover, we will give you 30 days after the cover start date for the funds to be rolled over into the Fund. If we have not received the funds prior to the end of the 30 day period, we will notify you and give you the opportunity to speak with your superannuation fund. If we do not receive the rollover at the end of the 30 day period, your cover will cease.

We encourage you to make contact with your superannuation fund to encourage the timely processing of your rollover request.

Default bank account

When you apply for ClearView LifeSolutions Super, you have the option to establish a default bank account which we will use to fund your insurance premium in the event that the rollover is not processed within 30 days of the cover start date. However, you must take into consideration that any payment into ClearView LifeSolutions Super is considered a contribution to your superannuation fund and therefore will count towards your contribution caps. For more information on contribution caps please see page 67.

Refund of premium

The contributions or rollovers you make to fund your insurance held through ClearView LifeSolutions Super are subject to superannuation preservation rules and are generally not refundable directly back to you, the member.

If you have paid an annual premium and cancel your cover part way through the year and are due a pro-rata premium refund, we may make this refund by way of a rollover to another complying superannuation fund.

If you have not provided us with the details of your nominated superannuation fund within 30 days (of us asking), we may transfer the refund to an eligible rollover fund (ERF). Please refer to page 73 for details on our nominated ERF.

When money is paid as a rollover to another superannuation fund, any contributions tax that would otherwise have been offset by a tax deduction for the insurance premium may become payable by the Fund. In these cases, the amount of tax payable will be deducted from the amount refunded and the balance rolled over to your nominated superannuation fund.

Continuation option

If you are no longer eligible to hold cover inside superannuation or wish to move your cover to a policy that is owned outside of superannuation, we will allow you to replace the cover without the need for medical evidence.

Your cover must be in place at the time you exercise this continuation option.

The continuation option is not available if you are both:

- on claim or eligible to claim at the time of your request, and
- you remain eligible to hold your cover inside superannuation.

When can I receive the benefits?

Since the cover is held in a superannuation fund, not only must you meet the policy terms, the Trustee must confirm that you meet a condition of release as defined in the SIS Act in order to access any benefit that has been paid as a result of a claim.

The relevant SIS Act conditions of release are death, terminal medical condition, temporary incapacity and permanent incapacity.

Tax on benefits

Death benefit

The tax applicable to death benefits payable to beneficiaries depends on a number of factors such as how the benefit is paid (lump sum or pension), timing, the tax dependency status of your beneficiaries and the age at the date of death of yourself and your beneficiaries.

Provided the ClearView LifeSolutions Super death benefit is paid as a lump sum, it will be tax free if paid to a dependant for tax purposes (either directly or via your estate). If the death benefit is paid as a lump sum to a non-dependant for tax purposes, the benefit will be subject to tax at the following rates:

Relationship to deceased	Tax free component*	Taxable component*	
		Taxed element	Untaxed element
Tax dependant^	Tax free	Tax free	Tax free
Tax non-dependant	Tax free	Up to 15% plus Medicare Levy of 2.0%	Up to 30% plus Medicare Levy of 2.0%

* For information on how the different tax components are calculated, go to www.ato.gov.au or consult your financial adviser and/or tax professional.

^ A dependant for tax purposes is defined differently to a dependant for superannuation purposes. For information on who is a tax dependant, go to www.ato.gov.au or consult your financial adviser and/or tax professional.

A lump sum death benefit paid to a non-dependant of an Australian Defence Force or police personnel who died in the line of duty has the same tax treatment as a benefit paid to a dependant.

Terminal illness benefit

If a lump sum benefit for *terminal illness* becomes payable under a ClearView LifeSolutions Super policy, the benefit will be tax free.

TPD benefit

TPD benefits are paid as a superannuation lump sum and are treated as a disability superannuation benefit for tax purposes. The amount of tax payable depends on the individual components making up the benefit and your age at the date of withdrawal.

Age	Taxation treatment
Under preservation age*	Taxable component (taxed element) – taxed at up to 20% plus the Medicare Levy of 2.0%. Tax free component – tax free.
Preservation age to 59*	Taxable component (taxed element) – Tax free up to the low rate threshold of \$215,000 [^] . Amounts over the low rate threshold will be taxed at up to 15% plus the Medicare Levy of 2.0%. Tax free component – tax free.
Age 60 and above	All payments and/or withdrawals will be tax free.

Note: Figures current for 2020/21 year.

* The components of your withdrawal will generally be required to be taken in the same proportion as the components in your account at the time of the withdrawal. For information regarding preservation ages, go to www.ato.gov.au or consult your financial adviser and/or tax professional.

[^] Indexed to Average Weekly Ordinary Time Earnings, in increments of \$5,000 (rounded down)

Income protection benefit

If an income protection benefit becomes payable, this will typically be treated as your personal assessable income for tax purposes and will be subject to tax at your marginal tax rate. The Trustee will be required to withhold PAYG tax before making any benefit payment to you.

In any case, ClearView will pay interest on the death, terminal illness, TPD or income protection benefit from the date ClearView admits liability under the policy in accordance with the *Insurance Contracts Act 1984* (Cth) to the date ClearView pays the benefit to the Trustee.

Tax File Number (TFN)

We can collect, use and disclose your TFN under the *SIS Act*. Declining to provide your TFN is not an offence. However, we will not accept your application without a valid TFN.

Giving your TFN to us will have the following advantages:

- we will be able to accept all permitted types of contributions to your account
- other than the tax that may ordinarily apply, you will not pay more tax than you need to – this affects both contributions to your super and benefit payments when you start drawing down your super benefits, and
- it will make it much easier to find different super accounts in your name so that you receive all your super benefits when you retire.

Note: If your TFN is found to be invalid:

- more tax may become payable on your benefits than would otherwise be payable, and/or
- if you are eligible, you may not receive your government co-contribution, and/or
- it may become more difficult to locate or amalgamate your superannuation benefits in the future to pay you any benefits you are entitled to.

As a consequence, while you are not required to provide your TFN under superannuation law, if you do not quote your TFN at the time of joining, it is considered an incomplete application.

If you provide your TFN to us, we will use it only for legal purposes, which include:

- calculating tax on any benefit you may be entitled to
- providing information to the Commissioner of Taxation (including disclosing your TFN), and
- identifying other accounts you may have within the Fund for consolidation purposes.

When you provide your TFN to us, you consent to us:

- using it to seek information about your superannuation accounts from the ATO using the ATO's SuperMatch program or other facility provided by the ATO, and
- where, as a result, we locate information about superannuation accounts which you hold with other superannuation providers, contacting those providers to confirm the accuracy of the information.

After we have confirmed that you hold superannuation monies with other superannuation providers, we will notify you and you can authorise us to consolidate those accounts on your behalf if you choose to do so.

Please note, the purposes for which we may use your TFN may change in the future following legislative change. The consequences of not providing the TFN may also change in the future.

If you provide your TFN to us, we may provide it to another superannuation fund trustee or retirement savings account provider to whom your benefits are to be transferred, unless you request us not to do so in writing. In all other respects your TFN will be treated as confidential.

Identification requirements

In order to address money laundering and the financing of terrorism, laws have been established which impose significant 'know your customer' obligations upon the trustee. The Trustee may need to verify the identity of you, your beneficiary or anyone acting on your behalf. The Trustee may also be required to provide information to the authorities on you.

If the Trustee is required by law to delay or refuse your request for a transaction and you incur a loss, the Trustee is not liable for the loss.

Payment of death benefits

You may nominate up to five beneficiaries, provided the following conditions are met:

- any person you nominate must be either a 'dependant' under superannuation law or your Legal Personal Representative
- you must provide the full name, address, date of birth and relationship to the person(s) nominated
- your nomination must be given to the Trustee in writing prior to your death, and
- all nominations must be in whole numbers and total 100%.

You can choose from the following options as to how your benefit in the Fund will be paid in the event of your death.

Option 1 – Binding (non-lapsing) nomination

If you have a valid non-lapsing binding nomination in place, the Trustee is required to pay your death benefit to the person or people that you have nominated in accordance with that nomination. This provides you with greater certainty, knowing who will receive the benefit amount in the event of your death.

In addition to the nomination conditions set out above, in order for your binding nomination to be valid, any person you nominate must be either a 'dependant' or your Legal Personal Representative at the time of your death. Further, your written nomination must be signed and dated in the presence of two witnesses who are over the age of 18 and are not nominated as a beneficiary. The two witnesses must also sign and date a declaration that they were in your presence when you signed and dated your nomination.

If a nominated person is not an eligible beneficiary at the time of your death, that portion must be paid to any remaining nominated beneficiary(ies) on a pro-rata basis based on each remaining nominated beneficiary's portion of the death benefit compared with the portion of death benefit payable to all of the remaining nominated beneficiaries.

If there are no remaining eligible beneficiaries nominated, the death benefit will be paid as a lump sum to your Legal Personal Representative (please see the section 'Payment to your Legal Personal Representative' on this page).

A binding nomination is an important document.

The Trustee will include the name of your beneficiary(ies) in your annual member statement. This may serve as a prompt for you to contact the Trustee for a 'Nomination of Beneficiary Form', if there has been a change in your circumstances since your most recent nomination. For instructions on revoking your nomination, please contact us on **132 979**.

Option 2 – Non-binding nomination

If you make a non-binding nomination, the Trustee will take your nomination into account. However, the Trustee is not required to pay the death benefit in accordance with your nomination and may determine to pay the death benefit as a lump sum to one or more of your 'dependants', your Legal Personal Representative or in accordance with superannuation law.

Payment to your Legal Personal Representative

If:

- you have not made a binding nomination or a non-binding nomination, or
- your binding nomination is not valid at the time of your death

the benefit will be payable as a lump sum to your Legal Personal Representative.

A Legal Personal Representative is the executor of your estate (generally as indicated in your will), or the administrator of your estate (for example, the person appointed by the court to administer your estate where you die without a will).

If the Trustee is required to pay or has decided to pay all or part of the death benefit to your Legal Personal Representative, and a Legal Personal Representative is not appointed within six months of your death (or such longer period determined by the Trustee), the Trustee will use its discretion to determine the way the death benefit is paid, in what proportions, and to whom. In doing this, the Trustee will pay your benefit to one or more of your 'dependants' in the first instance or if none, in accordance with the trust deed and superannuation law.

Who is a 'dependant'?

A 'dependant' as defined under superannuation law includes:

- your spouse, which includes:
 - a person to whom you are married
 - a person who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple regardless of whether you are of the same sex or opposite sex, and
 - a person with whom you are in a relationship that is registered under the *Relationships Act 2008* (Vic), *Relationships Act 2003* (Tas), *Relationships Register Act 2016* (SA), *Domestic Relationships Act 1994* (ACT), *Births, Deaths and Marriages Registration Act 1997* (ACT), *Relationships Register Act 2010* (NSW), or the *Civil Partnerships Act 2011* (Qld).

- your child, which includes:
- an adopted child, step child or an ex-nuptial child
- a child of your spouse
- a child to a woman as a result of an artificial conception procedure while that woman was married to you or was your defacto partner, and
- a child who is your child under State or Territory legislation giving effect to a surrogacy arrangement.
- any other person who, in the Trustee's opinion, was wholly or partially financially dependent on you at the time of your death, and
- a person with whom you had an interdependency relationship at the time of your death. Generally, an 'interdependency relationship' is one where two persons, whether or not related:
 - have a close personal relationship
 - 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.

If two persons have a close relationship, but do not satisfy the other requirements because either one or both of them suffer from a disability or they are temporarily living apart, they may still be considered to have an interdependency relationship.

The Trustee

The Trustee is the trustee of the HUB24 Super Fund (Fund) and is the holder of a Registrable Superannuation Entity (RSE) Licence under the *SIS Act*. ClearView LifeSolutions Super is a risk-only product of the Fund. Your membership of the Fund is governed by the Trust Deed and relevant law.

The Trustee has professional indemnity insurance to protect the interests of members.

The Trustee is responsible for:

- all aspects of the Fund, and
- holding the funds' assets and ensuring that the Fund is properly administered, in accordance with the Trust Deed, general law and in compliance with legislation, including the *SIS Act*.

The Trustee reserves the right to change any terms and conditions of ClearView LifeSolutions Super and will notify you of any change as required by law.

The Trust Deed

The Trust Deed governs the Fund and contains the powers and duties of the Trustee and the rights and obligations of the members of the Fund, including ClearView LifeSolutions Super. Members are bound by (and the Trustee must comply with) the Trust Deed (as amended from time to time) for the Fund.

You may contact us for a copy of the Trust Deed, which we will provide to you free of charge.

The Trustee is also subject to duties under the law, including to:

- act honestly
- exercise care and diligence, and
- exercise its powers in the best interests of members of the Fund (as a whole).

The Trust Deed (and superannuation law) govern how the Fund works, including the following (which do not require your consent):

- the Trustee's rights to introduce fees
- the Trustee's powers in relation to how and when the benefits can be paid
- the Trustee's rights to be indemnified from the assets of the Fund for costs and expenses in acting as the trustee of the Fund and the extent to which the Trustee's liability is limited
- the Trustee's power to amend the trust deed
- the Trustee's right to transfer your benefits to another superannuation fund, and
- the Trustee's right to terminate the Fund at any time.

Regulated disclosures

The trustee is required under superannuation law to disclose additional information regarding certain matters such as trustee and officer remuneration, trust deed and other governance information. This information will be disclosed as required by law on our website at clearview.com.au/superannuation-investments-retirement/trustee-information.

Regular reports

An annual report about the management and financial condition of ClearView LifeSolutions Super as at 30 June, is prepared each year.

A copy of the latest annual report is available on our website at clearview.com.au or you can elect to receive a paper copy of the annual report by contacting us and we will send it to you, free of charge.

We will also send you an annual statement confirming your current benefits within the Fund and your level of insurance cover.

Management fees and charges

Currently, there are no management fees or charges associated with ClearView LifeSolutions Super. The only amount payable is the contribution or rollover you make to cover the cost of your insurance premium. For more information on the cost of your premium please refer to page 62.

Please refer to the ClearView LifeSolutions Super Rollover PDS for details about fees and charges associated with rolling over monies to the Fund.

The Trustee may introduce fees and charges by providing you with at least 30 days' prior notice.

Eligible rollover fund (ERF)

In circumstances where an amount is refunded or payable to you or another fund, the Trustee may transfer your account balance or member benefit, as applicable, to an eligible rollover fund (ERF) if:

- the Trustee is unable to contact you or otherwise determines that you have become a 'lost member'
- where required, you do not elect to transfer (rollover) your benefits to another superannuation fund
- there is a premium refund due and the cover is no longer in place, or
- any other reason determined by the Trustee.

The Trustee will notify you of the transfer, at your last known address.

The ERF that has been selected by the Trustee is SuperTrace Eligible Rollover Fund, ABN 73 703 878 235 (SuperTrace).

The trustee of SuperTrace is Equity Trustees Superannuation Limited (ABN 50 055 641 757 AFSL 229757 RSEL 0001458).

If you would like more information on SuperTrace or a copy of its PDS, you can contact the trustee on **1300 788 750**, fax **1300 700 353** or write to them at the address below.

SuperTrace
Locked Bag 5429
Parramatta NSW 2124

Being transferred to the ERF will affect your superannuation benefits:

- you will cease to be a member of ClearView LifeSolutions Super (and your cover will cease)
- you will become a member of the ERF and your account will be invested in accordance with the ERF's investment strategy
- the ERF does not provide any insurance cover and therefore you will lose the insurance cover you held through ClearView LifeSolutions Super, and
- different fees and costs will apply.

Complying Superannuation Fund notice

This notice confirms that the HUB24 Super Fund (Fund) (of which ClearView LifeSolutions Super is a part):

- is a resident regulated superannuation fund within the meaning of the *SIS Act*, and
- is not subject to a direction under section 63 of the *SIS Act*.

Pursuant to section 25 of the *Superannuation Guarantee (Administration) Act 1992* (Cth), a contribution by an employer for the benefit of an employee to the Fund is conclusively presumed to be a contribution to a complying superannuation fund if the employer receives a copy of this Complying Superannuation Fund Notice at or before the time that the contribution is made, except in the limited circumstances set out in that section.

Claims

Claims Accountability

When you make a claim under your policy, ClearView will undertake to:

- take the time to understand your position and your claim as well as facilitate easy and open communication throughout the claims process
- advise you of what to expect in relation to the assessment of your claim from the beginning
- keep you advised of developments occurring in relation to your claim. It is important to us that you are aware of and understand what is occurring in relation to your claim and the progress of our assessment
- explain to you the impact of any information we obtain in relation to your claim
- advise you as soon as reasonably practicable in circumstances where we require additional information or need to undertake certain investigations in order to carry out a complete assessment of your claim
- if we require you to be independently examined, we will work with you in reaching a mutually agreeable time and location
- if we do not accept your claim or make an adverse decision in relation to your claim, we will give you our reasons in writing
- if you do not agree with any decision we make you will have the right to request a review and discuss your position with us. In the first instance, we will endeavour to reach a fair resolution with you, and
- if we are not able to reach a fair resolution we will assist you to identify other options available to you.

The only time the Claims Accountability will not apply is when you have not met your Duty of Disclosure in accordance with the *Insurance Contracts Act 1984* (Cth) or are involved in an illegal activity, including fraudulent activity.

Making a claim

If you believe you may be eligible for a claim, you should notify us as soon as reasonably possible.

You must provide us with information and evidence which is necessary to establish your entitlement to a benefit.

At a minimum we will require:

- our claim form completed in a manner acceptable to us, acting reasonably, and
- proof of your age, if not already provided.

The evidence that you will need to provide depends on the nature of your claim and policy. You can find detailed information about evidence requirements in our Claims Guide, which can be found at www.clearview.com.au/life-insurance/claims or you can request a copy by calling us on **132 979**.

We may, acting reasonably, require you to attend and engage with the following providers:

- independent medical examiner
- occupational rehabilitation service provider
- forensic accountant, which may involve a financial audit or information from your accountant
- consultant appointed by us to discuss the circumstances surrounding your claim, in a meeting.

If you do not provide the evidence that we require or you do not attend and engage with the providers outlined above, we may not be able to establish your entitlement to a benefit.

We may, acting reasonably, refuse the claim or reduce the amount of the benefit, to the extent we are prejudiced by an unreasonable delay in lodging a claim, or as a result of any other act in relation to the claim by you.

Ongoing claims

Where claim payments are ongoing, you may be required to provide evidence periodically until your claim or cover ends, which is necessary to establish your continued entitlement to the benefit payments.

If you do not provide the evidence that we require we may, acting reasonably, reduce, cease or suspend payments to the extent your continued entitlement to the benefit cannot reasonably be established.

We will tell you if this applies to you and give you reasonable opportunity to provide the evidence before doing so. We will continue your payment where you can reasonably demonstrate that any delay was beyond your control.

The evidence that you will need to provide depends on the nature of your claim and policy. You can find detailed information about evidence requirements for ongoing claims in our Claims Guide, which can be found at www.clearview.com.au/life-insurance/claims or you can request a copy by calling us on **132 979**.

Who is responsible for the cost of providing evidence?

The cost of producing evidence, such as medical and financial information, which we may reasonably require to establish the validity of a claim, is your responsibility. However, if we require you to attend an independent medical examination, we will pay for it, including the cost of production of reports and travel costs agreed in advance (but excluding missed appointment fees).

Adjustments to payments

In the event an amount is paid to you in error or in good faith before we complete our assessment of a new claim, or during the course of an ongoing claim, and you are later assessed as ineligible to receive part or all of the benefit as a result of evidence you provide, we may:

- recover monies already paid
- offset overpayments against future benefits
- withhold future benefit payments

If we decide to recover, offset, or withhold payments, we will provide reasonable notice and where repayment is required, reasonable time to repay.

Who receives the benefit?

Generally, the policy owner will receive any benefits that become payable on a policy. For Life Cover held outside superannuation, where a beneficiary has been nominated on a policy, they will receive the death benefit.

In the case of cover held through:

- ClearView LifeSolutions Super, we pay the benefit to the Trustee and the Trustee determines who will receive the benefit in accordance with the governing rules of the Fund and superannuation law. Please refer to page 71 for further details.
- your SMSF or *approved superannuation fund*, we pay the benefit to the trustee of the SMSF or *approved superannuation fund* and they will determine who will receive the benefit in accordance with the governing rules of the SMSF and superannuation law.

Nominating a beneficiary

This section describes the terms for nominating a beneficiary for a non-superannuation policy. For information on nominating a beneficiary for LifeSolutions Super, please refer to 'Payment of death benefits' on page 71.

A nominated beneficiary is a person(s) who has been nominated by you, as the policy owner to receive part or all of the benefits payable in the event of the death of the person insured. The policy does not confer any other rights on a beneficiary.

You are able to nominate up to five beneficiaries to receive any death benefits payable, subject to the following rules:

- a nominated beneficiary must be a natural person, corporation or trustee
- a nominated beneficiary will receive the designated portion of any money payable under the relevant cover
- if a nominated beneficiary dies or the corporation or trustee ceases to exist before a claim is made, then any benefit that would have been payable to the beneficiary will be paid to the policy owner or the policy owner's estate
- if ownership of the policy is assigned or transferred to another person or entity, then any previous nomination of beneficiary becomes invalid
- the policy owner can make a nomination or change a nomination at any time provided we receive your nomination in writing prior to your death, and
- all nominations must be in whole numbers and total 100%.

You are the beneficiary in respect of a child insured.

You may not nominate any other beneficiary to receive a Child Cover benefit.

Applying for cover

In order to become covered for insured benefits under ClearView LifeSolutions or ClearView LifeSolutions Super, you will need to speak with your financial adviser. They can help you determine the type of cover and the benefit amount that will best suit your needs.

Your duty of disclosure

In this section, 'you/your' refers to the policy owner and if applicable the person insured if the cover is for the life of another person. Before we agree to issue an insurance policy, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms.

You do not need to tell us anything that:

- reduces the risk to be undertaken by us
- is common knowledge
- we know or should know as an insurer, or
- we waive the duty to tell us about.

Please note, the above duty to disclose relevant matters continues until we have agreed to issue the insurance cover. This same duty applies before an insurance contract is extended, varied or reinstated.

If you are applying for insurance through ClearView LifeSolutions Super, the duty of disclosure applies to the Trustee, as trustee of the Fund, and you have a corresponding duty to disclose all relevant information to the Trustee.

Non-disclosure

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

If you do not tell us anything where required, and we would not have issued the insurance cover if you had told us, we may avoid the contract of insurance within three years of entering into it.

If we choose not to avoid the contract of insurance, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything as required. However, if the contract provides cover on death, we may only exercise this right within three years of entering into the contract in respect of that death cover.

If we choose not to avoid the contract of insurance or not reduce the amount you have been insured for, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything as required. However, this right does not apply in respect of any death cover.

If the failure to tell us everything as required by the duty of disclosure is fraudulent, we may refuse to pay a claim and treat the contract of insurance or any part of it as if it never existed, irrespective of the type of cover.

The policy owner and person insured should be aware that a failure by the person insured to tell us a matter of the kind referred to above may be treated as a failure by the policy owner to comply with his/her duty of disclosure.

When cover starts

Cover starts once your application has been approved and we have received the first premium. If your cover is held through ClearView LifeSolutions Super, you must be a member of the Fund before your cover can commence. If you have elected to pay your annual premium via a rollover, we will give you 30 days after the cover start date for the funds to be rolled over into the Fund. If we have not received the funds prior to the end of the 30 day period, we will notify you and give you the opportunity to speak with your superannuation fund. We encourage you to make contact with your superannuation fund to encourage the timely processing of your rollover request.

We will issue you with a policy certificate for each policy you applied for. For example, if you applied for flexi linked cover, you will receive two policy certificates, one for the cover held inside super and another for the cover held outside super. The policy certificate sets out the details of your cover including: person insured; benefit amount; cover start date; premium type; additional options that have been selected; and any special conditions or varied terms that may apply to your cover.

Your policy is a contract

Your policy is a contract that consists of:

- the PDS and Policy Document
- any other documents we issue which vary your policy, in accordance with this PDS, and
- the latest policy certificate we have issued in relation to your policy.

These documents are important and you should read them carefully and keep them in a safe place.

Cooling off period

If for any reason you feel that your policy does not meet your needs, you can cancel it by notifying us in writing (by post or email) during the cooling off period and we will cancel your policy from the cover start date and refund any premiums you have paid.

The cooling off period is 30 days, starting on the earlier of:

- the date you receive your policy, or
- five business days after your cover start date.

If you have applied for cover through ClearView LifeSolutions Super, your refund may be required to be preserved within superannuation.

You will not be able to cancel your policy under the cooling off period if you have already made a claim under the policy or for ClearView LifeSolutions Super, exercised any rights in relation to the Fund.

When cover ends

As long as you continue to pay your premiums, we will continue to provide cover until the first of the following occurs:

- the date on which all entitlements under the cover are paid
- you die
- the policy anniversary immediately after the expiry age (the expiry age for each type of cover and premium is explained in the PDS and Policy Document and is also stated on your policy certificate)
- we cancel your cover following your request, with the cancellation effective from the next premium instalment date (or the start of the next month of your policy if the premiums are paid annually)
- we cancel your cover because premiums are unpaid, as and when due, in accordance with the 'If you stop paying your premiums' section on page 63 of this PDS
- we cancel your cover in accordance with our rights in relation to your duty of disclosure, or
- for cover held through ClearView LifeSolutions Super, 30 days after you cease to be a ClearView LifeSolutions Super member of the Fund or when you become ineligible for ClearView LifeSolutions Super membership of the Fund under law.*

When all cover ceases, the policy ceases.

* If your cover is held through ClearView LifeSolutions Super and you wish to continue your cover with a non-superannuation policy, please refer to the section on Continuation option on page 69 of the PDS and Policy Document.

General policy conditions

Changing the policy owner

You may transfer the ownership of your policy (other than a ClearView LifeSolutions Super policy) to another person, subject to relevant law, including superannuation law, by completing a Memorandum of Transfer (which must be signed by you and the transferee) and sending it to us with your original policy to be registered.

If you choose to apply for cover through ClearView LifeSolutions Super, the Trustee is the owner of the policy. Generally, the Trustee will not transfer ownership to another person, superannuation fund or entity.

Statutory fund

All premiums received are paid into ClearView Life Assurance Limited's No. 1 Statutory Fund, and all benefits are paid out of this fund.

Non-participating policy

This policy does not participate in distributions of profits or surplus of ClearView.

Notices

Any notice you give us under this policy must be given to us in writing, however in some circumstances, notices given to us by contacting us on 132 979 may be acceptable and will be effective from the date on which we receive them.

Any notice which we give you must also be in writing, and will be effective when delivered, emailed or faxed to, or five days after it is posted to, the address last known to us.

Variations to the policy

Subject to the following and the section 'Provision for upgrades' on page 6, any variation of this policy which affects your benefits must be agreed to between the parties and any agreement by us must be in writing.

To the extent permitted by law we may otherwise unilaterally vary this policy as a result of any changes in the law as they affect this policy, or if the variation is not prejudicial to you. To the extent permitted by law, any such unilateral variation of this policy will apply to all ClearView LifeSolutions and ClearView LifeSolutions Super policies in a defined group and you will be given at least 30 days notice in writing of any new conditions.

Replacement cover

Where you have told us that this policy or the cover issued under this policy replaces existing cover with us or another insurer the cover issued under this policy is conditional upon the existing cover being cancelled. If the cover under the existing policy is not cancelled prior to a claim arising under this policy, we will reduce any amount payable under this policy by the amount received under the policy that was to be replaced. Please refer to the 'Risks' section on page 81 for further details about the risks of replacing your existing cover.

You should not cancel any existing cover until your new policy has been accepted.

Requests to vary your cover

You may request to vary your cover options, your benefit amount, or premium type subject to the maximum entry age and the available options described for your selected cover type in the most recent issue of this PDS.

If you wish to reduce your level of cover, remove an option, or change to a more restrictive option, you must notify us of your request in writing.

If you wish to increase your level of cover, add an option, or change to a less restrictive option, you will need to complete an application for the increase. This application may include questions on your health, occupation and pastimes to help us decide if the cover can be accepted under our standard terms.

Cancelling your policy

You can cancel your policy by notifying us of your request in writing or by contacting us on **132 979**.

By cancelling your policy, we will no longer deduct insurance premiums for your policy and your insurance cover will cease and you will be unable to make a claim for an event which occurs after the date cover ceases. There is no refund of premiums, except for annual payments made in advance where a pro-rata refund is available calculated from the start of the next month of your policy.

Direct Debit Request Service Agreement

By signing a direct debit request, you have authorised us to arrange for funds to be debited from your bank account for payment of the applicable premium for your ClearView LifeSolutions policy or your ClearView LifeSolutions Super policy. You should refer to the direct debit request and this Direct Debit Request Service Agreement set out below for the terms of the arrangement between us and you.

Definitions used in this agreement

account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

Agreement means this Direct Debit Request Service Agreement between you and us.

BECS means Bulk Electronic Clearing System as managed by the Australian Payments Clearing Association Ltd.

business day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by you to us is due.

Debit payment means a particular transaction where a debit is made.

Direct debit request means the direct debit request between us and you.

Us or we means, ClearView Life Assurance Limited ABN 12 000 021 581 who you have authorised by signing a direct debit request.

You means the customer who signed the direct debit request.

Your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

Debiting Your Account

By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account. You should refer to the direct debit request and this agreement for the terms of the arrangement between us and you.

We will only arrange for funds to be debited from your account as authorised in the direct debit request.

If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

Changes by us

We may vary any details of this agreement or a direct debit request at any time by giving you at least 14 days written notice.

Changes by you

Subject to anything referred to under this 'Changes by you' section, you may change the arrangements under a direct debit request (which may include requesting deferment or alteration of the request) by writing to us in accordance with the 'Notice' section of this agreement.

You may change or cancel your authority or your direct debit request (and may stop any debit payment before it occurs) by writing to us in accordance with the 'Notice' section of this agreement.

If you cancel your authority or your direct debit request, you must make alternative arrangements with us to ensure your premiums are paid. Non-payment of premiums will result in your policy lapsing.

You should direct all request for such stops or cancellations to us in the first instance rather than to your financial institution.

Your authority and direct debit request will be cancelled if:

- you cancel your ClearView LifeSolutions policy
- you cancel your ClearView LifeSolutions Super policy, or
- your policy lapses.

Your obligations

It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.

If there are insufficient clear funds in your account to meet a debit payment:

- you may be charged a fee and/or interest by your financial institution
- you may also incur fees or costs imposed or incurred by us (provided that we have given you notice of any fees or costs imposed by us)
- you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment, and
- the settlement of an investment transaction may be delayed.

You should check your account statement to verify that the amounts debited from your account are correct.

If ClearView Life Assurance Limited is liable to pay goods and services tax ('GST') on a supply made in connection with this agreement, then you agree to pay ClearView Life Assurance Limited on demand an amount equal to the consideration payable for the supply, multiplied by the prevailing GST rate.

Dispute

If you believe that there has been an error in debiting your account, you should notify us on **132 979** and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.

If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.

Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution, which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

Accounts

You should check:

- with your financial institution whether direct debiting is available from your account as direct debiting through Bulk Electronic Clearing System (BECS) is not available on all accounts offered by financial institutions
- your account details which you have provided to us are correct by checking them against a recent account statement, and
- with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

Confidentiality

We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. We will comply with any relevant privacy laws.

Subject to relevant privacy laws, we will only disclose information that we have about you:

- to the extent specifically required by law
- for the purposes of this agreement (including disclosing information in connection with any query or claim), or
- to your financial institution if your financial institution requires such information in connection with a claim made on it relating to an alleged incorrect or wrongful debit.

Notice

If you wish to notify us in writing about anything relating to this agreement, you should write to:

ClearView
GPO Box 4232
Sydney NSW 2001

We will notify you by sending a notice in the ordinary post to the address you have nominated.

Any notice will be deemed to have been received two business days after it is posted.

Customer satisfaction and things you need to know

What we pay your financial adviser

We may pay your financial adviser a commission. This commission will be paid from the premium and is not an extra charge to you.

From time to time we may also make permitted payments to financial services licensees. These payments are made by us and are not an additional charge to you.

Your financial adviser will provide you with a financial services guide and where applicable, a statement of advice, which will detail the benefits they receive for selling you this policy.

Gifts Register

We maintain a Gifts Register in accordance with regulatory requirements which currently prescribe that the registers are maintained by fund managers, Investor Directed Portfolio Service (IDPS) providers, representatives and licensees. These registers outline the alternative forms of remuneration which are paid and received from givers and receivers. The law regarding these registers may change and consequently so may our practices.

Our register is publicly available. If you would like to view the register, please contact our Customer Service Centre on **132 979**.

No cash value

The types of cover described in the PDS and Policy Document do not have a surrender value or a cash-in value at any point.

Risks

Before you consider acquiring a ClearView LifeSolutions policy or applying to be covered through ClearView LifeSolutions Super, it is important you understand the risks that can impact you.

What is risk?

Risk is defined as uncertainty and unpredictability. Listed below is a summary of the general risks, but these are not exhaustive and there could be other risks which could adversely impact you. You should seek your own professional advice on the appropriateness of this product for your particular circumstances before making a decision about your insurance arrangements.

General risks

There is a risk that:

- the cover type or amount of cover may not be appropriate for your needs (you should consider the options you select carefully)
- if you become unable to pay your premium in the future we may cancel your cover
- if you do not disclose to us every matter that you know or could reasonably be expected to know, that would be relevant to our decision about whether or not to accept your application and on what terms, we may avoid the cover or reduce the benefit amount payable
- should an exclusion apply to your policy, a benefit may not be paid to you
- premium rates are not guaranteed and we may review the premium rates both up or down in the future, regardless of which premium type you select, in accordance with the 'Can premium rates change?' section on page 62 of this PDS
- if some or all of your cover is held through superannuation, you may be unable to access the benefit amount if you do not meet a condition of release under superannuation law, and
- if you are paying for your premiums using superannuation money, there is a risk of eroding your superannuation balance.

Additional risks apply if you are applying for cover under this policy to replace existing cover held with us or another insurer:

- you may lose access to any accrued benefits or loyalty features of the existing cover
- this policy may not fully match the benefit inclusions of the existing cover
- exclusions which have ceased to apply on your existing cover may be applied on this policy, and
- a claim which may have been payable under your existing cover may not be payable under this policy if your health has declined. This may be the case even if we issue your cover under standard terms but you did not disclose the health matter (whether or not intentionally).

If you want additional information

For further information about ClearView LifeSolutions and/or ClearView LifeSolutions Super, contact your financial adviser or call us on **132 979**.

If you have a complaint

We're never satisfied when it comes to doing better and our customers are very important to us. If something goes wrong, we're determined to make it right again. If you've had an experience with us that you are not satisfied with, we're here to resolve the issue.

If you have a complaint, please call us on **132 979** or write to the following address:

Complaints Manager
ClearView
Reply Paid 4232
Sydney NSW 2001

Email: complaints@clearview.com.au

Generally, we aim to address your complaint within 45 days (or within any extended period you approve).

If you hold cover through ClearView LifeSolutions

If you are not satisfied with how we respond to your enquiry or complaint or we have not dealt with your complaint within 45 days (or within any extended period you approve), you may contact the Australian Financial Complaints Authority (AFCA).

If you hold cover through ClearView LifeSolutions Super

We will give you a progress update on your complaint at least every 20 days (unless an alternative arrangement has been agreed upon) and we aim to address your complaint within 45 days.

If we are unable to provide a response within 45 days due to exceptional circumstances, we will clearly communicate the revised timeframe.

If an issue has not been resolved to your satisfaction or if we are unable to provide you with a final response within 90 days, you may refer it to the Australian Financial Complaints Authority (AFCA).

Australian Financial Complaints Authority

AFCA provides fair and independent financial services complaint resolution that is free to consumers. You are able to lodge a complaint directly with AFCA however we encourage you to contact us in the first instance and allow us the opportunity to resolve the matter with you. You can contact AFCA on the details below:

Australian Financial Complaints Authority
GPO Box 3
Melbourne VIC 3001
Phone: 1800 931 678

Email: info@afca.org.au
www.afca.org.au

Time limits may apply, so you should act promptly. To find out more about the time limits that are applicable to your type of complaint, please refer to the AFCA website.

Codes of Practice

ClearView has adopted the Life Insurance Code of Practice (Code), with effect from 1 July 2017. The Code has been designed to raise standards across the life insurance industry. This covers many aspects of your relationship with us, from buying insurance to making a claim. It is monitored by an independent committee to ensure effective compliance by life insurers.

On 1 July 2018, the Insurance in Superannuation Voluntary Code of Practice came into effect. The Code is voluntary for super funds to adopt, and is aimed at improving the offering of insurance through super. The Trustee elected to adopt the Code and is proudly working to implement the standards of the Code by the transition date.

Privacy and your personal information

In this section 'we', 'us' and 'our' refers to ClearView and the Trustee, depending on the financial products you apply for under the PDS and Policy Document and 'you' refers to the policy owner and the person insured, if applicable. We are committed to ensuring the confidentiality and security of your personal information. All personal information will be handled in accordance with the *Privacy Act 1988* (Cth).

We collect, use and disclose your personal information including sensitive information in order to consider your application, administer the policy and assess any claim, establish and administer a ClearView LifeSolutions Super interest and determine whether a condition of release has been met (if applicable).

In the case of the Trustee, its related bodies corporate under EQT Holdings Limited (the EQT Group) may also collect personal information about you.

We may also collect your personal information under superannuation, taxation and other relevant laws. We exchange your personal information with third party organisations in the normal operations of our business. In some circumstances, these third party organisations may be located in countries overseas.

You can choose not to provide us with some or all of your personal information including sensitive information, but this may affect our ability to provide you with and manage the financial product or service you request. You may generally access personal information we hold about you.

Sensitive information is personal information which includes, but is not limited to, information or opinions about your health, genetic information, sexual preferences or practices, and criminal history. By completing the application form, you agree to the following:

- we can collect and use your personal information for the following purposes: to assess any application; underwrite; price and issue any policy; calculate or offer benefits and discounts; administer the policy; administer a ClearView LifeSolutions Super interest; to investigate, assess, manage and pay any claim under the policy or from the Fund
- for these purposes we can collect personal information, and disclose it on a confidential basis to: our related entities; the policy owner(s) (where you are a person insured who is not a policy owner); the person insured (where you are a policy owner who is not the person insured); outsource providers; government departments and agencies; investigators; lawyers; advisers; medical and health service providers; reinsurers; other insurers; anyone acting on our behalf; and an agent of any of these. We may also disclose personal information if:
 - acting in good faith, we believe the law requires or permits us to do so, or
 - if you consent, and

- where you provide personal information to us about another person, you are authorised to provide their information to us, and that you will inform that person who we are, how we use and disclose their information, and that they can gain access to that information (unless doing so would pose a serious threat to the life or health of any individual).

The respective Privacy Policies of ClearView and the EQT Group contain:

- full details of how the relevant entity (or group of entities) handles personal information
- information about how you can access your personal information held by the relevant entity (or group of entities) and seek the correction of such information
- information about how you may complain about a privacy breach and how the relevant entity (or group of entities) will deal with such a complaint.

ClearView's Privacy Policy also contains the list of overseas countries where your information collected or held by it may be exchanged in maintaining your account.

You should refer to the EQT Group Privacy Policy for more details about the personal information the EQT Group collects and how the EQT Group collects, uses and discloses your personal information. The EQT Group Privacy Policy also includes further information regarding when personal information may be transferred by the EQT Group to countries outside Australia.

If you would like a copy of ClearView's Privacy Policy or have any questions regarding privacy, please call us on **132 979** or refer to our website at **[clearview.com.au/privacy-policy-\(information-handling-policy-1\)](https://clearview.com.au/privacy-policy-(information-handling-policy-1))**

The EQT Group Privacy Policy is available at eqt.com.au/global/privacystatement and can also be obtained by contacting the EQT Group's Privacy Officer by phone on (03) 8623 5000 or by email to privacy@eqt.com.au.

Marketing

ClearView is committed to providing you with access to a range of leading financial products and services offered by us, affiliated providers and external providers for whom we act as agent. In order to do this we may disclose your personal information on a confidential basis to our related entities within ClearView and these providers. If you do not want your personal information to be used or disclosed for these marketing purposes, please contact us on **132 979**.

Complimentary Interim Accident Cover

We will provide you with Interim Accident Cover, at no extra cost, while we assess your application for cover. This interim cover will not apply where the insurance applied for is replacing existing insurance with us or another insurer.

Interim Accident Cover is provided by ClearView Life Assurance Limited: ABN 12 000 021 581, AFS Licence No 227682. If you applied for cover with ClearView LifeSolutions Super, your Interim Accident Cover benefits will be treated as non-superannuation benefits and be payable directly to you or your nominated beneficiary, as applicable.

When cover starts

This cover starts on the day we receive your fully completed application form along with your completed and valid credit card, direct debit or platform billing authority, or rollover request, if applying for membership in ClearView LifeSolutions Super Rollover. Cover is subject to your premium payment not being dishonoured.

When cover ends

Interim Accident Cover will end on the earliest of the following dates:

- 90 days from the date this Interim Accident Cover started
- the cover start date of your ClearView LifeSolutions or ClearView LifeSolutions Super policy, as indicated on your policy certificate
- the date your application is withdrawn, or
- the date your Interim Accident Cover is cancelled.

When a benefit will not be paid

No benefit will be paid where the condition or event giving rise to the claim under Interim Accident Cover was caused directly or indirectly by:

- an *accident* that first occurred before the Interim Accident Cover started
- suicide or any intentional self-inflicted act
- an act of war (whether declared or not), or
- your participation in any occupation, sport or pastime that we would not normally cover on standard terms, using the underwriting guidelines in use at the time of your application. You can obtain more information on what is not covered by contacting us.

When a benefit will be payable

If you have applied for Life Cover or Accidental Death Cover

We will pay the benefit amount under this cover if you die as the result of an *accident* and death occurs within 90 days of the *accident*.

If you have applied for TPD Cover or Accidental TPD Cover

We will pay the benefit amount under this cover if you are *totally and permanently disabled* (TPD) as a result of an *accident* and TPD occurs within 90 days of the *accident*.

The TPD definition that applies will be the one applied for in the application, provided you met the eligibility requirements and the requested TPD definition was available for your occupation at the time of application.

If you have applied for Trauma Cover

We will pay the benefit amount under this cover if you survive 14 days after suffering one of the following trauma conditions as a result of an accident and the condition occurs within 90 days of the accident:

- *Blindness – Both Eyes, Permanent, Specified Severity*
- *Burns – Severe Full Thickness*
- *Loss of Hearing – Profound*
- *Loss of Limbs or Sight*
- *Major Head Trauma – Significant Permanent Impairment*
- *Paralysis – Two Limbs.*

These trauma conditions have a specific meaning and you should refer to the 'Trauma definitions' section starting on page 90.

If you have applied for Child Cover

We will pay the benefit amount under this cover if the child insured suffers one of the following trauma conditions as a result of an *accident* and survives 14 days, or dies as a result of an *accident* and this occurs within 90 days of the *accident*:

- *Blindness – Both Eyes, Permanent, Specified Severity*
- *Burns – Severe Full Thickness*
- *Loss of Hearing – Profound*
- *Loss of Limbs or Sight*
- *Major Head Trauma – Significant Permanent Impairment*
- *Paralysis – Two Limbs.*

These trauma conditions have a specific meaning and you should refer to the 'Trauma definitions' section starting on page 90.

If you have applied for Income Protection, Income Protection Plus, Accidental Income Protection or Business Expense Cover

We will pay the *monthly benefit amount* under this cover if you are *totally disabled* as a result of an *accident*, and *total disability* occurs within 90 days of the *accident*.

We will pay the *monthly benefit amount* from the end of the waiting period, while you remain *totally disabled*, subject to a maximum of six months.

How much we will pay

We will only pay once for Interim Accident Cover, for any ClearView LifeSolutions or ClearView LifeSolutions Super cover.

In the case of Life, Accidental Death, TPD, Accidental TPD, Trauma Cover or Child Cover we will pay the lesser of:

- the benefit amount applied for, and
- \$1,000,000.

In the case of Income Protection, Income Protection Plus, Accidental Income Protection and Business Expense Cover, we will pay an *insured monthly benefit amount* of the lesser of:

- the total of the *monthly benefit amount* applied for
- the total of the *monthly benefit amount* which would normally be offered by us based on our underwriting rules at the time of application, and
- \$5,000.

Dictionary

accident/accidental

Means an unintended or unexpected event which occurs while this policy is in force (or while Complimentary Interim Accident Cover is in place) and results in an *injury* which is independent of any other cause. For the avoidance of doubt, *accident* excludes:

- suicide and/or events where the *injury* and/or death was unintended and unexpected but was the result of an intentional act by the person insured
- death or *injury* due to natural causes
- vascular accidents, such as a heart attack or stroke
- allergic reactions, or
- any event relating directly or indirectly to having undergone, or undergoing, any surgical procedure.

accredited mortgage provider

An authorised deposit-taking institution (ADI) or any other mortgage provider that holds a current and appropriate Australian credit licence.

appropriate medical specialist

Means a *medical practitioner* who is a fellow of the relevant college that specialises in the insured person's *sickness* or *injury*, registered in Australia (or an equivalent body in another country acceptable to us, acting reasonably).

approved superannuation fund/approved super fund

Means a superannuation fund for which we have entered into a written service agreement with its trustee for the provision of life insurance to its members.

business income

Means your share of the gross income generated by the business before expenses and tax.

For the purpose of this definition *business income* will always have a minimum value of zero.

confined to bed

Means:

- the person insured or child insured is hospitalised for at least three consecutive days, or
- a *medical practitioner* has certified that:
 - the person insured or child insured needs to be continuously confined to bed for at least three consecutive days, and
 - the continuous care of a registered nurse is required.

Consumer Price Index (CPI)

The weighted average annual Consumer Price Index (CPI) increase of the 8 Australian capital cities combined, as published by the Australian Bureau of Statistics (or any body which succeeds it) for the 12 month period ending on the most relevant 31 December. We will apply the CPI increase, where applicable, from 1 May in the following year.

If the change in CPI in any year is a negative value, we will apply a 0% change.

disabled/disability

Refers to *total disability/totally disabled* or *partial disability/partially disabled*.

eligible business expenses

Your share of the normal day to day fixed expenses of your business actually incurred by you for the purposes of the actual running of your business. For the avoidance of doubt, fixed expenses are expenses that continue even if your business is not operating, and include:

- salaries or remuneration of employees who are not directly involved in generating sales, income or billings (including related costs such as superannuation contributions and payroll tax)
- net cost of a locum (a person sourced external to the business and who is a direct replacement for you and whose gross sales, income or billings are less than the fees incurred for that locum)
- rent and regular principal and interest instalment repayments on business loans or mortgages (unless the business premises is also your principal residence)
- business property rates and taxes
- leasing costs for equipment and motor vehicles
- electricity, gas, water, telephone, laundry and cleaning
- business related insurance premiums (excluding premiums for this Business Expense Cover)
- contracted advertising costs
- subscriptions to professional associations
- accounting and audit fees
- bank fees and charges, and
- any other business expenses we may agree to cover.

The following business expenses are specifically excluded:

- your personal salary, fees, drawings or any other remuneration
- salaries or remuneration for members of your family or other related parties (unless they were employed at least 90 days before the date you became *totally disabled* or *partially disabled*) or any person who is not an employee

- salaries or remuneration of employees who generate sales, income or billings (including related costs such as superannuation contributions and payroll tax)
- cost of goods, fittings, equipment, implements or products used in the business
- depreciation
- premiums payable for Business Expense Cover under this policy.

exposure-prone medical procedures

Procedures where there is potential for contact between the skin (usually finger or thumb) of the healthcare worker or *medical professional* (as applicable) (you) 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 the infected healthcare worker or *medical professional* (as applicable) (you) to a patient.

gainful employment/gainfully employed

To be employed or self employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

home duties

This refers to the tasks performed by you if your sole occupation is to maintain the family's usual place of residence (home) being:

- cleaning the family home – using a vacuum or broom and cleaning surfaces
- shopping for food and groceries for the household – excluding online shopping
- preparing meals for the household – chopping food and using a stove or microwave
- performing laundry services for the household – washing and ironing, and
- caring for dependent children or other dependent family members (where applicable).

For the avoidance of doubt, you will not be considered unable to perform all *home duties*, if you can perform at least one of these duties without the assistance of another person (with or without special equipment, aids or assistive devices).

Home duties do not include duties performed outside of your home for salary, reward or profit.

immediate family member

Means a spouse, child, sibling, parent, father in-law or mother in-law, or person in a bona fide domestic living arrangement and is financially interdependent.

important income producing duty

This is a duty of your occupation which is a primary duty essential to producing your income.

injury

An *accidental* bodily injury, which occurs while this policy is in force (or while interim cover is in place). It also includes any injury which was fully disclosed to us and we accepted as part of your application for cover.

insured monthly benefit amount

Means the amount shown on your policy certificate (including any increases or decreases that have been made under the terms of the policy).

involuntarily unemployed

Means that you become unemployed due to retrenchment, redundancy or if your employer is in administration or liquidation.

For the avoidance of doubt, *involuntarily unemployed* excludes retirement, resignation, unsuccessful probation period, unpaid leave, voluntary redundancy, the end of a fixed term contract or dismissal from employment, or early completion of a project.

medical practitioner

A medical practitioner who is legally qualified and registered to practise in Australia (or if outside Australia has the equivalent qualifications and is approved by us) that is not you, the policy owner or an *immediate family member* or business partner of you or the policy owner.

medical professional

For the purpose of this policy, you will be considered a medical professional if:

- you have been classified as occupational category AM as stated on your policy certificate
- you are registered to practise in your medical profession and this registration is regulated by an Act of Parliament of a State or Territory of the Commonwealth of Australia, and
- you have been performing or assisting in *exposure-prone medical procedures* as part of your *regular occupation* at least on a monthly basis.

monthly benefit amount

For:

- Income Protection Cover and Income Protection Plus Cover, has the meaning set out on page 41, depending on the benefit payment type you have selected
- Accidental Income Protection Cover, has the meaning set out on page 52, depending on the benefit payment type you have selected, and
- Business Expense Cover, has the meaning set out on page 57.

monthly earnings

If you are self employed or a working director, *monthly earnings* is the gross monthly income generated by the business or professional practice as a result of your personal exertion less your share of the operating expenses necessarily incurred in generating that income, less any insured contributions under the Superannuation Contribution Option.

If you are not self employed, *monthly earnings* is the gross monthly income earned from personal exertion by way of total remuneration package and includes salary, regular overtime, superannuation contributions, commissions, bonus payments and other fringe benefits, less any insured contributions under the Superannuation Contribution Option.

In each case, *monthly earnings* do not include income which is not derived from your personal exertion or activities, such as interest or dividend payments.

For the purpose of this definition *monthly earnings* will always have a minimum value of zero.

offsets

For:

- Income Protection Cover and Income Protection Plus Cover has the meaning as described on page 50 under 'When the income protection monthly benefit amount will be reduced'
- Accidental Income Protection Cover, has the meaning as described on page 55 under 'When the Accidental Income Protection Cover monthly benefit amount will be reduced', and
- Business Expense Cover, has the meaning as described on page 60 under 'When the Business Expense Cover monthly benefit amount will be reduced'.

own occupation

(For TPD Cover and Accidental TPD Cover)

Means the most recent occupation you were actively practising in immediately prior to the date of your *total and permanent disability*.

parental leave

Has the meaning as contemplated in the *Fair Work Act 2009* (Cth).

partial disability/partially disabled

For:

- Income Protection Cover and Income Protection Plus Cover, has the meaning as described on page 43.
- Accidental Income Protection Cover, has the meaning described on page 54.
- Business Expense Cover, has the meaning as described on page 58.

platform billing

means your insurance premiums will be debited directly from your superannuation account or investment platform for which we have entered into a written service agreement for the provision of insurance to its members.

pre-disability business income

The highest average monthly *business income* for any consecutive 12 month period in the three years immediately preceding the date of your *disability*. If you have been on *parental leave*, sabbatical or long service leave for more than 24 months and you become *disabled*, then *pre-disability business income* will be based on your average monthly income during the 12 months before the period of leave commenced.

Pre-disability business income will be indexed while on *total disability* or *partial disability* claim.

pre-disability earnings

Pre-disability earnings are your highest average *monthly earnings* for any consecutive 12 month period in the three years immediately preceding the date of your *disability*.

If you have been on *parental leave*, sabbatical or long service leave for more than 24 months and you become *disabled*, then *pre-disability earnings* will be based on your average *monthly earnings* during the 12 months before the period of leave commenced.

regular occupation

(for Income Protection Cover, Income Protection Plus Cover, Accidental Income Protection Cover and Business Expense Cover)

Means the occupation you are actively practising in at the time immediately before becoming *totally disabled* or *partially disabled*, except that if you are unemployed for more than 12 months or on *parental leave* or sabbatical leave for more than 24 months at the time of *disability*, then *regular occupation* will mean any occupation for which you are reasonably suited having regard to your education, training and experience.

sickness

A sickness, disorder or disease.

SIS Act

The *Superannuation Industry (Supervision) Act* (1993) (Cth) and/or the *Superannuation Industry (Supervision) Regulations* (1994) (Cth) where relevant.

terminal illness/terminally ill

You are certified by two *medical practitioners* as suffering from a *sickness* which is incurable and for which:

- your condition has progressed to a point where your death is medically expected to occur within 24 months while adhering to relevant standard treatment protocols available at the date of certification, and
- both of the certificates are current, and at least one of the *medical practitioners* must be a specialist in your condition, approved by us at the time of claim acting reasonably.

total and permanent disability

Has the meaning as described on page 16. However, for Accidental TPD Cover, has the meaning described on page 21.

total disability/totally disabled

For:

- Income Protection Cover and Income Protection Plus Cover, has the meaning as described on page 43.
- Accidental Income Protection Cover, has the meaning as described on page 53.
- Business Expense Cover, has the meaning as described on page 58.

unemployed/unemployment

Means that you are not actively working for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

Trauma definitions

The following wording applies to all the trauma definitions in this section.

In relation to the specified medical measurement/test (method) for diagnosis and treatment of any of the specified trauma conditions, the following apply:

- we require certification by an *appropriate medical specialist*
- methods must be the appropriate and relevant medical standard used in Australia, and
- any treatment must be considered medically necessary and deemed most appropriate.

If the method for diagnosing the relevant trauma condition, detailed below, is inconclusive, impractical to apply or has been superseded, we will, acting reasonably, consider other appropriate and medically recognised methods that conclusively diagnose the specified trauma condition with at least the same severity.

The condition must be as a result of a *sickness or injury* unless otherwise specified.

Aplastic Anaemia – Specified Severity

This means permanent and irreversible 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 – Significant Permanent Impairment

The unequivocal diagnosis of bacterial meningitis which is characterised by a total and irreversible inability to perform without the assistance of another person, at least one of the ‘Activities of Daily Living’ (as defined under *Loss of Independent Existence*).

Benign Brain Tumour or Spinal Cord Tumour – Severe

A non-malignant tumour in the brain, cranial nerve, meninges or spinal cord which produces neurological damage and functional impairment which a consultant neurologist considers to be permanent and which requires neurological surgery for its removal.

The presence of the underlying tumour must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland are excluded.

Blindness – Both Eyes, Permanent, Specified Severity

The permanent loss of sight in both eyes, whether aided or unaided, to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 20 degrees or less of arc.

Blindness – One Eye, Permanent, Specified Severity

The permanent loss of sight in one eye, whether aided or unaided to the extent that visual acuity is 6/60 or less in one eye, or to the extent that the visual field is reduced to 20 degrees or less of arc.

Burns – Severe Full Thickness

Means burns that involve damage or destruction of the skin to its full depth through to the underlying tissue, requiring surgical intervention, which affects:

- 20% or more of the body surface area as measured by the age-appropriate use of ‘The Rule of Nines’ or the ‘Lund & Browder Body Surface Chart’
- both hands, requiring surgical debridement and/or grafting, or
- the face, requiring surgical debridement and/or grafting.

Cancer – Excluding Specified Early Stage Cancers

The presence of one or more malignant tumours (including leukaemia, lymphoma, Hodgkin’s disease and colorectal cancer from Dukes Stage A) characterised by the uncontrollable growth of malignant cells and the invasion and destruction of normal tissue.

The following cancers are excluded:

- conditions classified by their clinical features, cytopathology and/or histopathology as tumours showing the malignant changes of ‘carcinoma in situ’ or which are histopathologically described as premalignant
- carcinoma in situ of the breast unless treatment requires;
 - removal of the entire breast, or
 - breast conserving surgery followed by adjunct therapy such as radiotherapy and/or chemotherapy. For this purpose, chemotherapy means the use of drugs specifically designed to kill or destroy cancer cells. Adjunct endocrine manipulation therapy, hormone manipulation therapy, hormonal manipulation therapy and non- endocrine adjunct therapy are excluded.
- uterine cervical intraepithelial lesions, cervical dysplasias and cervical intraepithelial neoplasias, including those classified as CIN 1, CIN 2 and CIN 3 are examples of tumours categorised as either being carcinoma in situ and/or premalignant and are excluded

- borderline ovarian tumours, unless ‘major interventionist treatment’ is required to arrest the spread of malignancy
- all non-melanoma cancers of the skin unless there has been evidence of metastatic spread
- prostatic cancers which remain histopathologically classified as TNM stage T1a or T1b or are of another equivalent or lower classification and have a Gleason score of five or less, unless ‘major interventionist treatment’ is required to arrest the spread of malignancy
- melanomas which are less than stage T1bN0M0
- chronic Lymphocytic Leukaemia diagnosed as less than RAI Stage 1

For the above, ‘major interventionist treatment’ is surgery, radiotherapy or chemotherapy.

Carcinoma In Situ – Specified Sites

Localised cancer, characterised by a focal autonomous new growth of carcinomatous cells, which has not yet resulted in the invasion of normal tissues. Invasion means an infiltration and/or active destruction of normal tissue beyond the basement membrane or equivalent histological anatomic boundary. The tumour must be classified as Tis according to the TNM staging method.

Only carcinoma in situ of the following sites is covered:

- breast (without major interventionist treatment)
- cervix-uteri (excluding cervical intraepithelial neoplasia CIN1 and CIN2)
- fallopian tube
- ovary
- penis
- perineum
- prostate
- testicle
- vagina, or
- vulva.

Cardiomyopathy – Significant Permanent Impairment

Condition of impaired ventricular function of variable aetiology resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Chronic Lymphocytic Leukaemia

The presence of chronic lymphocytic leukaemia diagnosed as RAI Stage 0, which is defined to be in the blood and bone marrow only.

Cognitive Loss

A total and permanent deterioration or loss of intellectual capacity (supported by a score of 15 or less out of 30 in a Mini Mental State Examination) that has required you to be under continuous care and supervision by another person for at least three consecutive months and at the end of that three month period you are likely to require ongoing continuous care and supervision by another person.

Colostomy/ileostomy – Permanent and Non-Reversible

The creation of a permanent non-reversible opening, linking the colon and/or ileum to the external surface of the body.

Coma – Specified Severity

A state of total unconsciousness and unresponsiveness to all external stimuli, resulting in a Glasgow Coma Scale score of six or less and requiring continuous assisted ventilation to maintain life for at least 72 consecutive hours.

Coronary Artery Angioplasty – Single or Double Vessel

Treatment of the narrowing or blockage of one or more coronary arteries by balloon angioplasty (or similar intra arterial catheter procedure) with or without the use of a stent.

Coronary Artery Angioplasty – Triple Vessel

Undergoing angioplasty to each of the three main coronary arteries (left anterior descending, left circumflex, right coronary). Each of these arteries must have been assessed and stented in the same procedure or via two procedures no more than two months apart.

Coronary Artery Bypass Surgery

The undergoing of coronary artery bypass surgery with the use of bypass graft to one or more coronary arteries for treatment of coronary artery disease. All non-surgical procedures such as laser, angioplasty or other intra-arterial techniques are excluded.

Crohns Disease – Severe

Unequivocal diagnosis of Crohns disease that has failed to be controlled by standard therapy including cortisone treatment and requires permanent immunosuppressive medication.

Dementia including Alzheimer’s Disease – Significant Permanent Impairment

Clinical diagnosis of dementia (including Alzheimer’s disease).

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 in this definition means a deterioration in your Mini-Mental State Examination scores to 24 or less.

Diabetes – Advanced Complications

Means that at least two of the following complications have occurred as a direct result of diabetes:

- retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes
- peripheral vascular disease leading to chronic infection or gangrene, requiring surgical intervention
- nephropathy causing chronic irreversible renal impairment as measured by a corrected creatinine clearance less than 28mL/min (CKD stage 4, International Chronic Kidney Disease classification), or
- neuropathy causing:
 - irreversible autonomic neuropathy resulting in severe postural hypotension, and/or motility problems in the gut with intractable diarrhoea, or
 - polyneuropathy leading to significant mobility problems due to sensory and/or motor deficits.

Diabetes – Type 1 Specified Complications

At least two of the following complications have occurred as a direct result of Type 1 insulin dependent diabetes mellitus:

- urinary protein excretion of more than 300mg per day
- creatinine clearance of 28-42mL/min (CKD stage 3b, International Chronic Kidney Disease Classification)
- retinopathy with a minimum severity of at least exudates and/or dot-blot haemorrhages, or
- persistent sensory neuropathy.

Encephalitis (Viral) – Significant Permanent Impairment

The severe inflammation of brain substance caused by viral infection resulting in neurological deficit, causing a total and irreversible inability to perform without the assistance of another person at least one of the 'Activities of Daily Living' (as defined under *Loss of Independent Existence*).

Heart Attack – Specified Clinical Evidence

The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis must be supported by diagnostic 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 myocardial infarction or
- ECG changes indicative of new ischaemia (new ST-T changes or new left bundle branch block [LBBB]) or
- development of pathological Q waves in the ECG, or
- imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

A rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease is excluded. Also excluded are other acute coronary syndromes including but not limited to angina pectoris.

Hepatitis B or C – Occupationally Acquired

The contracting of Hepatitis B or Hepatitis C as the result of an *accident*, during the course of your *regular occupation*, resulting in the production of:

- Hepatitis B surface antigen or HBV DNA, demonstrated by way of a positive Hepatitis B surface antigen or HBV DNA test, or
- Hepatitis C antibodies, demonstrated by way of a positive Hepatitis C antibody or HCVRNA test.

There must have been a negative Hepatitis B antigen or Hepatitis C antibody test (as applicable) within seven days of the relevant incident, followed by a positive Hepatitis B antigen or Hepatitis C antibody test (as applicable) within six months.

We, acting reasonably, require access to all blood samples taken in order to facilitate independent testing. The benefit will not be paid if:

- the Hepatitis B or Hepatitis C virus is caused by any other means, including sexual activity or recreational intravenous drug use
- in practising your profession, you have not made reasonable efforts to comply with relevant State and Commonwealth guidelines in relation to dealing with infection of health care workers, which has given rise to infection
- the Australian Government or relevant government body has approved a medical treatment which renders the Hepatitis B or Hepatitis C virus (as applicable) inactive and non-infectious to others, or
- you have not taken an approved vaccine that is recommended by the relevant government body for use in your occupation and is reasonably available to you prior to the event which causes infection.

HIV – Medically Acquired

Accidental infection with Human Immunodeficiency Virus (HIV) which arose from one of the following medical procedures performed in Australia by a registered health professional:

- a transfusion of blood or blood products
- an organ transplant where you were the recipient
- assisted reproductive techniques, or
- other medical procedure or operation performed by a medical practitioner/paramedical practitioner or dentist at a registered medical facility.

We require a statement from the appropriate Statutory Health Authority that provides documented proof of the incident and confirms that the infection is medically acquired.

We, acting reasonably, require access to all blood samples taken in order to facilitate independent testing.

The benefit will not be paid if:

- HIV Infection is caused by any other means, including sexual activity or recreational intravenous drug use, or
- a medical cure is found for AIDS or the effects of the HIV virus, or a medical treatment is developed that results in the prevention of the occurrence of AIDS.

'Cure' means any Australian Government approved treatment, which renders HIV in-active and non-infectious.

HIV – Occupationally Acquired

Infection with Human Immunodeficiency Virus (HIV) as the result of an *accident* occurring during the course of your *regular occupation*.

There must have been a negative HIV antibody test within seven days of the relevant incident, followed by a positive HIV antibody test within six months.

We, acting reasonably, require access to all blood samples taken in order to facilitate independent testing.

The benefit will not be paid if:

- HIV Infection is caused by any other means, including sexual activity or recreational intravenous drug use
- in practising your medical profession, you have not made reasonable efforts to comply with relevant State and Commonwealth guidelines in relation to dealing with infection of health care workers, which has given rise to infection
- a medical cure is found for AIDS or the effects of the HIV virus, or a medical treatment is developed that results in the prevention of the occurrence of AIDS

'Cure' means any Australian Government approved treatment, which renders HIV in-active and non-infectious, or

- you have not taken an approved vaccine that is recommended by the relevant government body for use in your occupation and is reasonably available to you prior to the event which causes the infection.

Hydatidiform Mole – Surgical Removal

The presence of a hydatidiform mole requiring surgical removal.

Intensive Care – 10 Days Continuous Mechanical Ventilation

A *sickness or injury* that has, for the first time, resulted in you requiring continuous mechanical ventilation by means of tracheal intubation for ten consecutive days (24 hours per day) in an 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.

Kidney Failure (Double) – End Stage

End stage renal failure presenting as chronic irreversible failure of both kidneys to function which requires permanent renal dialysis or renal transplantation.

Liver Failure – End Stage

End stage liver failure resulting in permanent jaundice, ascites or encephalopathy.

Loss of Hearing – Profound

Profound and irrecoverable loss of hearing, both natural and assisted (other than by cochlear implant), with an average hearing threshold in both ears of 91dB or more as measured at 500, 1000 and 1500 Hz.

Loss of Hearing – One Ear, Profound

Profound and irrecoverable loss of hearing in one ear, both natural and assisted (other than by cochlear implant), with an average hearing threshold in that ear of 91dB or more as measured at 500, 1000 and 1500 Hz.

Loss of Independent Existence

There is permanent and irreversible inability to perform without the assistance of another person (with or without special equipment, aids or assistive devices) any two of the 'Activities of Daily Living' or all of the 'Home Duties'.

Activities of Daily Living

- Dressing – putting on and taking off clothing, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances
- Toileting – using the toilet and managing bladder and bowel function
- Mobilising – getting in and out of a bed and chair
- Bathing – washing in the bath or shower (including getting into and out of the bath or shower)
- Feeding – getting food from a plate into the mouth when food has been prepared and made available.

Home Duties

This refers to the tasks performed by you if your sole occupation is to maintain your family's usual place of residence (home) being:

- cleaning the family home – using a vacuum or broom and cleaning surfaces
- shopping for food and groceries for the household – excluding online shopping
- preparing meals for the household – chopping food and using a stove or microwave
- performing laundry services for the household – washing and ironing, and
- caring for dependent children or other dependent family members (where applicable).

For the avoidance of doubt, you will not be considered unable to perform *home duties*, if you can perform at least one of these duties.

Home duties do not include duties performed outside of your home for salary, reward or profit.

Loss of Limbs or Sight

You have sustained the complete and irreversible loss of use of:

- two limbs
- sight in both eyes (*Blindness – Both Eyes, Permanent, Specified Severity*), or
- sight in one eye (*Blindness – One Eye, Permanent, Specified Severity*) and one limb, where limb means the whole hand, whole foot, whole arm or whole leg.

Loss of One Limb – Total and Permanent

You have sustained the complete and irrecoverable loss of use of a whole hand, whole foot, whole arm or whole leg.

Loss of Speech – Total and Irrecoverable

The total and irrecoverable loss of the ability to produce intelligible speech. Loss of speech due to psychological reasons is excluded.

Lung Disease – End Stage, Continuous Permanent Oxygen Therapy

End stage lung disease requiring continuous permanent supplementary oxygen therapy.

Major Head Trauma – Significant Permanent Impairment

Injury to the head resulting in neurological deficit causing a total and irreversible inability to perform without the assistance of another person at least one of the 'Activities of Daily Living' (as defined under *Loss of Independent Existence*).

Major Organ or Bone Marrow Transplant

Undergoing, or being placed on an official Australian waiting list to receive a transplant from a human donor for bone marrow or one or more of the following organs:

- heart
- kidney
- liver
- lung
- pancreas, or
- small bowel.

Melanoma – Early Stage

The presence of one or more melanomas which are classified as melanoma in situ or stage T1aN0M0.

Meningococcal Septicaemia – Significant Permanent Impairment

The unequivocal diagnosis of meningococcal septicaemia which is characterised by a total and irreversible inability to perform without the assistance of another person, at least one of the 'Activities of Daily Living' (as defined under *Loss of Independent Existence*).

Motor Neurone Disease

The unequivocal diagnosis of motor neurone disease.

Multiple Sclerosis – More Than One Episode

Means the unequivocal diagnosis of a permanent and progressive form of multiple sclerosis. There must have been more than one episode of well-defined neurological deficit with persisting clinical neurological abnormalities. Neurological investigations such as, but not limited to, lumbar puncture, Magnetic Resonance Imaging (MRI), evidence of lesions in the central nervous system, evoked visual responses or evoked auditory responses are required to confirm diagnosis.

Muscular Dystrophy

The unequivocal diagnosis of muscular dystrophy.

Open Heart Surgery – Specified Conditions

The undergoing of open heart surgery to correct a cardiac defect, cardiac aneurysm or cardiac tumour.

Osteoporosis – Severe, Prior To Age 50

Before the age of 50, you suffer:

- at least two vertebral body fractures or a fracture of the neck of the femur, due to osteoporosis, and
- have 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).

Paralysis – Two Limbs

The total and permanent loss of the use of two limbs, where limb is defined as the shoulder down to the hand or the hip down to the foot.

Paraplegia, quadriplegia, tetraplegia, diplegia and hemiplegia are included in this definition.

Parkinson's Disease – Unknown Cause

The unequivocal diagnosis of degenerative idiopathic Parkinson's disease.

Primary Pulmonary Hypertension – Significant Permanent Impairment

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.

Prostate Cancer – Early Stage

Localised cancer characterised by focal autonomous new growth of cancer cells. The tumour must be described histologically as TNM Classification T1a or T1b and have a Gleason score of five or less.

Repair or Replacement of a Heart Valve – Surgery

Surgery with a sternotomy or thoracotomy to replace or repair heart valves due to one or more heart valve defects or abnormalities. Excludes keyhole surgery or other percutaneous methods.

Stroke – Excluding Specified Events

A neurological event caused by a cerebrovascular accident/incident or subarachnoid haemorrhage. The stroke must be evidenced by neuro-imaging.

Transient ischaemic attacks, cerebral events with reversible neurological deficits, migraine, hypoxaemia or trauma and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

Surgery of the Aorta – Excluding Specified Procedures

Surgery to correct a narrowing, dissection or aneurysm of the thoracic or abdominal aorta but not its branches.

Percutaneous intravascular procedures, or other nonsurgical procedures are excluded.

Ulcerative Colitis – Severe

Unequivocal diagnosis of ulcerative colitis that has failed to be controlled by standard therapy including cortisone treatment and requires permanent immunosuppressive medication.

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